

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 | 08/12/2020 16:24 (SGT) |
| Date of Accident | 08/12/2020 11:08 (SGT) |
| Exact Location of Accident | Near Bahar Flyover, Singapore |
| Additional Location Information | PIE EXIT JALAN BAHAR |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SMJ9124K |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|----------------------------|
| Is company? | Yes |
| Name Of Registered Owner | BIS MOTORING PTE LTD |
| Company Reg No | 2XXXXX055D |
| Email Address | KEIFTAN@BISMOTORING.COM.SG |
| Mobile Phone No | (Phone) +65-86881311 |
| Alternative Phone No | (Office) +65-68963633 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Opel |
| Model | Astra |
| Variant | - |
| Exact purpose for which vehicle was being used at time of accident | Private hire |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category | Private hire |

INSURANCE COMPANY

| | |
|---------------------------------|---------------|
| Name of Insurance Company | Etiqua |
| Type of Coverage | Comprehensive |
| Fleet Policy | Yes |
| Policy Number | M0014371 |
| Cover Note Number | - |

DRIVER

| | |
|----------------------|---------------|
| Name of Driver | KONG KOON SAN |
| NRIC No | SXXXXX002F |
| Date Of Birth | 01/02/1955 |
| Occupation | Outdoor |

| | |
|--|----------------------------|
| Date Of Driving Pass | 31/12/1974 |
| Driving experience | 46 YEARS |
| Gender | Male |
| Mobile Number | (Phone) +65-83882626 |
| Alt. Phone Number | - |
| Email Address | kongkoonan@gmail.com |
| Address | 671 CHOA CHU KANG CRESCENT |
| Address complement | #17-367 |
| Postcode | 680671 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Hirer |
| 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 | Side Swipe |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| 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 | PASSENGER |
| Gender | Male |

DETAILS OF POLICE ACTION

| | |
|---|---|
| Was the accident reported to the police? | Yes |
| Police Station Name | Choa Chu Kang Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18007659999 |
| Alt. Police Station Phone No | (Fax) +65-67644104 |
| Police Station Address | No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

I DRIVING ALONG PIE EXIT TO JALAN BAHAR AT SHOULDER LANE. THERE'S WAS AN ACCIDENT INFRONT, SO I FILTER RIGHT TO FOURTH LANCE. WHEN I'M IN LANE 4, I FELT THERE WAS AN IMPACT FROM MY RIGHT SIDE AND REALISED A LORRY CUT INTO MY LANE AND CAUSE MY REAR RIGHT PORTION BADLY DAMAGED.

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 | XD8115U |
| Vehicle Manufacturer | - |

| | |
|---|----------------------|
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | RAVIA |
| Contact Number | (Phone) +65-83853018 |
| 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 | KONG KOON SAN |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | 3 DAYS MEDICAL LEAVE |
| Injured person in which vehicle? | SMJ9124K |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

IMPORTANT NOTICE

- Please report **promptly** the details of the accident to **your** or the claim process.
- The Form must be **completed by the Policyholder/Driver/ the Authorized Person**.
- Information provided must be on **truthful and accurate basis**. Any willful misrepresentation or withholding of material facts may allow Insurance companies to **cancel the policy**.
- The issue and acceptance of this Form by Insurance companies is not an admission of policy liability on the part of the Insurance Companies.
- Any false statement may be referred to the Police for investigation.**
- The report is filed forwarded by the Insurer of the GA Risk Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and third copies of this report will be made available upon application by interested parties.
- By the lodgment of this report, the Insurer, you hereby consent to the archiving of this report at the centre and to copies of the report being made available if/when.
- Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My Insurer, my employer and the General Insurance Association of Singapore (GIAS) may have permitted to collect, use, disclose and/or process my personal data/information and all in this (Form) and any other personal information provided by me or processed by my Insurer collectively, the "Personal Information"; and disclose and transfer such Personal Information to all Insurer(s) who have insured vehicles involved in the accident (all Insurer(s) who have insured vehicles involved in this accident shall be collectively referred to as the "Insurers"), the Insurer, my employer, the Ministry of Transport, the Ministry of Police and any relevant government agency/authority (such as the police, for the purpose(s) of:
- (i) processing, handling and/or dealing with my claim including the settlement of the claim and any necessary investigations relating to the claim;
- (ii) investigating the accident and/or my claim;
- (iii) carrying out and/or dealing with my Insurer(s) or responding to any enquiries by me;
- (iv) administering my claim (including the making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to third party delivery of the same as well as on the external issue of correspondence, packages), and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claim, collectively the "Purpose(s)";
- (b) all Insurer(s) who have insured vehicles involved in the accident and the Insurer, the Insurer, may have permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purpose(s); and
- (c) no Personal Information may be disclosed by any of the Insurers and/or GA to their third party service providers or agents (including their Insurer(s) firms), which may or may not be outside of Singapore, for one or more of the above Purpose(s).

