# **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 witholding 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.

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   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 02/03/2021 17:25 (SGT) Date of Accident 01/03/2021 17:30 (SGT) Exact Location of Accident AYE, Singapore Additional Location Information Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Honda

Vehicle Registration Number SJL2671T

### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **BSG TRADING PTE LTD** Company Reg No **Email Address** JORDAN@BSGTRADE.COM Mobile Phone No (Phone) +65-88183760 Alternative Phone No +65-88183760

### VEHICLE PARTICULARS

Manufacturer

Model Stream 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 Policy Number DMPPHQ20-003417 Cover Note Number

### DRIVER

Name of Driver LEONG CHON WEI NRIC No SXXXX099E Date Of Birth 05/04/1988 Occupation Outdoor

Date Of Driving Pass 20/09/2018 Driving experience 2 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-88183760 Alt. Phone Number Email Address JORDAN@BSGTRADE.COM BLK 2 03-03 JLN SAGU 36 TMN DAYA 81100 JOHOR BAHRU Address **MALAYSIA** Address complement Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** 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 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) 1 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Paya Lebar Neighbourhood Police Post Police Station Address Blk 114 Hougang Avenue 1 #01-1270 Singapore 530114 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT T/20210301/2137 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	SLQ6033J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	-
Contact Number	_
Address	-



Address complement				· · · · · ·
Postcode				<b>.</b>
Insurance Company Name				<b>.</b>
Nature Of Damage				
Details of property damaged	d in accident			
No. Of Passenger (Including	Driver)			

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLX781K
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	SGW7588X
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 Address	LEONG CHON WEI
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SJL2671T
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.
- 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.
- 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:
- 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.
- 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 aforesald.
- 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:
  - 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:

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

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

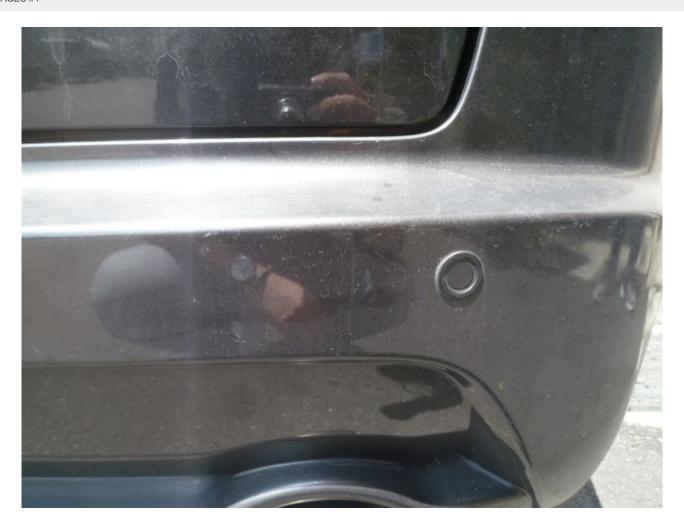
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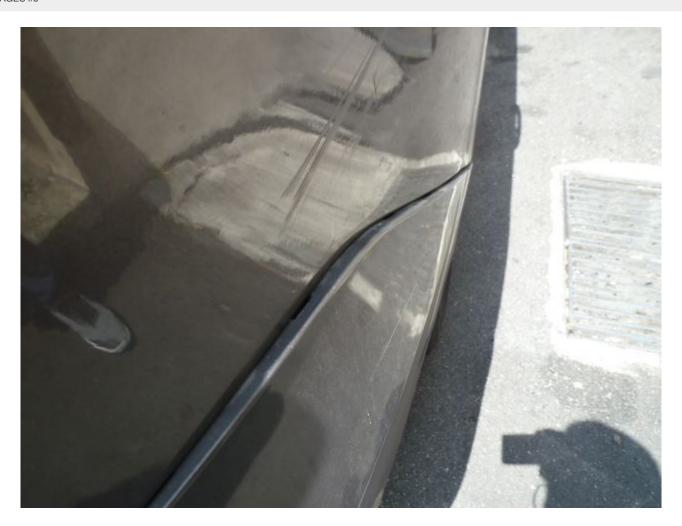
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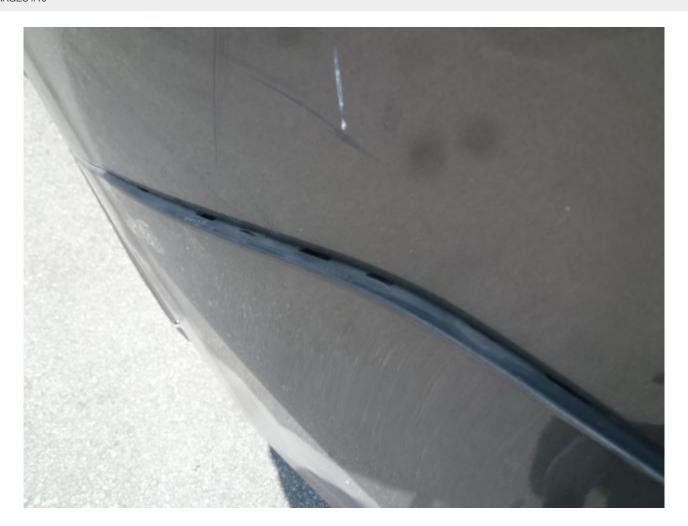


















