

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 Submission 31/08/2020 17:09 (SGT)
Date of Accident 28/08/2020 17:20 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKA4016T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SAM KIAN HING
NRIC No SXXXX949H
Email Address JASONKCAPL@GMAIL.COM
Mobile Phone No (Phone) +65-97505979
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mazda
Model MAZDA 3
Variant -
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 - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company EQ
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 17/12/1963
Occupation Indoor

Date Of Driving Pass	19/07/1993
Driving experience	27 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97505979
Alt. Phone Number	-
Email Address	JASONKCAPL@GMAIL.COM
Address	BLK 178 BISHAN ST 13 #06-205
Address complement	-
Postcode	570178
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	5
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LOW PENG FONG
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police Division Hq
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 Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMF7151X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SKW2902H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SMT475D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SAM KIAN HING
Address	
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	-
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LOW PENG FONG
Address	
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	-
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**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. The 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 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)

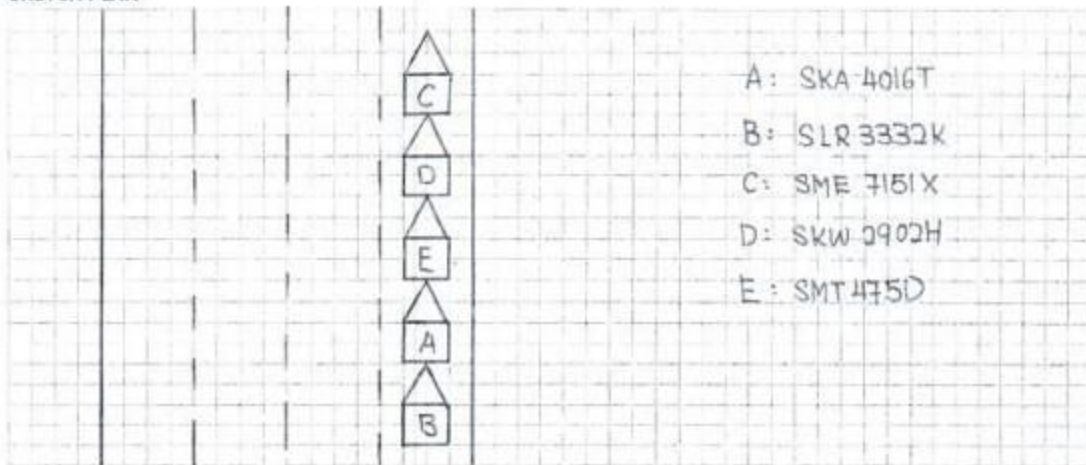
I understand, acknowledge, agree and consent that:

- (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:


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



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

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

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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















