ST0J21A50001 / TAN LIM MOTOR PTE LTD ENTRY DATE & TIME: 05/10/2021 11:41 (SGT) SUBMITTED BY: Sharon Ten VERSION: 1 (05/10/2021 11:41 (SGT))

# **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.

- 4. The issue and acceptance of this is form by instrained 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 05/10/2021 11:41 (SGT) Date of Accident 01/10/2021 11:20 (SGT) Exact Location of Accident Near 125 Bukit Batok Central, Singapore 650125 Additional Location Information Car park driveway near to Blk 125 Bukit Batok Central Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMC5609S

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner BIS Motoring Pte Ltd Company Reg No 2XXXXX055D **Email Address** keiftan@bismotoring.com.sq Mobile Phone No (Phone) +65-86881311

VEHICLE PARTICULARS

Manufacturer Kia Model Carens Variant Exact purpose for which vehicle was being used at time of

accident Are you claiming under your own insurance policy for repair to

Alternative Phone No

your vehicle?

Vehicle Category Transmission

CC

Private hire

No - Claiming third party Private hire

(Office) +65-66815720

Auto

1685

**INSURANCE COMPANY** 

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Type of Coverage Comprehensive

Fleet Policy

Policy Number COI-SPMF1000000413-SMC5609S

Cover Note Number

DRIVER

Name of Driver Chua Bin Huat NRIC No. SXXXX578A



Date Of Birth 07/03/1957 Occupation Outdoor Date Of Driving Pass 03/05/2001 Driving experience 20 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-91447031 Alt. Phone Number Email Address klvcbh@gmail.com Address Blk 573 Choa Chu Kang Street 52 Address complement #02-282 Postcode 680573 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 - Major/Minor Rd 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 vehicle 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 Unknown Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Thomson Neighbourhood Police Post Police Station Phone No (Phone) +65-18004529999 Alt. Police Station Phone No (Fax) +65-65535740 Police Station Address Blk 25 Sin Ming Road #01-180 Singapore 570025 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT Refer to police report no. T/20211001/2099 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** 

SLX4078G

Honda

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model Vehicle Variant	Vezel
Vehicle Colour	- Yellow
Vehicle Category	Private car
Name of Driver	Loh Kong Fah
NRIC No	SXXXX768G
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person Gender	Chua Bin Huat
Phone No	_
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMC5609S
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 Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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 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' law yers/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' law yers/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 & Time

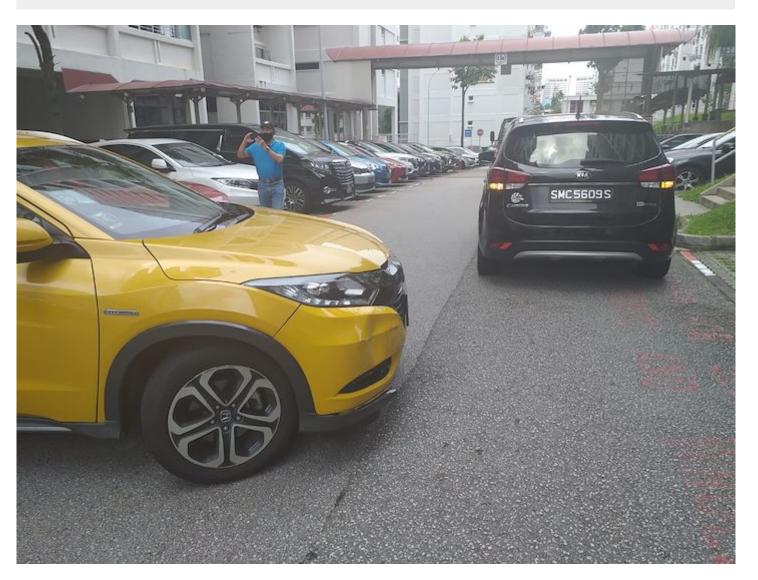
Driver's Signature (f driver is not the policyholder) / Date

to scene ph

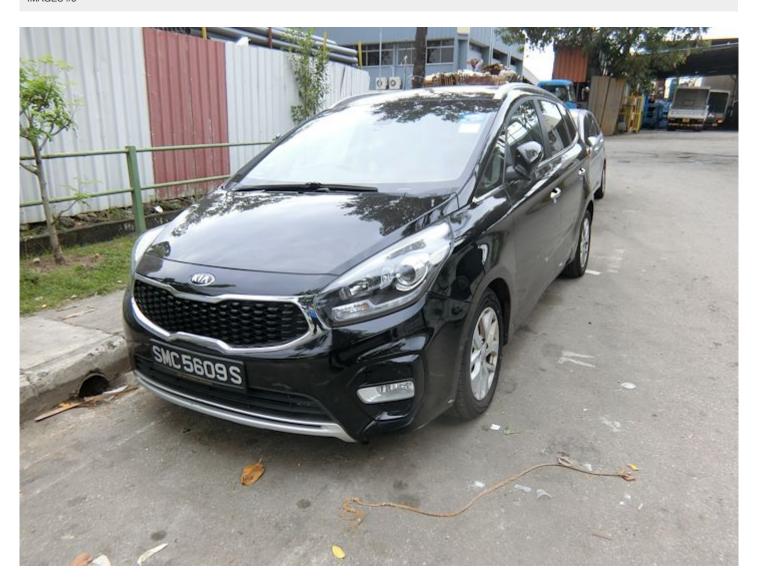
Witnessed by Reporting Centre Personnel

Sketch Plan

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ne		& Time 2/6/21 @ 0950 am P	ersonnel



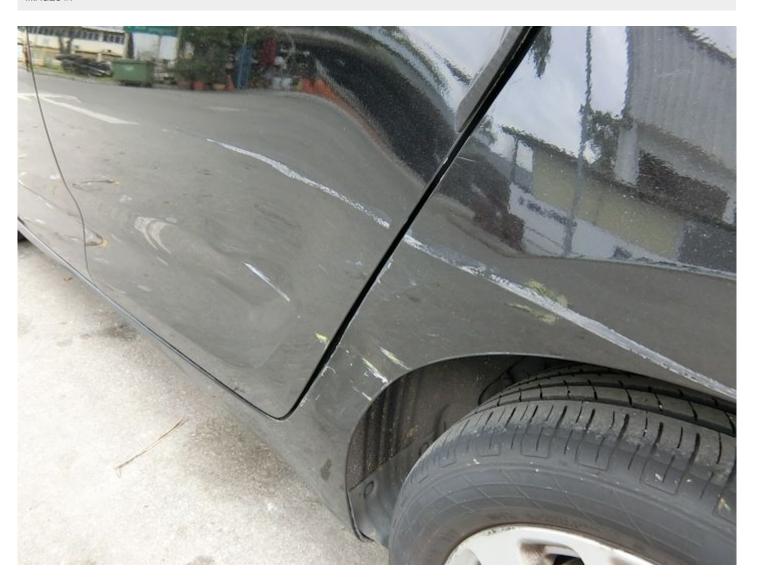






















Report No. T/20211001/2099

Police Station Of Origin:

Thomson NPP

25 Sin Ming Road #01-180 SINGAPORE

570025

Tel No: 1800-4529999

WAS TOO SINGAP ORE

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: Vide Report No .: Station Diary No.: 01/10/2021 17:48 Informant's Particulars Name of Informant: Address: CHUA BIN HUAT APT BLK 573 CHOA CHU KANG STREET 52 #02-282 SINGAPORE 680573 ID Type / ID No .: Contact No .: NRIC NO / S1227578A Home/Office: Mobile: 91447031 Nationality: Email: SINGAPORE CITIZEN Sex: Date of Birth: Age: Type of Informant: Male 64 07/03/1957 Driver Race: Language: Institution / School Name: Chinese Mandarin Occupation: Driving Licence Information: PHV DRIVER Class: 3 Date of Expiry:

General Infor	mation of the Acci	dent			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/10/2021 11:20	Type of Location: Car Park	
Location: BUKIT BATO Weather: Clear	K CENTRAL	Road Surface:		Road Speed Limit:	
Traffic Flow: Tra		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLX4078G	Car	HONDA	VEZEL HYBRID 1.5X BRILLIANT STYLE AUTO	Yellow	Slightly Damaged	1
SMC5609S	Car	KIA	CARENS 1.7 DCT DIESEL 5DR FWD		Slightly Damaged	1



T/20211001/2099

Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025

Report No. T/20211001/2099

Tel No: 1800-4529999

CONTINUATION OF REPORT

Any Pedestrian In	nvolved: No				
No. of Pedestrian	Use of Pedestrian Crossing: NA				
Driver					
Name	Loh Kong Fah		ID No.		S1363768G
Related Vehicle	SLX4078G (Car)		Conta	ct No.	0
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g ce &	Class; NIL Date of Expiry; NIL
Date Treatment	NIL	Date Disch	arge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of I	Injury	NIL	
Driver					
Name	CHUA BIN HUAT		ID No		S1227578A
Related Vehicle	SMC5609S (Car)		Conta	ct No.	91447031
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	01/10/2021	Date Disch	arge	01/10	/2021
No. of Days gran	ted Medical Leave   05	Degree of I	Injury	Slight	

### Brief Details.

On 01/10/2021 at about 11.20am, I was driving my vehicle SMC5609S at the car park driveway near to Blk 125 Bukit Batok Central with one passenger on board. During that point of time, the traffic was moderate. The road surface was dry and the weather was clear. Suddenly, I felt an impact from my rear left. I alighted to check and I noticed that a vehicle SLX4078G which was initially from a "NO PARKING" lot exited while my vehicle was still in the way. After the accident, I checked with my passenger and she told me that she was not injured. She also left as she was in a hurry. After I exchanged details, I left the accident location. I later felt unwell and sought treatment at Mount Alvernia Hospital. I was given 5 days of medical leave.





Police Station Of Origin: Thomson NPP 25 Sin Ming Road #01-180 SINGAPORE 570025 Tel No: 1800-4529999

3 of 3 Report No. T/20211001/2099

CONTINUATION OF REPORT

Sketch	PI	lan

Informant is not able to provide sketch plan

I reported but officer never draw out (I shown Map)

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 E / Staff Sgt ONG KIAN KENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 1 01/10/2021 17:48
Officer In Charge Of Case: TP / AEIT /	Classification Of Case:
SI ANG YI TING, STEPHANIE Contact No.: 65476414	SN 070
Authentication Stamp	

