

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	31/08/2020 16:58
Date Of Accident	28/08/2020 17:20
Exact Location Of Accident	CTE TWDS ANG MO KIO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA4016T
Insured/Policyholder	
Name Of Registered Owner	SAM KIAN HING
NRIC No	SXXXX949H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97505979
Alternative Phone No	OFFICE-97505979

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 3
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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 CAR

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ19-005502
Cover Note Number	

Driver

Name of Driver	SAM KIAN HING
NRIC No	SXXXX949H
Date Of Birth	18/12/1963
Occupation	INDOOR
Date Of Driving Pass	19/07/1993
Driving Experience	27 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97505979
Fax Number	
Contact Number	OFFICE-97505979
EEmail Address	NOEMAIL

Address	BLK 178 BISHAN ST 13 #06-205
Postcode	570178
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN 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	5
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)	2
Passenger 1	NAME: : LOW PENG FONG GENDER: : FEMALE

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 T/20200829/2048 & T/20200902/2105 & T/20200906/2058.

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	SLR3332K
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMF7151X
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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKW2902H
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)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SMT475D
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)

DETAILS OF INJURED PERSON 1

Name SAM KIAN HING
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SKA4016T
Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name LOW PENG FONG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKA4016T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE


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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:


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

Accident Sketch Plan

SKETCH PLAN



A: SKA 4016T

B: SLR 3332K

C: SME 7151X

D: SKW 2902H

E: SMT 475D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer the police report. (T/20200829/2048)

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:

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200829/2048

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 4

Report No. T/20200829/2048

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/08/2020 14:14	Vide Report No.:	Station Diary No.: 43
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Informant's Particulars			
Name of Informant: SAM KIAN HING		Address: APT BLK 178 BISHAN STREET 13 #06-205 SINGAPORE 570178	
ID Type / ID No.: NRIC NO / S1616949H		Contact No.: Home/Office: Mobile: 97505979	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 56	Date of Birth: 18/12/1963	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: ASSISTANT MANAGER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/08/2020 17:20	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
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: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKA4016T	Car	MAZDA	MAZDA3 1.6L SDN	Grey	Seriously Damaged	1
SLR3332K	Car				Seriously Damaged	0
SME7151X	Car				Seriously Damaged	0
SMT475D	Car				Seriously Damaged	0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200829/2048

2 of 4

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20200829/2048

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKA4016T	EQ INSURANCE COMPANY LTD.	DMPPHQ19-005502	03/09/2019	02/09/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	SAM KIAN HING		ID No.	S1616949H
Related Vehicle	SKA4016T (Car)		Contact No.	97505979
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/08/2020		Date Discharge	28/08/2020
No. of Days granted Medical Leave	04		Degree of Injury	Slight
Passenger				
Name	LOW PENG FONG		ID No.	S1530089B
Related Vehicle	SKA4016T (Car)		Contact No.	96612966
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	Slight
Driver				
Name	GAVIN TEO		ID No.	S9622611Z
Related Vehicle	SLR3332K (Car)		Contact No.	96813143
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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200829/2048

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

3 of 4

Report No. T/20200829/2048

CONTINUATION OF REPORT

Driver			
Name	SHAUN	ID No.	NIL
Related Vehicle	SMT475D (Car)	Contact No.	98160157
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 28/8/20 at about 1720hrs, I was travelling along CTE towards Ang Mo Kio on the most right lane. Suddenly the vehicle bearing SMT475D in front of me slowed down as such I slowed down my vehicle as well. Suddenly I felt a very strong impact coming from the rear of my vehicle. The strong impact caused my vehicle to mount on top of SLR3332K, which collided into the rear portion of my vehicle. My vehicle had also moved forward and hit the vehicle in front of me SMT475D. Ambulance and traffic police was at scene.

There were two victims which were brought to Tan Tock Seng after the crash. My wife and I went to see the doctor as we felt pain on our body. I was given 4 days medical leave while my wife was not given and medical leave as she is unemployed.

I wish to add that I was involved in a chain collision which involves 5 vehicles.

