

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 30/08/2021 15:05 (SGT)
Date of Accident 27/08/2021 20:32 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information CTE TO SLE BEFORE AMK AVE 1 EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMJ6523C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KWAN ZHEN LONG
NRIC No SXXXX928F
Email Address JOSHUA.AIDEN@GMAIL.COM
Mobile Phone No (Phone) +65-94576410
Alternative Phone No +65-94576410

VEHICLE PARTICULARS

Manufacturer BMW
Model 316i
Variant 316I 1.6 AT D/AB 4DR ABS HID
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 1598

INSURANCE COMPANY

Name of Insurance Company EQ Insurance Company Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPPHQ21-002464
Cover Note Number 05/04/2021 - 04/04/2022

DRIVER

Name of Driver KWAN ZHEN LONG
NRIC No SXXXX928F

Date Of Birth	25/12/1988
Occupation	Indoor
Date Of Driving Pass	28/06/2010
Driving experience	11 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94576410
Alt. Phone Number	+65-94576410
Email Address	JOSHUA.AIDEN@GMAIL.COM
Address	6 ANGKLONG LANE
Address complement	#05-04
Postcode	579980
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	Collision - Head to Rear
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 vehicle 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?	Yes
Police Station Name	Teck Ghee Neighbourhood Police Post
Police Station Address	Blk 321 Ang Mo Kio Street 31 Singapore 560321
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE SKETCH PLAN BY DRIVER

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	SMV1825K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	POW LIANG WEI
NRIC No	SXXXXX750G

Contact Number	(Phone) +65-83229339
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	KWAN ZHEN LONG
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK & BACK PAIN
Injured person in which vehicle?	SMJ6523C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLANIMPORTANT 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. 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 centre 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 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: 28/8/2021

Driver's Signature

(If driver is not the policyholder)

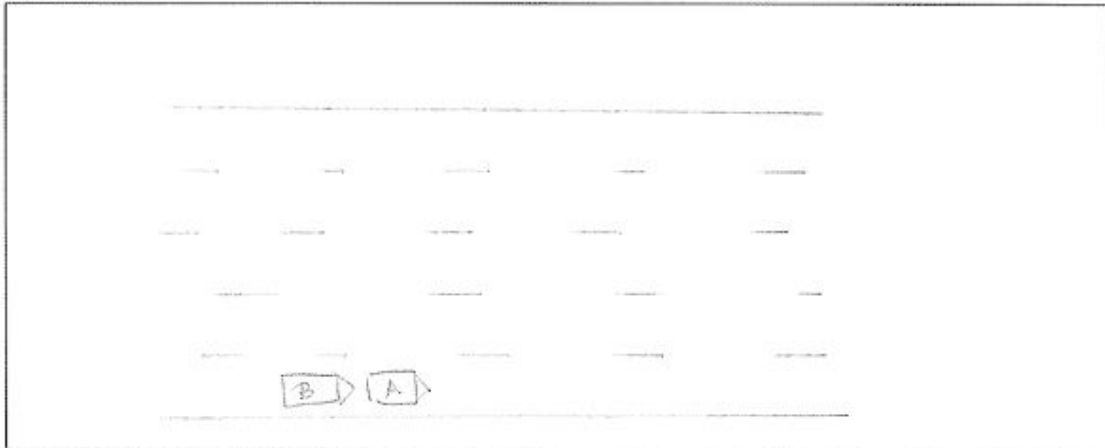
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date of accident: ²⁷ 8/18/2021 Time: 8:32 PM Location: CTE before Ahm Ave 1 exit
 My Vehicle A: SMJ565236 Vehicle B: SMV182516 Vehicle C: _____
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address :


& myself :

Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.


 Policyholder's Signature
 Date & Time: 28/8/2021
 11:30 am

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


 Ah Lim Motor Company
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

AH LIM MOTOR COMPANY







































**SINGAPORE
POLICE FORCE**



T/20210828/2102

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

1 of 1
Report No: T/20210828/2102

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/08/2021 20:03		Vide Report No.:		Station Diary No., 40
Informant's Particulars				
Name of Informant: KWAN ZHEN LONG		Address: C/O 346 BELGRAVIA DRIVE SINGAPORE 804678		
ID Type / ID No.: NRIC NO / S8852928F		Contact No : Home/Office: Mobile: 94576410		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 32	Date of Birth: 25/12/1988	Type of Informant: Driver	
Race: Chinese		Language:		Institution / School Name:
Occupation: Retail manager		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: 27/08/2021 20:30	Type of Location: Straight Road
Location: CENTRAL 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 - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMJ6523L	Car	BMW	316I 1.6 AT D/AB 4DR ABS HID	White	Slightly Damaged	0
SMV1825K	Car				Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMJ6523L	EQ INSURANCE COMPANY LTD.	DMPPHQ21- 002464	05/04/2021	04/04/2022