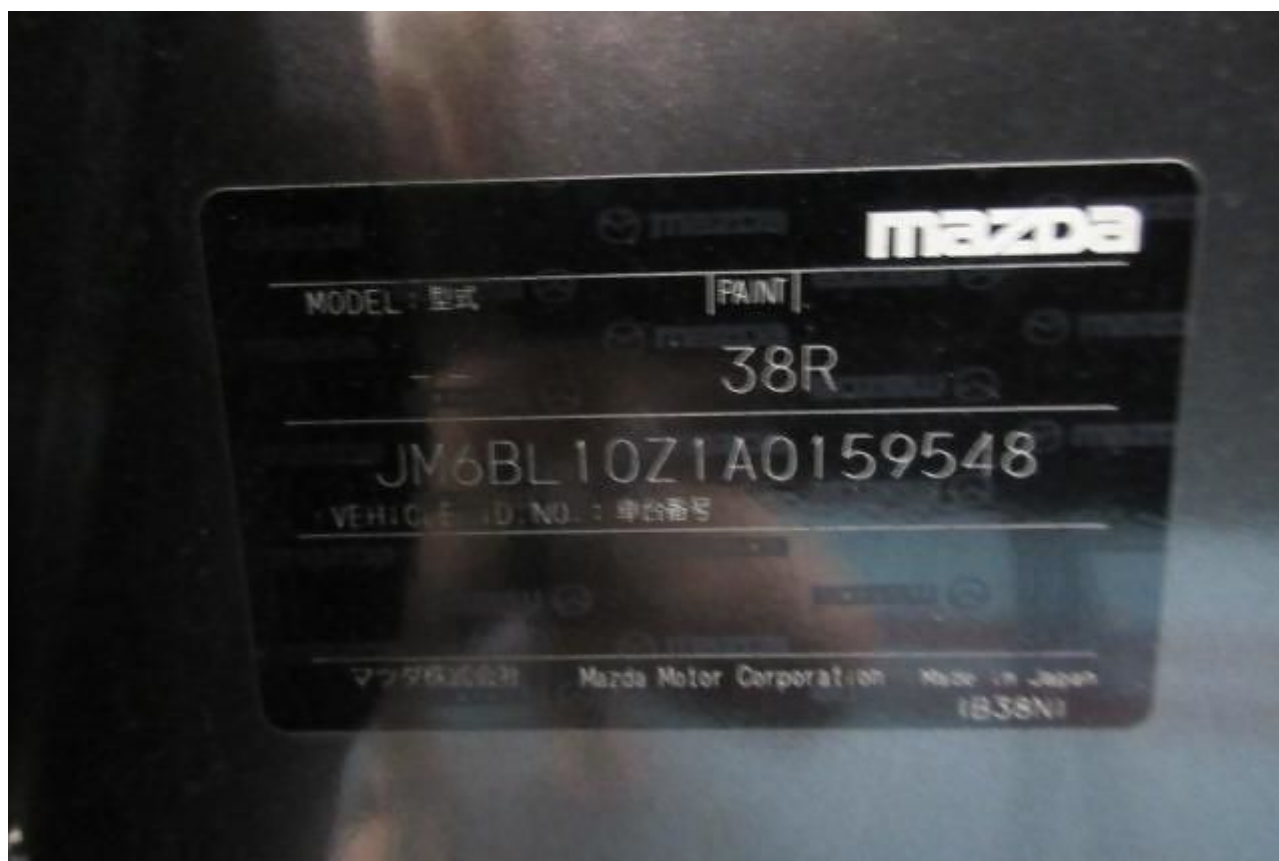














**SINGAPORE
POLICE FORCE**



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	
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



**SINGAPORE
POLICE FORCE**

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



T/20200829/2048

2 of 4

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	



**SINGAPORE
POLICE FORCE**



T/20200829/2048

3 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

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.



**SINGAPORE
POLICE FORCE**

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



T/20200829/2048

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
NP158

SINGAPORE
POLICE FORCE

SN 061

SIGNATURE



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



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.



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



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

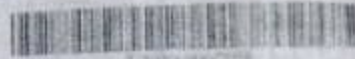
Anyone conveyed by ambulance No

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



T/2020/09/20/48

CoFA

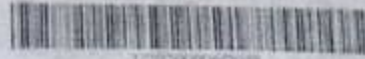
Report No. T/2020/09/20/48

Continuation of CSF For NP168

Driver			
Name	Sam Kian Hing	ID No	S1616949H
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	96612366
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.



T/2020/0906/2058

3 of 3

Report No. T/2020/0906/2058

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 672 2400

SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #10-00 Singapore 048510
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours: Monday to Friday, 09:00 - 17:00
 UIC# 600000005 / GST Reg. No. S020017733

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 120074928-01 Vehicle Registration No: SEA 4016 T
 Name (as shown on NRIC): Sam Kian Hing NRIC/FIN/Passport No: 9XXXX 949 H
 (*Vehicle Driver / Vehicle Owner) (* Please delete as appropriate)
 Address: 812 178 Bishan Street 13 # 16-205 Singapore (570178)
 Contact (Tel): _____ Mobile No.: 97505979
 Email Address: jasonkrapl@gmail.com
 Date of Accident: 28.08.2020 Time of Accident: 17.20
 Place of Accident: CTE Towards Ang Mo Kio
 Insurance Company: EA Insurance Company Ltd.

(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:

* Update Email: jasonkrapl@gmail.com

Policyholder / Driver's Signature
 Date:

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

Form 100 (Addendum Form) - 1/20