# **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.

  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 26/04/2021 16:39 (SGT) Date of Accident 24/04/2021 19:05 (SGT) Exact Location of Accident Singapore Additional Location Information SLIP ROAD OF BARTLEY ROAD EAST TWRDS AIRPORT RD Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SFQ663B

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner SEAH KIN HOK (XIE QINFU) NRIC No. SXXXX327C Email Address x543210h@gmail.com Mobile Phone No (Phone) +65-90030199 Alternative Phone No +65-90030199

### VEHICLE PARTICULARS

Manufacturer Model **B.M.W. / 520D M SPORT** 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 Transmission Auto CC 1995

### **INSURANCE COMPANY**

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5095981986-03 Cover Note Number

### DRIVER

Name of Driver SEAH KIN HOK (XIE QINFU) NRIC No. SXXXX327C

Date Of Birth 29/10/1975 Occupation Indoor Date Of Driving Pass 06/04/1997 Driving experience 24 YEARS Gender Male Mobile Number (Phone) +65-90030199 Alt. Phone Number +65-90030199 Email Address x543210h@gmail.com Address BLK 322C #13-146 ANCHORVALE DRIVE Address complement Postcode 543322 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured 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? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name SEAH KIN HOCK Gender Male PASSENGER 2 Name LEE PEI HIAN Gender Male PASSENGER 3 Name SEAH RO YAN Gender PASSENGER 4 Name SEAH KAI FENG Gender **Female** DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/20210424/7030;

### 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 Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour	SLU8178R Mercedes MERCEDES BENZ / CLA180 SB URBAN (R18 LED) -
Vehicle Category Name of Driver Contact Number Address	Private car
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 2

Vehicle Registration Number Vehicle Manufacturer	SMK1117D Mercedes
Vehicle Model	MERCEDES BENZ / GLC250 4MATIC
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	SLL535T
Vehicle Manufacturer	Toyota
Vehicle Model	TOYOTA / COROLLA ALTIS CLASSIC 1.6 CVT
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)	-

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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.
- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date

IDAC KAKI BUKIT (VAC) 23 Kaki Bukit Ave 4 #02-02 Singapore 415933 Tel: 67416697 Fax: 67492305

Witnessed by Reporting Centre
Personnel 2 6 APR 2021

Sketch Plan

A - SF& 663B B - SLU SIJSR C - SMK1117D D - SLL 575 T

Please	Refer	10	Police	report	T120210424 17030
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		-			
		7.17			

IWe declare the foregoing particulars are true in every respect.

Rolicyholder's Signature / Date &

Driver's Signature (if driver is not the policyholder) / Date & Time

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.eg

Witnessed by Reporting Centre Personnel 2 6 APR 2021



























Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 4 Report No. T/20210424/7030

### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/04/2021 21:39			Vide Report No.: G/20210424/0202	Station Diary No.:	
Informa	nt's Partic	ulars			
Name of	f Informant:		Address:		
SEAH K	IN HOK		322C ANCHORVALE DRIVE #13-146 SINGAPORE 543322		
ID Type / ID No.:			Contact No.:		
NRIC NO / S7536327C			Home/Office: Mobile: 90030199		
National	ity:	ΈN	Email:		
SINGAP	ORE CITIZ		henry@newserv.com.sg		
Sex: Male	Age: 45	Date of Birth: 29/11/1975	Type of Informant: Driver		
Race: Chinese			Language: Institution / School N English		
Occupation:			Driving Licence Informat	ion:	
Sales and marketing manager			Class:	Date of Expiry:	

Type of Attended by Police		Drink Drive: No	Date/Time of Accident: 24/04/2021 19:00	Type of Location Straight Road
BARTLEY RO	OAD EAST			
		Road Surface: Dry		Road Speed Limit:
Weather: Clear Traffic Flow: One Way				Road Speed Limit: Traffic Volume: Moderate

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SFQ663B	Car	BMW	520D M SPORT	Black		3
SLL535T	Car					0
SLU8178R	Car					0
SMK1117D	Car	-				0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20210424/7030

### CONTINUATION OF REPORT

Details of Vo	ehicle Insurance				
Vehicle No.	Insurance Company	Insurance No		Effective	Expiry Date
SFQ663B	NTUC Income Insurance Co-Operative Limited	3	17/11/2020	16/11/2021	
Details of Pe	erson Involved				
Any Pedestri	an Involved: No				
No. of Pedes	Use of Pedestrian Crossing: NA				
Driver			1		
Name	SEAH KIN HOK	ID No	).	S75363270	)
Related Vehi	cle SFQ663B (Car)	Conta	act No.	90030199	
Hospital/Clini	c NIL	Class	g	Class: NIL Date of Exp	iry: NIL

Hospital/Clinic	NIL			Class of Driving Licence Expiry		Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	Degree of	of Sligh		t	
Passenger						
Name	LEE PEI HIAN			ID No.		S7507908G
Related Vehicle	SFQ663B (Car)			Contac	t No.	NIL
Hospital/Clinic	NIL			Class of Driving Licence Expiry		Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	Degree of		Slight		
Passenger						
Name	SEAH RO YAN			ID No.		T0308311F
Related Vehicle	SFQ663B (Car)			Contac	t No.	NIL
Hospital/Clinic	NIL			Class o Driving Licence Expiry		Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		Slight	





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

3 of 4 Report No. T/20210424/7030

### CONTINUATION OF REPORT

Passenger					
Name	SEAH KAI FENG			ID No.	T0024134I
Related Vehicle	SFQ663B (Car)			Contact N	o. NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL Date			NIL	
No. of Days gran	o. of Days granted Medical Leave NIL			Slig	ght

### Brief Details.

I was travelling along Slip road of Bartley Road East toward Airport Road. Weather was clear, traffic was moderate. The vehicle (SLL535T) in front of me slowed down and stopped. Noticing that I also slowed down and came to a halt. After a few seconds, I felt an great impact from the rear, the impact was so huge that it pushed me forward and collided onto the rear of the vehicle in front of me. I alighted and realised it was a chain collision involving 4 vehicles and i was the 2nd vehicle from the front.

1st vehicle : SLL535T 2nd vehicle : SFQ663B 3rd vehicle : SLU8178R 4th vehicle : SMK1117D





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20210424/7030

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/04/2021 21:39
Officer In Charge Of Case: TP / TPHQ / MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476201	Classification Of Case:

NP168

Authentication Stamp