I am lodging this report for insurance claim purposes.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200829/2048

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

4 of 4

Report No. T/20200829/2048

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 LIYANA BINTE MOHD RAZALI

Signature Of Informant:

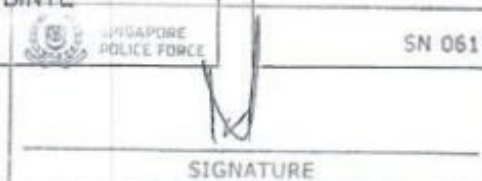
Signature Of Interpreter:
Not applicable

Date/Time:
29/08/2020 14:14

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt NOOR HIDAYAH BINTE
ABDULLAH
Contact No.: 65476251

Classification Of Case:

Authentication Stamp
NP168



POLICE REPORT



T/20200902/2105

1 of 3

Report No. T/20200902/2105

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No 0

Report Number T/20200902/2105

Vide Report Number T/20200829/2048

Date/Time of Report Made 02/09/2020 20:29

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant SAM KIAN HING

ID Type / ID No. NRIC NO / S1616949H

Home/Office

Mobile 97505979

Email

Type of Accident Injury / Attended by Police

Drink Drive No

Anyone conveyed by ambulance Yes

Date/Time of Accident 28/08/2020 17:20

Accident Location CENTRAL EXPRESSWAY

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKA4016T	Car	MAZDA	MAZDA3 1.6L SDN	Grey	Seriously Damaged	1
SKW2902H	Car					0
SLR3332K	Car					0
SME7151X	Car					0
SMT475D	Car					0

POLICE REPORT



T/20200902/2105

2 of

Report No. T/20200902/2105

Continuation of CSF For NP168

Brief Facts.

I had previously lodged a report about the accident, T/20200829/2048, involving a total of 5 vehicles. As I did not have the last vehicle's registration number, it was not included in my report. With this report, I wish to add the vehicle registration number of the missing vehicle. The vehicle number is SKW2902H.

POLICE REPORT



T/20200902/2105

3 of 3

Report No. T/20200902/2105

Continuation of CSF For NP168

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.

Case Sensitivity : No

Officer-In-Charge of Case : TP / GIT /
NOOR HIDAYAH BINTE ABDULLAH

Classification of Case : 1) INJURY / ATTENDED BY POLICE

POLICE REPORT



T/20200906/2058

1 of 3

Report No. T/20200906/2058

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No 0

Report Number T/20200906/2058

Vide Report Number T/20200829/2048

Date/Time of Report Made 06/09/2020 15:24

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant Sam Kian Hing

ID Type / ID No NRIC NO / S1616949H

Home/Office

Mobile 97505979

Email

Type of Accident Injury / Others

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 28/08/2020 17:40

Accident Location CENTRAL EXPRESSWAY

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKA4016T	Car	MAZDA	MAZDA3 1.6L SDN	Grey	Slightly Damaged	0

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

POLICE REPORT



T/20200829/2048

CofA

Report No. T/20200829/2048

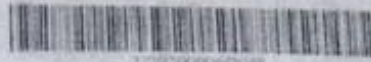
Continuation of CSF For NP168

Driver			
Name	Sam Kian Hing	ID No.	S1510949H
Related Vehicle	SKA4016T (Car)	Contact No.	97505979
Hospital/Clinic	T P SIM Family Clinic & Surgery	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
Passenger			
Name	Low Peng Fong	ID No.	S1530089B
Related Vehicle	SKA4016T (Car)	Contact No.	96612966
Hospital/Clinic	T P SIM Family Clinic & Surgery	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/09/2020	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Facts.

I am lodging the Traffic accident report vide to T/20200829/2048, in order to add that my wife have seen a doctor and was given 3 days of medical leave

