

## 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	08/06/2020 14:17
Date Of Accident	05/06/2020 22:40
Exact Location Of Accident	SLIP ROAD OF BISHAN STREET 11 TOWARDS BISHAN ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC5579U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BIS MOTORING PTE LTD
Co Reg No	2XXXXX055D
Email Address	KEIFTAN@BISMOTORING.COM
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	HIRE AND REWARD
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	NO
Policy Number	M0014449
Cover Note Number	26/12/2019 TO 25/12/2020

### Driver

Name of Driver	HO JIN HONG
NRIC No	SXXXX873A
Date Of Birth	18/10/1965
Occupation	OUTDOOR
Date Of Driving Pass	27/03/2015
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98459993
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLOCK 769 WOODLANDS DRIVE 60 #10-130
Postcode	730769
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 TO REAR
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	THOMSON NPP 25 SIN MING ROAD
Police Station Address	<b>ROAD:</b> 25 SIN MING ROAD #01-180 , <b>POSTCODE:</b> 570025 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

Refer to Police Report T/20200606/2033

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMS6241C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ADRIAN RUBEN EMMANUEL BISMARCK
NRIC/Passport Number	SXXXX705Z
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	HO JIN HONG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SMC5579U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLOCK 769 WOODLANDS DRIVE 60 #10-130
Postcode	730769

**SKETCH PLAN**

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**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:

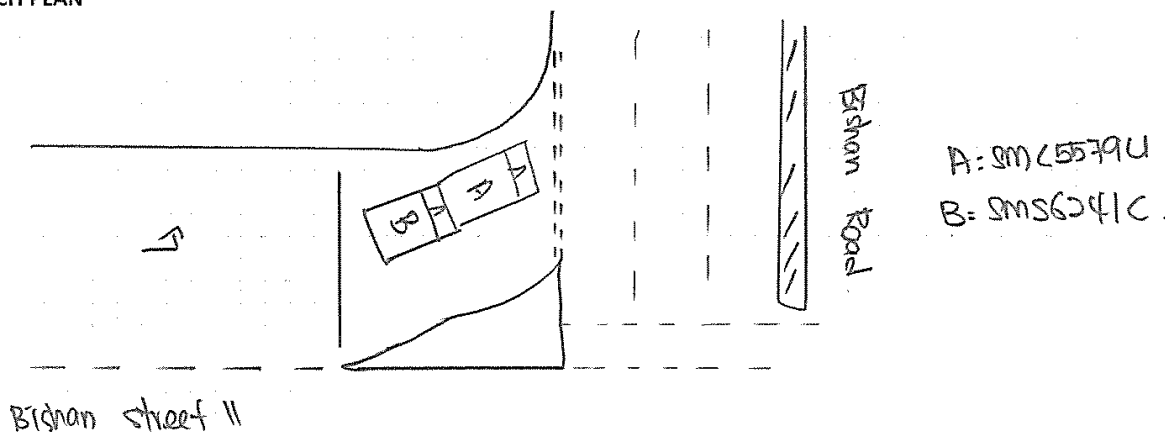
8/6/2020  
12-45 PM

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

90514

## Sketch Plan Pg. 2

### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to Police Report T/20200606/2033.

## DECLARATION

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

Policyholder's Signature

Date &amp; Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

8/6/2020 12:45 PM

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Апр  
908.

## Police Report Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20200606/2033

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

1 of 3

Report No. T/20200606/2033

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/06/2020 15:44	Vide Report No.:	Station Diary No.: 27
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## Informant's Particulars

Name of Informant: HO JIN HONG			Address: APT BLK 769 WOODLANDS DRIVE 60 #10-130 SINGAPORE 730769		
ID Type / ID No.: NRIC NO / S1687873A			Contact No.: Home/Office: Mobile: 98459993		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 18/10/1965	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/06/2020 22:40	Type of Location: Straight Road
Location: Along Road 1 BISHAN STREET 11  Bishan St 11 towards Bishan Road Slip Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMC5579U	Car	KIA	CARENS 1.7 DCT DIESEL 5DR FWD	Silver	Seriously Damaged	0
SMS6241C	Car	MITSUBISHI	OUTLANDE R 2.0 CVT	Red		0

## Details of Person Involved

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



**SINGAPORE  
POLICE FORCE**



T/20200606/2033

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Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

Report No. T/20200606/2033

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	HO JIN HONG		ID No. S1687873A
Related Vehicle	SMC5579U (Car)		Contact No. 98459993
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	06/06/2020	Date Discharge	06/06/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	ADRIAN RUBEN EMMANUEL BISMARCK		ID No. S7768705Z
Related Vehicle	SMS6241C (Car)		Contact No. NIL
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 05/06/2020 at around 2240hrs, I was driving vehicle (SMC5579U) along Bishan Street 11 and went into slip road heading towards Bishan Road and stopped to give way to vehicle from the major road. Subsequently, I felt an impact from the rear as such I came down to make a check.

I saw that vehicle (SMS6241C) had hit the rear of my vehicle. My vehicle's rear bumper was dented due to the impact. I then took photographs of the incident and exchanged particular with the other party before taking my leave. After the incident, I felt some pain as such I went to see a doctor on 06/06/2020 and was given 5 days MC. I wished to state I only have a front facing in car camera.

I am lodging this report for insurance claims and for Traffic Police investigation.



**SINGAPORE  
POLICE FORCE**



T/20200606/2033

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

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Report No. T/20200606/2033

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: E / Sgt 3 KHAIRUL SYAZWAN BIN SAHAK	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 06/06/2020 15:44
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case: SN 070
Authentication Stamp NP168	 SIGNATURE



# eTiQa

Insurance

## INTERVIEW FORM

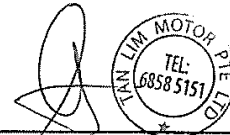
Name (Driver) : Ho Jin Hong  
Policy No : MO014449  
Vehicle No : SMC 5579 LJ  
Place of Accident : Bishan RD  
Insured Driver's relationship with Insured : hirer  
Drink Driving of Insured and/or Insured Driver : NO  
No of passenger(s) in Insured vehicle : NO  
Injury to Insured and/or Insured driver, please indicate which hospital:  
Mount Alvernia hospital  
Third Party Vehicle No (if any) : SM5 6241 C  
No of passenger(s) in Third Party Vehicle : two  
Injury to Third Party driver and/or passenger(s), please indicate which hospital:  
NO  
Type of collision and the extensiveness of the damages to all vehicles involved:  
Head to Rear.  
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)

Hong Ho Jin Hong

Driver (Name & Signature)

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



Attended by (Name & Signature)

Workshop Name: TLW

**Etiqua Insurance Berhad** (Company Reg. No. T09FC0054K)  
1 North Bridge Road, #08-01 High Street Centre, Singapore 179094  
T: +65 6336 0477 F: +65 6339 2109

A Member of the **Maybank** Group

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