Police Station Of Origin: Paya Lebar NPP

114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999

1 of 3 Report No. T/20210301/2137

### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/03/2021 21:25		Made:	Vide Report No.:	Station Diary No.: 64	
Informa	nt's Partic	ulars	77000000000000000000000000000000000000	LLOS SON BARRASTON	
	f Informant: CHON WE		Address: 24, JLN SERI AUSTIN 3/11 M'SIA	TMN SERI AUSTIN,81100 JB	
	/ ID No.: O / S88790	99E	Contact No.: Home/Office:	Mobile: 88183760	
National MALAY:			Email:		
Sex: Age: Date of Birth: Male 32 05/04/1988			Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: SALES MANAGER			Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Others	Drink Drive: No	Date/Time of Accident: 01/03/2021 17:30	Type of Location expressway
Location:  AYER RAJAH  Weather:	EXPRESSWAY	Road Surface:		Road Speed Limit:
Clear		Dry		
Traffic Flow: Traffic Control: One Way Not Controlled			Traffic Volume: Heavy	
Type of Collis Between Mov	ion: ing Vehicles - Head	To Rear		Anyone conveyed by ambulance: No

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGW7588X	Car	7.			Slightly Damaged	0
SJL2671T	Car				Slightly Damaged	0
SLQ6033J	Car			14	Slightly Damaged	0
SLX781K	Car				Slightly Damaged	0



T/20210301/2137

Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999 2 of 3 Report No. T/20210301/2137

CONTINUATION OF REPORT

### Brief Details.

On 01/03/2021 at about 1730hrs, I was driving (SJL2671T) on the first lane along AYE towards City and I came to a stop as there is a heavy traffic ahead of me.

Out of a sudden, I heard a loud bang and I alighted from my vehicle to make a check. I then realized that there is chain collision involving a total of 4 cars including my cars. The other 3 drivers and I exchanged our particulars and we leave the scene subsequently. At the point of time, none of the other drivers inform that they are injured.

I would like to inform that there is a dash carn install on both the front and back of my vehicle and is recording at the point of time. I visit a clinic at "Intermedical Kovan" due to neck strain and was given 3 days of MC.





Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999 3 of 3 Report No. T/20210301/2137

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 <u>report number</u> as reference.

Signature Of Officer Recording The Report: F / Sgt 2 LIM JIT WEI, JOEL	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time. 01/03/2021 21:25
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
Authentication Stamp NP168 Sign	neture:ice Force