POLICE REPORT



T/2020/906/2058

3 of 3

Report No. T/2020/906/2058

Continuation of CSF For NP168

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

Case Sensitivity

No

Officer-In-Charge of Case

TP / AEIT /

Classification of Case

1) INJURY / OTHERS

BISHAN NPC
30 BISHAN STREET 1
SINGAPORE 57975
TEL: 1800 677 7777

SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



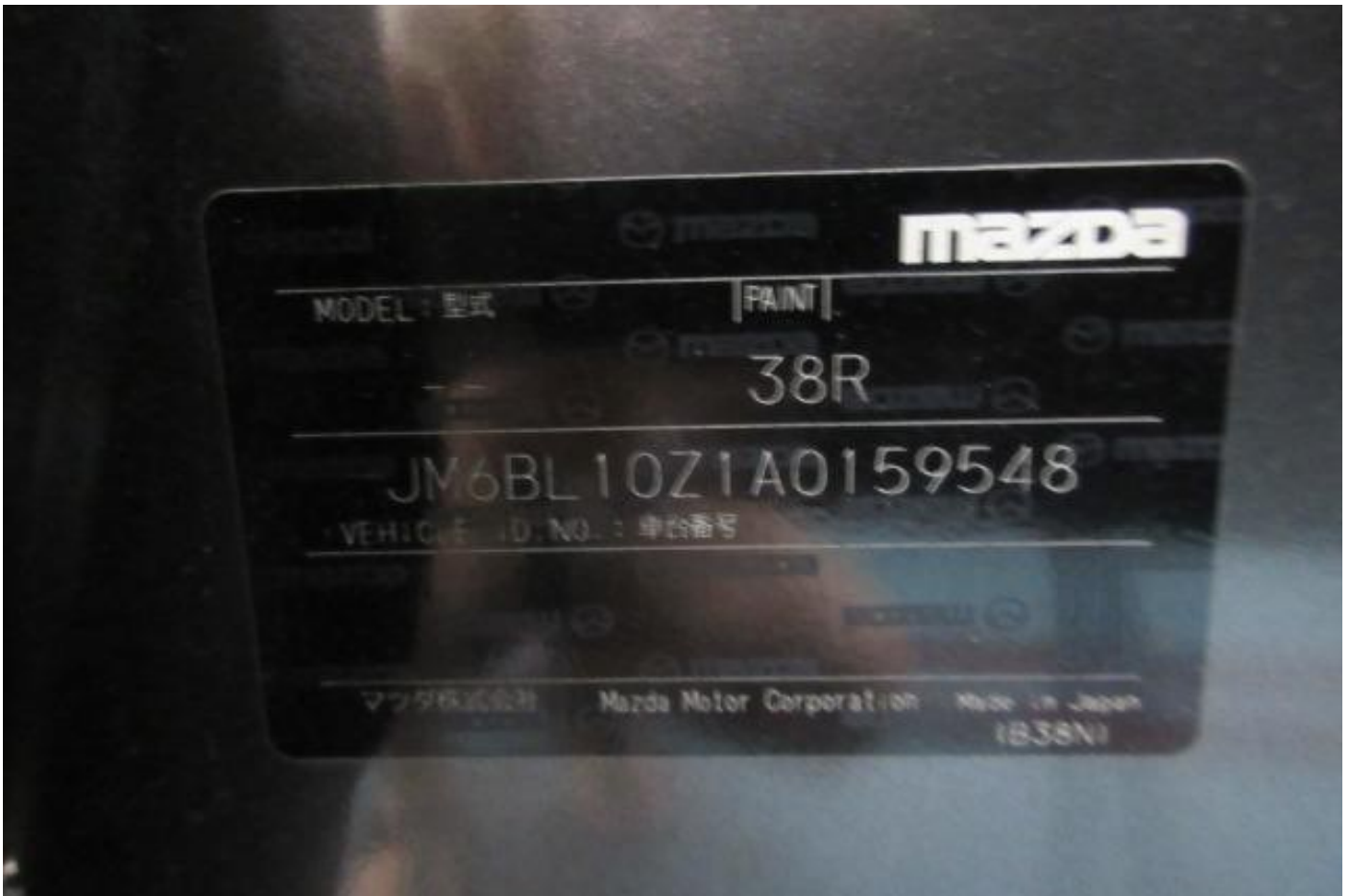
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0080
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S68505206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA 120074928 Vehicle Registration No: SKA 4016 T
Name (as shown in NRIC) : Sam Kian Hing NRIC/FIN/Passport No : Sxxxx9494
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 9750 5979
Email Address : _____
Date of Accident : 28/8/20 Time of Accident : 17:20
Place of Accident : CTE twels Ang Mo Kio
Insurance Company : EQT

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend Add In Police Report T/20200902 / 2105 &
T/20200906 / 2058

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 7/9/20.