Policyholder's Signature / Date & Time _____ Driver's Signature of driver is not the policyholder / Date & Time _____ Witnessed by Reporting Centre Personnel _____

Sketch Plan

Along Rd Exit to Jalan Bahar

Describe Circumstances of the Accident

I driving along P18 EXIT to ground bridge at shoulder lane
 then hit an accident subject. We I terrible start to death lane
 when I am in lane to I felt some what on impact some way
 right side and realised a heavy car into my lane and we cause
 my car right portion body damage.

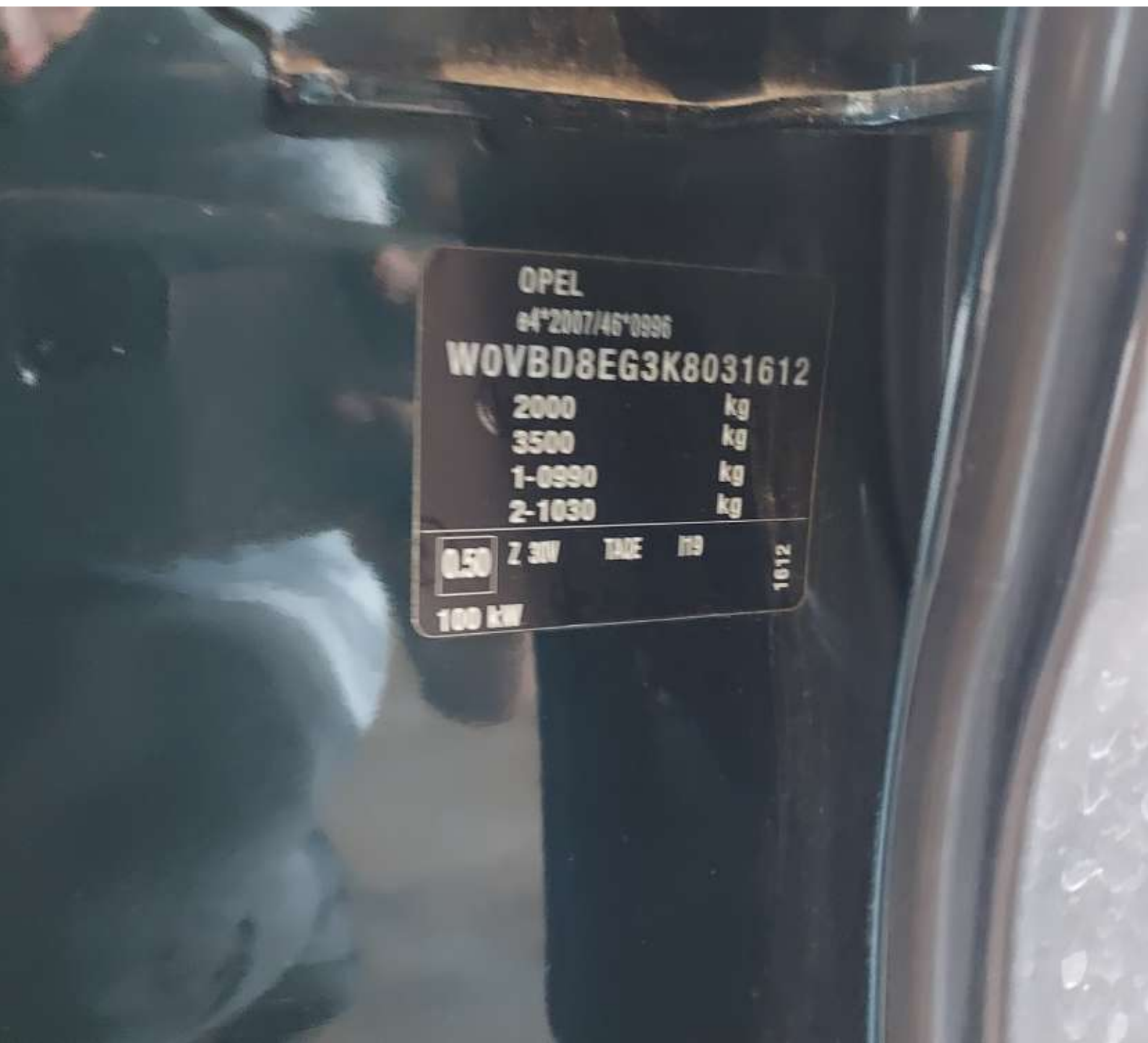
Declaration

We declare the foregoing particulars are true to every respect.

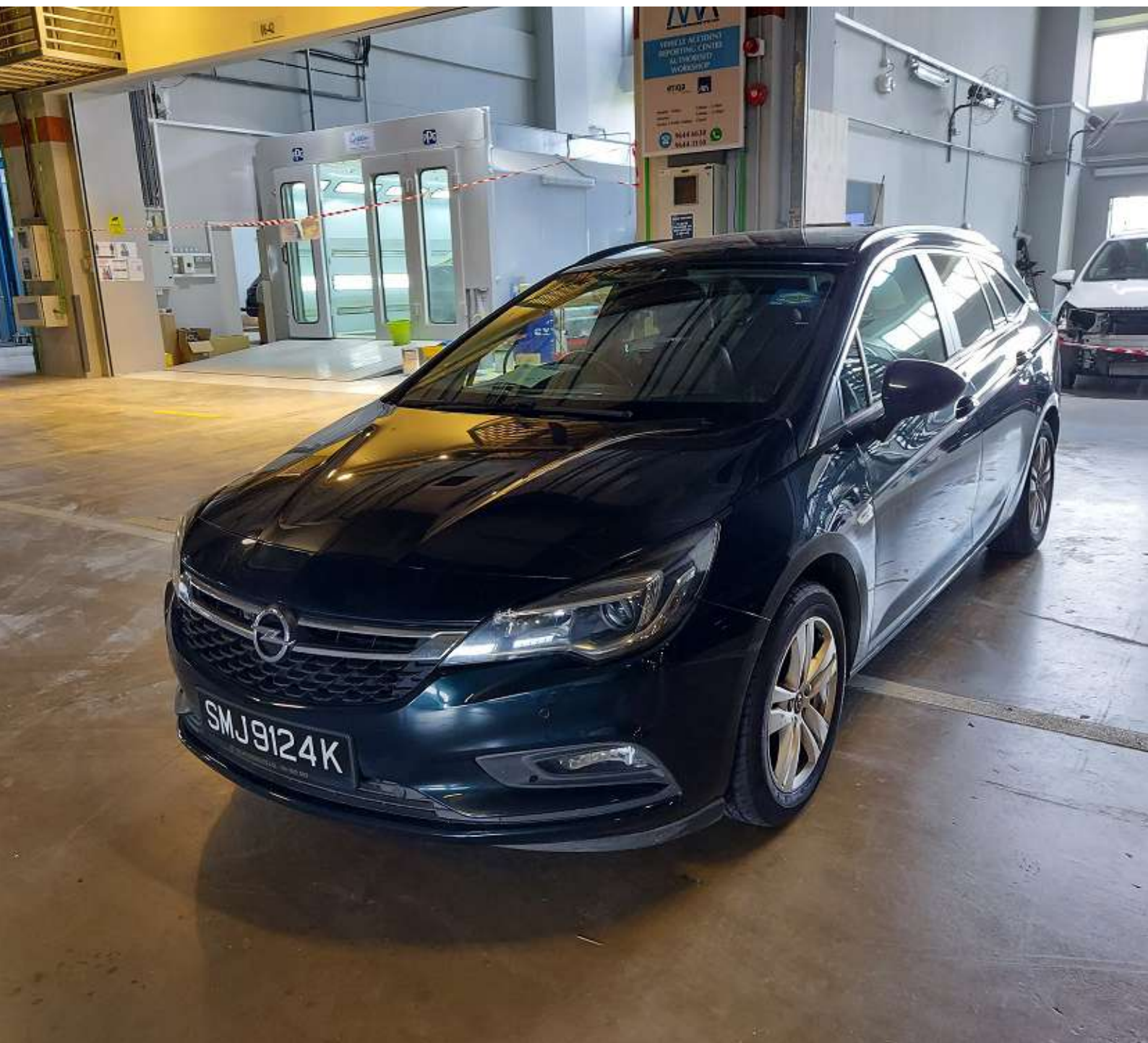
Policyholder's Signature / Date & Time: _____
 Driver's Signature (if other to the policyholder) / Date & Time: _____
 Witnessed by: _____ (Name)





