

## 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	21/11/2020 13:48
Date Of Accident	20/11/2020 19:00
Exact Location Of Accident	PIE(TUAS) AFTER WHITLEY ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMG6120G
Insured/Policyholder	
Name Of Registered Owner	BIS MOTORING PTE LTD
Co Reg No	2XXXXX055D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68963933
Vehicle Particulars	
Manufacturer	RENAULT
Model	SCENIC IV-1.5 D L DCI SR EU6 (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	YES
Policy Number	M0014913
Cover Note Number	
Driver	
Name of Driver	CHENG CHIANG WAH
NRIC No	SXXXX609Z
Date Of Birth	02/08/1956
Occupation	OUTDOOR
Date Of Driving Pass	02/07/1977
Driving Experience	43 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81632178
Fax Number	
Contact Number	
EEmail Address	MICHEALCHENG56@GMAIL.COM

Address	BLK 525 SERANGOON NORTH AVENUE 4 #10-76 SINGAPORE 550525
Postcode	
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	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	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: : MONICA TAN 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	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

As per sketch plan.

#### 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	SKQ9048J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAI XUEWEI MELISSA
NRIC/Passport Number	SXXXX876E
Contact Number	92327222
Address	

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

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLM8270Z  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver ISA  
NRIC/Passport Number  
Contact Number 81091100  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name CHENG CHIANG WAH  
Approximate Age  
Injuries Sustain 5 DAYS MC  
Injured person in which vehicle? SMG6120G  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

# Sketch Plan

## SKETCH PLAN

PIE Towards Tuas

A: SMG 6120G  
B: SKQ 9048J  
C: SLM 8270Z

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20.11.2020 at about 0701pm I was traveling along PIE towards Tuas direction after Whitkey road on a four lane expressway. I was at the first lane and suddenly the car in front of me apply ~~E-brake~~ E-brake and I did the same and come to a stop without hitting the car in front of me, then the car behind me hit my car (SKQ 9048J) (A) after that my car move forward and hit the front car (SLM 8270Z) of me. The car behind me hit of me. The car (B) SKQ 9048J hit me from the back, after that my car move forward and hit car (C) SLM 8270G.

## 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.:

QIA/100C\_SketchPlanForm\_V3

**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:

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



MZ400  
70000125  
Cov. Type: CO

**CERTIFICATE OF INSURANCE**

• MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) • MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 • ROAD TRANSPORT ACT, 1987 (MALAYSIA) • MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

<b>CERTIFICATE No.</b>	M0014913
1. Index Mark and Registration Number of Vehicle	SMG6120G
2. Name of Policyholder	BIS Motoring Pte Ltd
3. Effective Date of Commencement of Insurance for the purposes of the Act	26/12/2019
4. Date of Expiry of Insurance	25/12/2020
5. Persons or Classes of Persons entitled to drive	(A) THE POLICYHOLDER. (B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION.
<p>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle.</p>	
6. Limitations as to Use	<p>USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.</p> <p>THE POLICY DOES NOT COVER:</p> <p>(i) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.</p> <p>(ii) USE FOR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS.</p> <p>(iii) USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.</p>

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these bindings.

**Policy Owner's Protection Scheme**

This policy is protected under the Policy Owner's Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA / LIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

I/WE HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

For and on behalf of Etiqa Insurance Pte. Ltd.

Approved Insurer

Authorised Signature

GOPRBT2 24/12/2019 19:01:01





INTERVIEW FORM



INTERVIEW FORM

Name (Driver) : Cheng Chiang wah

Policy No : M0014913

Vehicle No : SMG 6120G

Place of Accident : PIE

Insured Driver's relationship with Insured : Owner

Drink Driving of Insured and/or Insured Driver : No

No of passenger(s) in Insured vehicle : 02

Injury to Insured and/or Insured driver, please indicate which hospital:  
Yes, 5 days MC

Third Party Vehicle No (if any) : SKQ 9048J, SLM 8270Z

No of passenger(s) in Third Party Vehicle : Unknown

Injury to Third Party driver and/or passenger(s), please indicate which hospital:  
Unknown

Type of collision and the extensiveness of the damages to all vehicles involved:  
Chen Collision

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)

ll  
Driver (Name & Signature)  
I, affirmed the above information is given to  
my best knowledge

[Signature]  
Attended by (Name & Signature)

Workshop Name: \_\_\_\_\_

Etiqa Insurance Berhad (Company Reg. No. T09F0054K)  
1 North Bridge Road, #08-01 High Street Centre, Singapore 179094  
T: +65 6336 0477 F: +65 6339 2109

Member of the Singapore Motor Vehicle Association



**SINGAPORE  
POLICE FORCE**



T/20201121/7008

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

1 of 3

Report No. T/20201121/7008

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/11/2020 12:31		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHENG CHIANG WAH			Address: 525 SERANGOON NORTH AVENUE 4 #10-76 SINGAPORE 550525		
ID Type / ID No.: NRIC NO / S1215609Z			Contact No.: Home/Office: Mobile: 81632178		
Nationality: SINGAPORE CITIZEN			Email: michaelcheng56@gmail.com		
Sex: Male	Age: 64	Date of Birth: 02/08/1956	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/11/2020 19:00	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKQ9048J	Car					0
SLM8270Z	Car					0
SMG6120G	Car					1





**SINGAPORE  
POLICE FORCE**



T/20201121/7008

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

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Report No. T/20201121/7008

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHENG CHIANG WAH	ID No.	S1215609Z
Related Vehicle	SMG6120G (Car)	Contact No.	81632178
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Serious

Brief Details.

I was driving in my vehicle on PIE toward tuas after whitley exit on lane 1. My front car come to a stop and I brake in time also. Suddenly there is a great impact from my back of my vehicle. Vehicle skq9048j had collided into the rear of my vehicle and my car move forward and collided into the front of my vehicle slm8270z. The impact was great and I felt instant pain from my hands and my body. I have a female passenger on board as I was driving grab at the point of accident. I visited a clinic and was given 5 days mc. I have also in car camera to prove my statement.



**SINGAPORE  
POLICE FORCE**



T/20201121/7008

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

3 of 3

Report No. T/20201121/7008

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TP1B /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
21/11/2020 12:31

Classification Of Case:

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

