

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	12/02/2020 18:54
Date Of Accident	16/01/2020 14:20
Exact Location Of Accident	JUNCT OF AMK IND PARK 2 & IND PARK 2 (MINOR RD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX5169X
Insured/Policyholder	
Name Of Registered Owner	BIS MOTORING PTE LTD
Co Reg No	2XXXXX055D
Email Address	KEIFTAN@BISMOTORING.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62523822

Vehicle Particulars

Manufacturer	KIA
Model	CARENS-1.7 D DCT 5DR FWD (A)
Exact Purpose for which vehicle was being used at time of accident	HIRER AND REWARDS
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	ETIQA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	M0014616
Cover Note Number	26.12.2019 TO 25.12.2020

Driver

Name of Driver	TOCK LIAN HUAT
NRIC No	SXXXX431A
Date Of Birth	10/09/1964
Occupation	OUTDOOR
Date Of Driving Pass	10/09/1964
Driving Experience	55 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87428355
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLOCK 831 HOUGANG CENTRAL #08-512
Postcode	530831
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	YES
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	10 UBI AVENUE 3
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Refer to Sketch Plan and Police report

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	RETRIEVING
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMN1364R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

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WILSON

INFORMATION

1. The insured hereby certifies that the information furnished herein is true and correct to the best of his knowledge and belief.

2. The insured hereby certifies that the information furnished herein is true and correct to the best of his knowledge and belief.

3. The insured hereby certifies that the information furnished herein is true and correct to the best of his knowledge and belief.

4. The insured hereby certifies that the information furnished herein is true and correct to the best of his knowledge and belief.

5. The insured hereby certifies that the information furnished herein is true and correct to the best of his knowledge and belief.

6. The insured hereby certifies that the information furnished herein is true and correct to the best of his knowledge and belief.

7. The insured hereby certifies that the information furnished herein is true and correct to the best of his knowledge and belief.

8. The insured hereby certifies that the information furnished herein is true and correct to the best of his knowledge and belief.

9. The insured hereby certifies that the information furnished herein is true and correct to the best of his knowledge and belief.

10. The insured hereby certifies that the information furnished herein is true and correct to the best of his knowledge and belief.

[Faint signatures and text at the bottom of the page]

SKETCH PLAN

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

 Policyholder's Signature
 Date & Time:


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 13/02/2020 @ 1746h


 Reporting Centre Personnel's Signature
 Name: TAN HI CAN
 NRIC/FIN No.: 742A

eTiqa

Insurance

INTERVIEW FORM

Name (Driver) : Tock Lian Huat

Policy No : M0014616

Vehicle No : SLX 5169X.

Place of Accident : Ang Mo Kio

Insured Driver's relationship with Insured : No relation. Friend of hirer

Drunk Driving of Insured and/or Insured Driver : No.

No of passenger(s) in Insured vehicle : None

Injury to Insured and/or Insured driver, please indicate which hospital:

No.

Third Party Vehicle No (if any) : Unknown

No of passenger(s) in Third Party Vehicle : No.

Injury to Third Party driver and/or passenger(s), please indicate which hospital:

None.

Type of collision and the extensiveness of the damages to all vehicles involved:

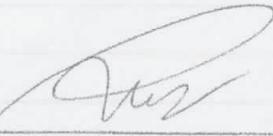
Major road / Minor road.

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):

No.

Traffic Police report (enclosed) Yes No

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)



Driver (Name & Signature)

I, affirmed the above information is given to my best knowledge



TAN LIM MOTOR PTE

Attended by (Name & Signature)

Workshop Name: Tan Lim Motor Pte Ltd



**SINGAPORE
POLICE FORCE**



T/20200130/2043

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20200130/2043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/01/2020 12:16	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: TOCK LIAN HUAT		Address: APT BLK 831 HOUGANG CENTRAL #08-512 SINGAPORE 530831	
ID Type / ID No.: NRIC NO / S1667431A		Contact No.: Home/Office: Mobile: 87428355	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 55	Date of Birth: 10/09/1964	Type of Informant: Driver
Race: Chinese		Language: Chinese	Institution / School Name:
Occupation: Retiree		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/01/2020 14:20	Type of Location:
Location: Along Road 1 ANG MO KIO INDUSTRIAL PARK 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLX5169X	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20200130/2043

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200130/2043

CONTINUATION OF REPORT

Driver			
Name	TOCK LIAN HUAT	ID No.	S1667431A
Related Vehicle	NIL	Contact No.	87428355
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION I WAS TRAVELING ALONG ANG MO KIO INDUSTRIAL PARK 2 TOWARDS ANG MO KIO AVENUE 3, I WAS DRIVING STRAIGHT WHEN SUDDENLY, A VEHICLE CAME FROM THE RIGHT SIDE CAUSING ME TO COLLIDE ONTO THE LEFT PORTION OF HIS VEHICLE SUBSEQUENTLY THE POLICE AND AMBULANCE CAME, I DID NOT SUSTAIN ANY INJURIES. THATS ALL.



SINGAPORE
POLICE FORCE



T/20200130/2043

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200130/2043

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
TP /
BERNARD KOH REN JUN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt LIM ENG KUAN, CLARENCE
Contact No.: 65476195

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
30/01/2020 12:16

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature: