

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 | 07/09/2020 13:21 |
| Date Of Accident | 06/09/2020 17:45 |
| Exact Location Of Accident | CTE TWDS CENTRAL NEAR AMK AVE 1 & BREADDEL ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SMN9538D |
| Insured/Policyholder | |
| Name Of Registered Owner | BIS MOTORING PTE LTD |
| Co Reg No | 2XXXXX055D |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-86881311 |

Vehicle Particulars

| | |
|--|--|
| Manufacturer | OPEL |
| Model | INSIGNIA GRANDSPORT B16DTH-1.6 TURBO (A) |
| Exact Purpose for which vehicle was being used at time of accident | HIRE & 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 | M0015041 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | GIAN CHIN CHOON |
| NRIC No | SXXXX344H |
| Date Of Birth | 01/04/1956 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 22/03/1980 |
| Driving Experience | 40 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98324389 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|---------------------------------|
| Address | 216 BISHAN STREET 23 #04-323 |
| Postcode | 570216 |
| 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 | CHAIN COLLISION |
| Weather Conditions | RAINING |
| Road Surface | WET |

Other Information

| | |
|---|--|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) involved in the accident | 3 |
| 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: : GRAB RIDER GENDER: : FEMALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | BISHAN NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-5529999 - FAX NO: 65561905 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT NO: T/20200906/2103

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 | GBE6305G |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | SEOH LI LI |
| NRIC/Passport Number | SXXXX983Z |
| Contact Number | 92279657 |

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GZ188J
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
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 GIAN CHIN CHOON
Approximate Age
Injuries Sustain 4 DAYS MEDICAL LEAVE
Injured person in which vehicle? SMN9538D
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

Sketch Plan

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:

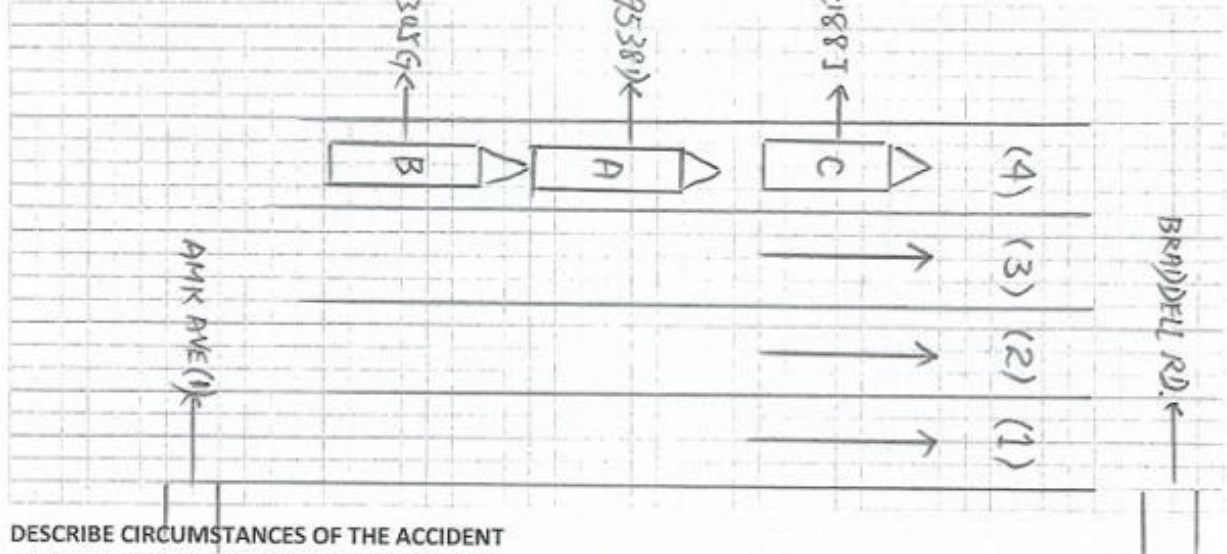
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT = T/20200906/2103

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.:





**SINGAPORE
POLICE FORCE**



T/20200906/2103

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

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Report No. T/20200906/2103

REPORT OF A TRAFFIC ACCIDENT

| | | | |
|--|------------|--|------------------------------|
| Date/Time Report Made: 06/09/2020 22:16 | | Vide Report No.: | Station Diary No.: 92 |
| Informant's Particulars | | | |
| Name of Informant: GIAN CHIN CHOON | | Address: APT BLK 216 BISHAN STREET 23 #04-323 SINGAPORE 570216 | |
| ID Type / ID No.: NRIC NO / S1165344H | | Contact No.: Home/Office: Mobile: 98324389 | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 64 | Date of Birth: 01/04/1956 | Type of Informant: Driver |
| Race: Chinese | | Language: | Institution / School Name: |
| Occupation: GRAB DRIVER | | Driving Licence Information: Class: 3 Date of Expiry: | |

General Information of the Accident

| | | | | |
|--|------------------|----------------------|--|-------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 06/09/2020 17:45 | Type of Location: |
| Location: CENTRAL EXPRESSWAY | | | | |
| Weather: Raining | | Road Surface: Wet | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | 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 |
|-------------|-------|--------|----------------------------|-------|---------------------|-----------------|
| GBE6305G | Van | TOYOTA | HIACE DX 3.0 M | | Slightly Damaged | 0 |
| GZ2188J | Lorry | TOYOTA | DYNA 150 D | | Slightly Damaged | 0 |
| SMN9538D | Car | OPEL | INSIGNIA GRAND SPORT | | Slightly Damaged | 1 |



**SINGAPORE
POLICE FORCE**



T/20200906/2103

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

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Report No. T/20200906/2103

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-------------------------|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | Seoh Li Li | ID No. | S7324983Z |
| Related Vehicle | GBE6305G (Van) | Contact No. | 92279657 |
| 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 |
| Driver | | | |
| Name | GIAN CHIN CHOON | ID No. | S1165344H |
| Related Vehicle | SMN9538D (Car) | Contact No. | 98324389 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 06/09/2020 | Date Discharge | 06/09/2020 |
| No. of Days granted Medical Leave | 04 | Degree of Injury | Serious |

Brief Details.

On the 06/09/2020 at 17.45hrs, my vehicle (SMN9538D) was travelling along CTE towards Central near to Ang Mo Kio Ave 1 and Braddell Road. The weather was raining and traffic volume was moderate. While my vehicle was moving on lane 4, suddenly, I felt an impact from the rear. The impact has caused my vehicle to surged forward and collide into one lorry (GZ2188J). I stopped the vehicle and alighted to make check. There was one van (GBE6305G) which had collided into my vehicle which resulted in my vehicle collided into the lorry. All vehicles then shifted to the road shoulder. We exchanged particulars and decided on insurance claim. The damages to the lorry is the rear left portion dented. The damages to my vehicle is the front right portion and rear portion dented. The damages to the van is the front portion dented. There is an in-car camera installed in my vehicle.



**SINGAPORE
POLICE FORCE**



T/20200906/2103

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

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Report No. T/20200906/2103

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 2 CASSIDY TAN GIA LOK | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 06/09/2020 22:16 |
| Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65476219 | Classification Of Case: SN 061 |
| Authentication Stamp NP168 |  SINGAPORE POLICE FORCE SIGNATURE |

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

