

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	09/03/2020 16:08
Date Of Accident	08/03/2020 14:00
Exact Location Of Accident	SLE TOWARDS CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML5729G
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Insured/Policyholder

Name Of Registered Owner	BIS MOTORING PTE LTD
Co Reg No	2XXXXX055D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62523822

Vehicle Particulars

Manufacturer	RENAULT
Model	GRAND SCENIC IV-1.5 DCI EU6 (A)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	M0014943
Cover Note Number	26.12.2019 TO 25.12.2020

Driver

Name of Driver	ANG WEN LAI
NRIC No	SXXXX724Z
Date Of Birth	24/01/1992
Occupation	OUTDOOR
Date Of Driving Pass	07/10/2014
Driving Experience	5 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97686885
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLOCK 52 CASSIA CRESCENT #15-153
Postcode	390052
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 - CHANGE/CROSS LANE
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?	YES
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.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE
Passenger 3	NAME: : PASSENGER (INFANT) GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Refer to Police Report

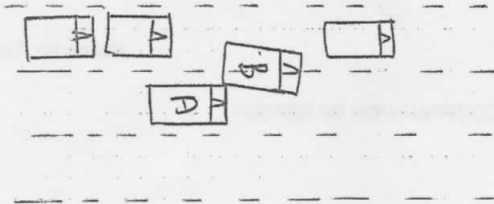
Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMG5479D
Vehicle Make/Model/Colour	

SKETCH PLAN



B: SM G 5479D

SLT towards CTE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20200308(7018).

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 9/3/20, 11:50am

Reporting Centre Personnel's Signature
Name: *Agur*
NRIC/FIN No.:

Interview Form Pg. 3



**SINGAPORE
POLICE FORCE**



T/20200308/7018

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

Report No. T/20200308/7018

CONTINUATION OF REPORT

Passenger			
Name	XANDER ANG BING RUI		ID No. T1917620C
Related Vehicle	SML5729G (Car)		Contact No. 88286284
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON 08/03/20 AT AROUND 2PM, I WAS TRAVELLING ALONG SLE TOWARDS CTE, BEFORE EXIT TOWARDS AMK AVE 1, I WAS DRIVING IN THE MIDDLE LANE WHEN SUDDENLY VEHICLE SMG5479D SWERVED INTO MY LANE, AS IT WAS TOO SUDDEN I WAS UNABLE TO BRAKE IN TIME AND BOTH VEHICLES COLLIDED. DUE TO THE IMPACT, I WENT TO MOUNT ALVERNIA HOSPITAL AND WAS GIVEN 5 DAYS MC. I SUSTAINED CHEST AND NECK PAIN.

I HAVE VIDEO FOOTAGE TO SUPPORT MY STATEMENT.