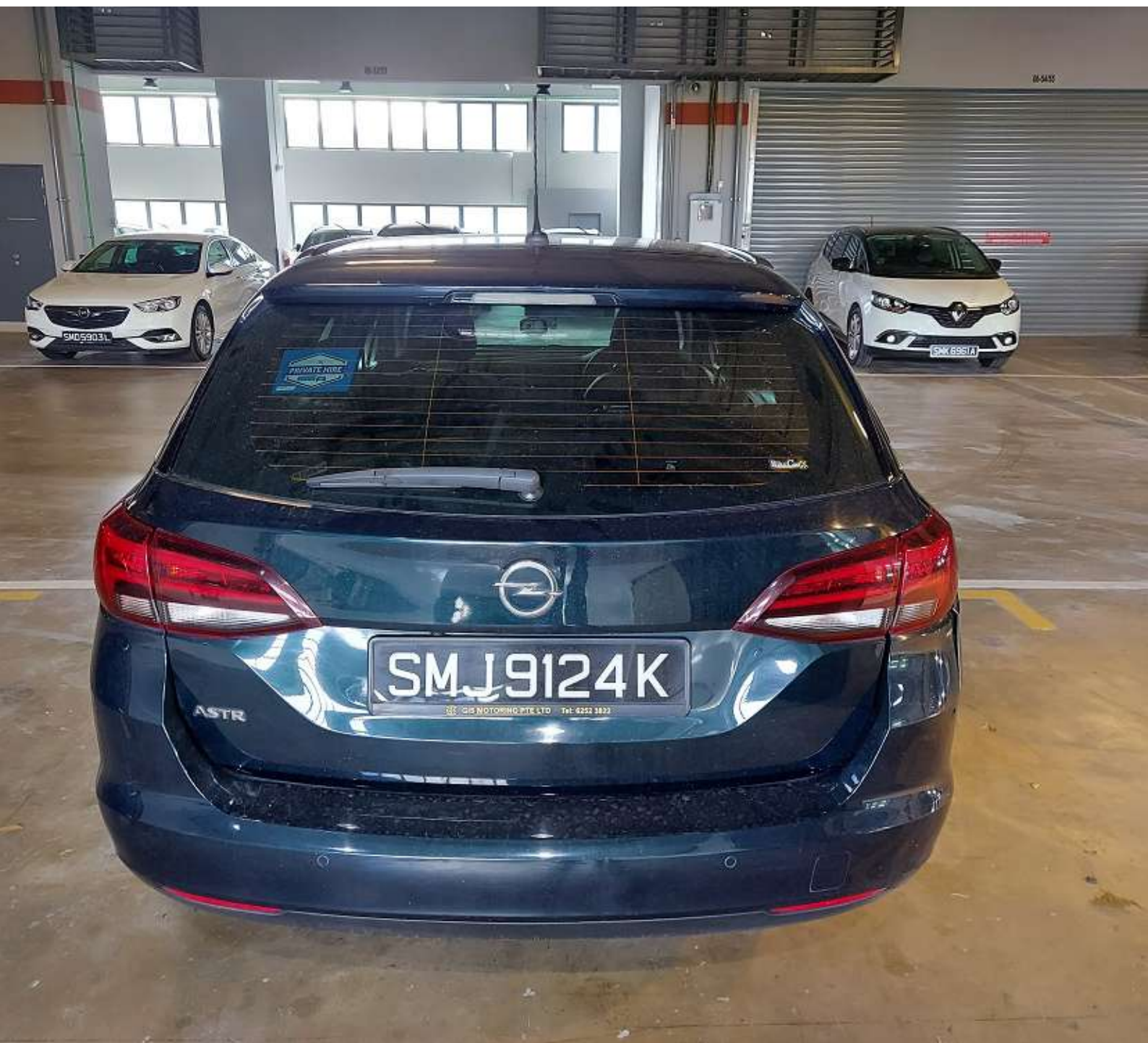


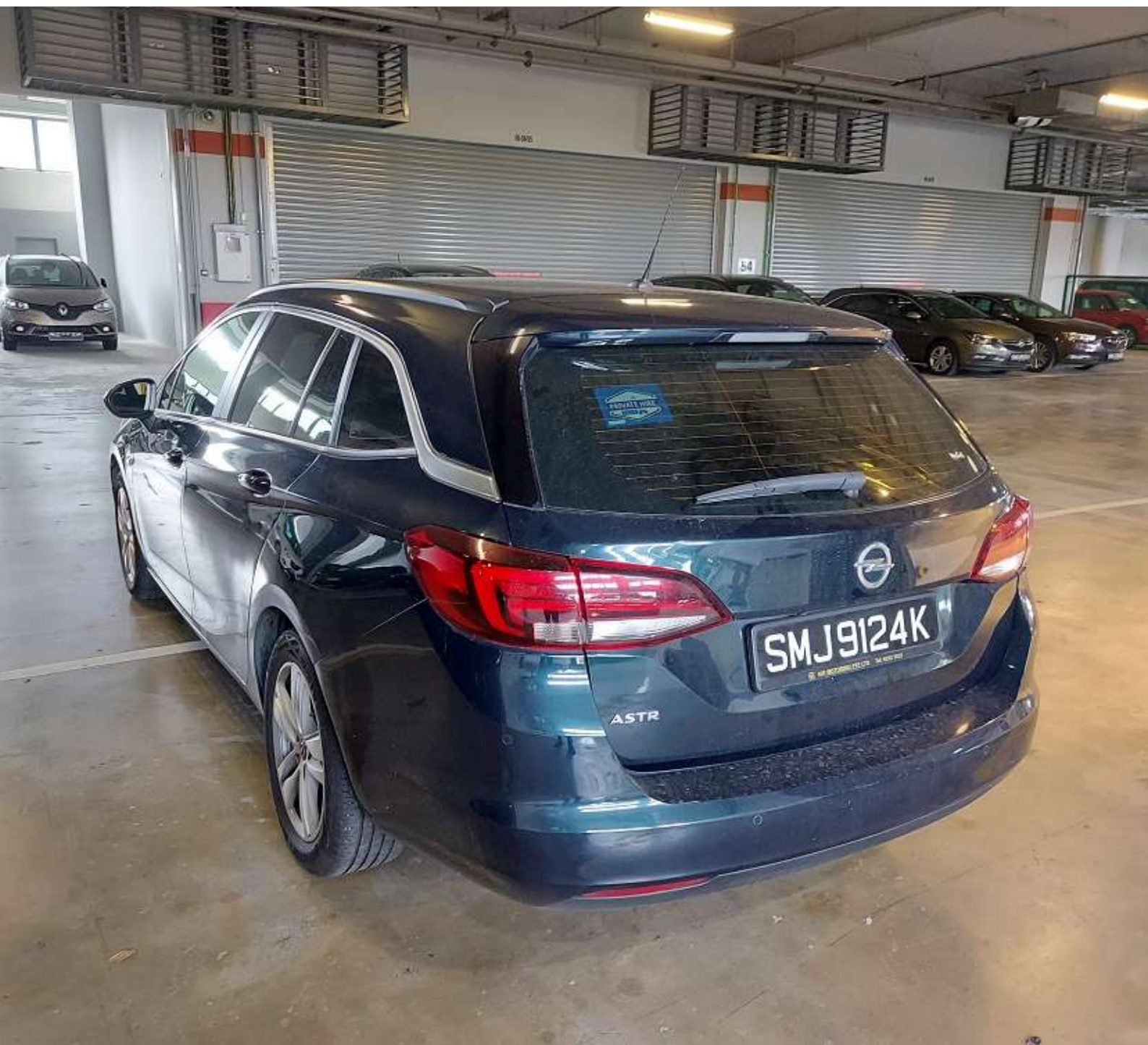















**SINGAPORE
POLICE FORCE**


T/20201209/2043

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No. T/20201209/2043

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 09/12/2020 12:24 | Vide Report No.: | Station Diary No.: 30 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | |
|--|--|------------------------------|------------------------------|
| Name of Informant: KONG KOON SAN | Address: APT BLK 671 CHOA CHU KANG CRESCENT #17-367 SINGAPORE 680671 | | |
| ID Type / ID No.: NRIC NO / S1105002F | Contact No.: Home/Office: Mobile: 83882626 | | |
| Nationality: SINGAPORE CITIZEN | Email: | | |
| Sex: Male | Age: 65 | Date of Birth: 01/02/1955 | 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: 08/12/2020 11:10 | Type of Location: Straight Road |
| Location: PAN-ISLAND EXPRESSWAY | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Heavy | |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | Anyone conveyed by ambulance: No | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|-------|------------------|--|-------|----------------------|-----------------|
| SMJ9124K | Car | OPEL | ASTRA ST 1.6 TURBO DIESEL (A) | Green | Seriously Damaged | 1 |
| XD8115U | Lorry | MERCEDES BENZ | MB ACTROS 3336K 6X4 3300 (AUTO, ABS) | White | No Damage | 0 |



**SINGAPORE
POLICE FORCE**



T/20201209/2043