**SINGAPORE
POLICE FORCE**



T/20210828/2102

2 of 4

Report No. T/20210828/2102

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver Name	KWAN ZHEN LONG	ID No.	S8852928F
Related Vehicle	SMJ6523L (Car)	Contact No.	94576410
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	27/08/2021	Date Discharge	27/08/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver Name	Pow Liang Wei	ID No.	S9438750G
Related Vehicle	SMV1825K (Car)	Contact No.	83229339
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 27/08/2021 at about 2132hrs, I was driving my vehicle bearing registration plate SMJ6523L along CTE at the most right lane. While my vehicle was approaching Ang Mo Kio Ave 1 exit, one vehicle bearing registration plate SMA4776J which was in front of me suddenly stopped as such I also applied brake and managed to avoid the collision. Another vehicle bearing registration plate SMV1825K which was behind my vehicle couldn't stop in time and collided onto my vehicle's rear.

Both parties then exchanged particulars and agreed to settle through insurance. After the accident I felt pain on my neck and back as such I went to seek treatment at Tan Tock Seng and received 3 days medical certificate from 27/08/2021 to 29/08/2021.

There is front and rear in-car camera in my vehicle and captured the whole incident.

Particular of the driver of SMV1825K are as follows:

Name: Pow Liang Wei
IC: S9438750G
HP: 83229339



SINGAPORE
POLICE FORCE



I/20210828/2102

Police Station Of Origin
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

3 of 4

Report No: I/20210828/2102

CONTINUATION OF REPORT



SINGAPORE
POLICE FORCE



T/20210828/2102

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

4 of 4

Report No: T/20210828/2102

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 3 TAY YU ZHI

Signature Of Informant:

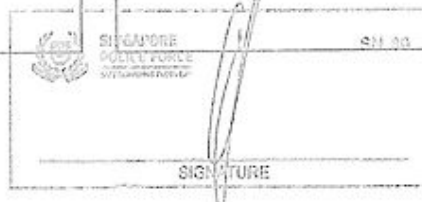
Signature Of Interpreter:
Not applicable

Date/Time:
28/08/2021 20:03

Officer In Charge Of Case:
TP / AEIT /
Insp BOON YEN KIAN
Contact No.: 65476172

Classification Of Case:

Authentication Stamp
NP158*



EQ Insurance Company Limited
 5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
 tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg
 reg no. 1978-00490-N



CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
 (REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 EDITION (REPUBLIC OF SINGAPORE)
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

PRIVATE CAR Comprehensive Classic

Certificate No. : DMPPHQ21-002464

1. Index Mark and Registration Number of Vehicles

SMJ6523L

2. Name of Policyholder

KWAN ZHEN LONG

3. Effective Date of the Commencement of Insurance for the purpose of the Act

05/04/2021

4. Date of Expiry of Insurance

04/04/2022

5. Person 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.

* Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

6. Limitation as to use*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover :

- (a) use for hire or reward
- (b) use for racing, pace-making, reliability trials or speed testing
- (c) use for the carriage of goods (other than samples) in connection with any trade or business
- (d) use for any purpose in connection with the Motor Trade

*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 headings.

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) or and Amendment, Act or Acts passed in substitution thereof.

Hire Purchase : Tokyo Century Leasing (Singapore) Pte Ltd

A000298/Tong Hin Insurance Agency Pte Ltd
 Date of Issue : 23/03/2021 13:23

Exp No. : DMPPHQ20-002261

Classic Plan - EQ Authorised Workshop Only
 Form: MX2
 Excess:
 Insured/Named Driver: S\$500.00
 Unnamed Drivers: S\$1,000.00
 YEID Additional: S\$3,000.00

EQ Motor Accident
 Hotline

6311 3211



Authorised Signatory
 EQ Insurance Company Limited