

SS1Y214F0005 / SME MOTOR PTE LTD  
 ENTRY DATE & TIME: 15/04/2021 13:58 (SGT)  
 SUBMITTED BY: Chia Pei Ying  
 VERSION: 1 (15/04/2021 13:58 (SGT))

Your NCD will be affected due to late reporting



## 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	15/04/2021 13:58 (SGT)
Date of Accident	13/04/2021 06:35 (SGT)
Exact Location of Accident	Sembawang Way, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG7055K
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BACHY SOLETANCHE SINGAPORE PTE LTD
Company Reg No	1XXXXX162Z
Email Address	bee.toh.tan@soletanche-bachy.com
Mobile Phone No	(Phone) +65-62647190
Alternative Phone No	(Office) +65-62647190

#### VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	TRF86
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2499

#### INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCPHQ20-003435
Cover Note Number	-

#### DRIVER

Name of Driver	WONG WEE HEONG
NRIC No	SXXXX305H

Date Of Birth	15/09/1958
Occupation	Outdoor
Date Of Driving Pass	07/10/1977
Driving experience	43 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97574104
Alt. Phone Number	-
Email Address	bee.toh.tan@soletanche-bachy.com
Address	BLK 138 RIVERVALE STREET #16-758
Address complement	-
Postcode	540138
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	4
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	MS ZHAN
Gender	Female

## DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

## CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20210414/2088.

## 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	SHB5555C
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SMZ112U
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	VEHICLE C
No. Of Passenger (Including Driver)	-

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number	SJT8960C
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	VEHICLE D
No. Of Passenger (Including Driver)	-

**INJURED PERSONS DETAILS**

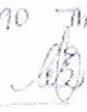
## INJURED 1

Name of injured person	WONG WEE HEONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBG7055K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

I/We hereby authorise SMI Motor Pte Ltd to send my accident report to my workshop  
Precise Auto Service via email - support @ precise auto sg or fax : 6891 3390 Thank You.

SKETCH PLAN

Signature : 

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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 center 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 a third party, to vice provisors 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 and managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any legislative, law or court orders.

  
Policyholder's Signature

Date & Time

  
Insurer's Signature

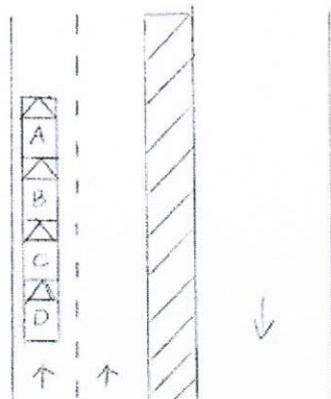
Name & Title of the Insurer  
Date & Time

  
Insuring Co's Representative's Signature

Name  
Date & Time

SKETCH PLAN #2

SKETCH PLAN



Vehicle A : G86 7099K  
 Vehicle B : SHB 5555C  
 Vehicle C : SMZ 112 Y  
 Vehicle D : SJT 8960 C  
 Location : Sembawang Way

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

\* Please refer to the Police Report  
 \* Police Report No : 71/20210A14/2088

DECLARATION

I We declare the information provided is true and correct.

  
 Witness 1's Signature

Date & Time

  
 Witness 2's Signature

Date & Time: 15/04/2021

11:12 am

  
 Reporting Officer's Signature

Name: [illegible]  
 Address: [illegible]

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20210414/2088

1 of 4

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20210414/2088

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/04/2021 16:22		Vide Report No.:		Station Diary No.: 105	
<b>Informant's Particulars</b>					
Name of Informant: WONG WEE HEONG			Address: APT BLK 138 RIVERVALE STREET #16-758 SINGAPORE 540138		
ID Type / ID No.: NRIC NO / S1292305H			Contact No.: Home/Office: Mobile: 97574104		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 15/09/1958	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: CONSTRUCTION TECHNICIAN			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: 13/04/2021 06:35	Type of Location: Straight Road	
Location: SEMBAWANG WAY					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBS7055K	Lorry	ISUZU		White	Slightly Damaged	1
SHB5055G	Car	TOYOTA	Prins	Brown	Seriously Damaged	0
SJT8980C	Car	TOYOTA	Vios	Red	Seriously Damaged	1
SMZ112U	Car	TOYOTA		White	Seriously Damaged	0

POLICE REPORT #2



**SINGAPORE  
POLICE FORCE**



T/20210414/2088

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

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Report No: T/20210414/2088

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WONG WEE HEONG	ID No.	S1292305H
Related Vehicle	GBG7055K (Lorry)	Contact No.	97574104
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	14/04/2021	Date Discharge	14/04/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	KOH	ID No.	NIL
Related Vehicle	SHB5555C (Car)	Contact No.	96223625
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	LOUIS KEE	ID No.	NIL
Related Vehicle	SJT3960C (Car)	Contact No.	86080265
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

POLICE REPORT #3



**SINGAPORE  
POLICE FORCE**



T/20210414/2088

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Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20210414/2088

## CONTINUATION OF REPORT

Driver			
Name	LIM	ID No.	NIL
Related Vehicle	SMZ112U (Car)	Contact No.	81263038
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 13/04/2021 at about 0630hrs, while I was driving my company lorry bearing the registration plate number GBG7055K along Sembawang Way. As the traffic light turned red (about 150meters away) , I noticed one vehicle in front of me stopping hence, I then slowly came to a stop. However, the vehicle (SHA5555C) behind me, couldn't stop in time. As such, collided to the rear of my vehicle. I then felt another impact from my rear and when I alighted from my vehicle, I noticed that my vehicle were involved in a chain collision.

We then exchange the our particulars. I then left the location however, the third vehicle was required to wait for the tow truck.

On 14/04/2021 at about 1000hrs, I felt pain on my neck and lower back area. As such, I visited Bok Family Clinic located at B/117 Bedok Reservoir Road #01-58, Singapore 470117. I was given 3 days of MC 14/04/2021 to 16/04/2021.

The sequences were as follow:

- 1) GBG7055K (mine)
- 2) SHB5555C
- 3) SMZ1128
- 4) SJT896DC

POLICE REPORT #4



**SINGAPORE  
POLICE FORCE**



T/20210414/2088

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

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Report No. T/20210414/2088

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: F / Sgt 2 TENG WEI KANG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time 14/04/2021 16:22
Officer In Charge Of Case: TP / AEIT / SHIAN JEOK LENG Contact No.: 65476151	Classification Of Case:
Authentication Stamp <small>WP 150</small> 	