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20201209/2043

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-------------------------|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | KONG KOON SAN | ID No. | S1105002F |
| Related Vehicle | SMJ9124K (Car) | Contact No. | 83882626 |
| Hospital/Clinic | EDGEDALE MEDICAL CLINIC | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 09/12/2020 | Date Discharge | 09/12/2020 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |
| Driver | | | |
| Name | RAVIA | ID No. | G7201987W |
| Related Vehicle | XD8115U (Lorry) | Contact No. | 83853018 |
| 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 08/12/2020 at about 1108hrs, I was travelling along PIE towards Tuas near to Jalan Bahar exit on shoulder lane. There was a accident upfront so I filtered to the fourth lane and when I was in the fourth lane, I felt there was an impact from my right side and realized that a lorry (XD8115U) had cut into my lane and caused my rear right portion of the car to be badly damaged. At the point of accident, I did not felt any pain nor any soreness and both of us exchanged our details and he said could be due to his blind spot which caused the accident.

On 09/12/2020, I felt slight soreness and pain on my neck but no major injury and decided to seek my own medical treatment. I was then given 3 days of MC due to the soreness and pain.



SINGAPORE POLICE FORCE



T/20201209/2043

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Report No. T/20201209/2043

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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:

J
Sgt 1 ONG WEI SONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI 2 JUREMAH BINTE AHMAD
Contact No.: 65476219


Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
09/12/2020 12:24

Classification Of Case:





GENERAL INSURANCE ASSOCIATION OF SINGAPORE
Association of Insurers of Singapore

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
100 Raffles Quay #10-01 Singapore 048623
 Tel: 65 6334 2222 Fax: 65 6334 2223
 Opening Hours: Monday to Friday 9:00 am - 5:00 pm
 Email: RAAC@risa.org.sg Website: www.risa.org.sg

(IMPORTANT NOTE: Please submit the complete 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: SM0820C80001 Vehicle Registration No: SMJ 9124K

Name (as shown on NRIC): _____ NRIC/FP/Passport No.: _____

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore _____

Contact (Tel): _____ Mobile No.: _____

Email Address: _____

Date of Accident: 8/12/20 Time of Accident: 11:08

Place of Accident: PIC SWIT JALAN RAJAH


Insurance Company: GTICA

(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:

ADDITIONAL POLICE REPORT: T/2020029/2043

 Policyholder / Driver's Signature
 Date: _____



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

RAAC001 addendum addendum_10