

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 13/01/2022 12:41 (SGT)
Date of Accident 12/01/2022 17:45 (SGT)
Exact Location of Accident KJE, Singapore
Additional Location Information KJE TUAS EXPRESSWAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJS4859U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN LAY ENG
NRIC No SXXXX077Z
Email Address WINSON_TINGWEI@HOTMAIL.COM
Mobile Phone No (Phone) +65-97307968
Alternative Phone No (Office) +65-97307968

VEHICLE PARTICULARS

Manufacturer Toyota
Model Corolla
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 1498

INSURANCE COMPANY

Name of Insurance Company ECICS Limited
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MPC21P00020000
Cover Note Number -

DRIVER

Name of Driver LIM POO LEP
NRIC No SXXXX180D

Date Of Birth	17/01/1954
Occupation	Outdoor
Date Of Driving Pass	03/02/1988
Driving experience	33 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97647605
Alt. Phone Number	-
Email Address	WINSON_TINGWEI@HOTMAIL.COM
Address	BLK 627 CHOA CHU KANG STREET 62 #11-164
Address complement	-
Postcode	680627
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	HUSBAND
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	TAN LAY ENG
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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	XE5119Z
Vehicle Manufacturer	Scania

Vehicle Model	P410
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Commercial vehicle
Name of Driver	NG YIN FATT
Passport No/FIN	GXXXX830T
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	TAN LAY ENG
Gender	Female
Phone No	(Phone) +65-97307968
Address	BLK 627 CHOA CHU KANG STREET 62 #11-164
Address Complement	-
Post Code	680627
Approximate Age Years Old	60
Injuries Sustained	NECK AND BACK BODY PAIN
Injured person in which vehicle?	SJS4859U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LIM POO LEP
Gender	Male
Phone No	(Phone) +65-97647605
Address	BLK 627 CHOA CHU KANG STREET 62 #11-164
Address Complement	-
Post Code	680627
Approximate Age Years Old	68
Injuries Sustained	NECK AND BODY PAIN
Injured person in which vehicle?	SJS4859U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


SKETCH PLAN**IMPORTANT NOTICE**


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5. Any false reporting may be referred to the Police for investigation.
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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)**

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.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan

vehicle A SJS 4859U

vehicle B XE 5119Z



REFER TO Police Report.

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

TAN





CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks Compensation) Act (Chapter 189)
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
 Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)
 Road Transport (Amendment) Act, 2019 (Malaysia)

AUTHORISED WORKSHOPS

MZ300
 COMPREHENSIVE
 ORIGINAL

CERTIFICATE NO: MPC21P00020000 AGENCY NAME: BCVRD Private Limited AGENCY CODE: A0000183 1. Index Mark and Registration Number of Vehicle: SJS4859U 2. Name of Policyholder: TAN LAY ENG 3. Period of Insurance (both dates inclusive): 19-02-2021 to 18-02-2022 4. Persons or Classes of Persons entitled to drive a) The Policyholder and all Named Drivers declared under the policy 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 regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. 5. Limitations as to use Use for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward, tuition, driving test, race, pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade. 6. EXCESS APPLICABLE <table style="width: 100%;"> <tr> <td style="width: 60%;">WINDSCREEN</td> <td style="text-align: right;">SGD 100.00</td> </tr> <tr> <td>SECTION I - INSURED/NAMED DRIVER</td> <td style="text-align: right;">SGD 750.00</td> </tr> <tr> <td colspan="2">ADDITIONAL EXCESS OTHER THAN NAMED DRIVERS:</td> </tr> <tr> <td>SECTION I - UNNAMED DRIVERS</td> <td style="text-align: right;">SGD 500.00</td> </tr> <tr> <td>SECTION I - AGE<25, AGE>65 OR DRIVING EXP<2 YEARS OLD</td> <td style="text-align: right;">SGD 3,000.00</td> </tr> </table>	WINDSCREEN	SGD 100.00	SECTION I - INSURED/NAMED DRIVER	SGD 750.00	ADDITIONAL EXCESS OTHER THAN NAMED DRIVERS:		SECTION I - UNNAMED DRIVERS	SGD 500.00	SECTION I - AGE<25, AGE>65 OR DRIVING EXP<2 YEARS OLD	SGD 3,000.00	Chassis No. MR053ZEE106152399 Engine No. 3ZZ4923494 Signed for and on behalf of ECICS Limited <div style="text-align: center;">  <hr style="width: 100%;"/> AUTHORISED SIGNATORY </div>
WINDSCREEN	SGD 100.00										
SECTION I - INSURED/NAMED DRIVER	SGD 750.00										
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SECTION I - UNNAMED DRIVERS	SGD 500.00										
SECTION I - AGE<25, AGE>65 OR DRIVING EXP<2 YEARS OLD	SGD 3,000.00										

Important Notice:

- i. Policyholders are hereby warned that it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicle without a valid insurance under the Act.
- ii. On the sale of a motor vehicle, Policyholders must surrender all insurance papers issued including the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189).
- iii. The Certificate of Insurance and the Policy will cease to be valid once the motor vehicle has been sold or transferred.
- iv. The Payment Before Cover Warranty or Premium Payment Warranty found in the Policy must be complied with otherwise there would be no liability under the Policy and Certificate of Insurance.









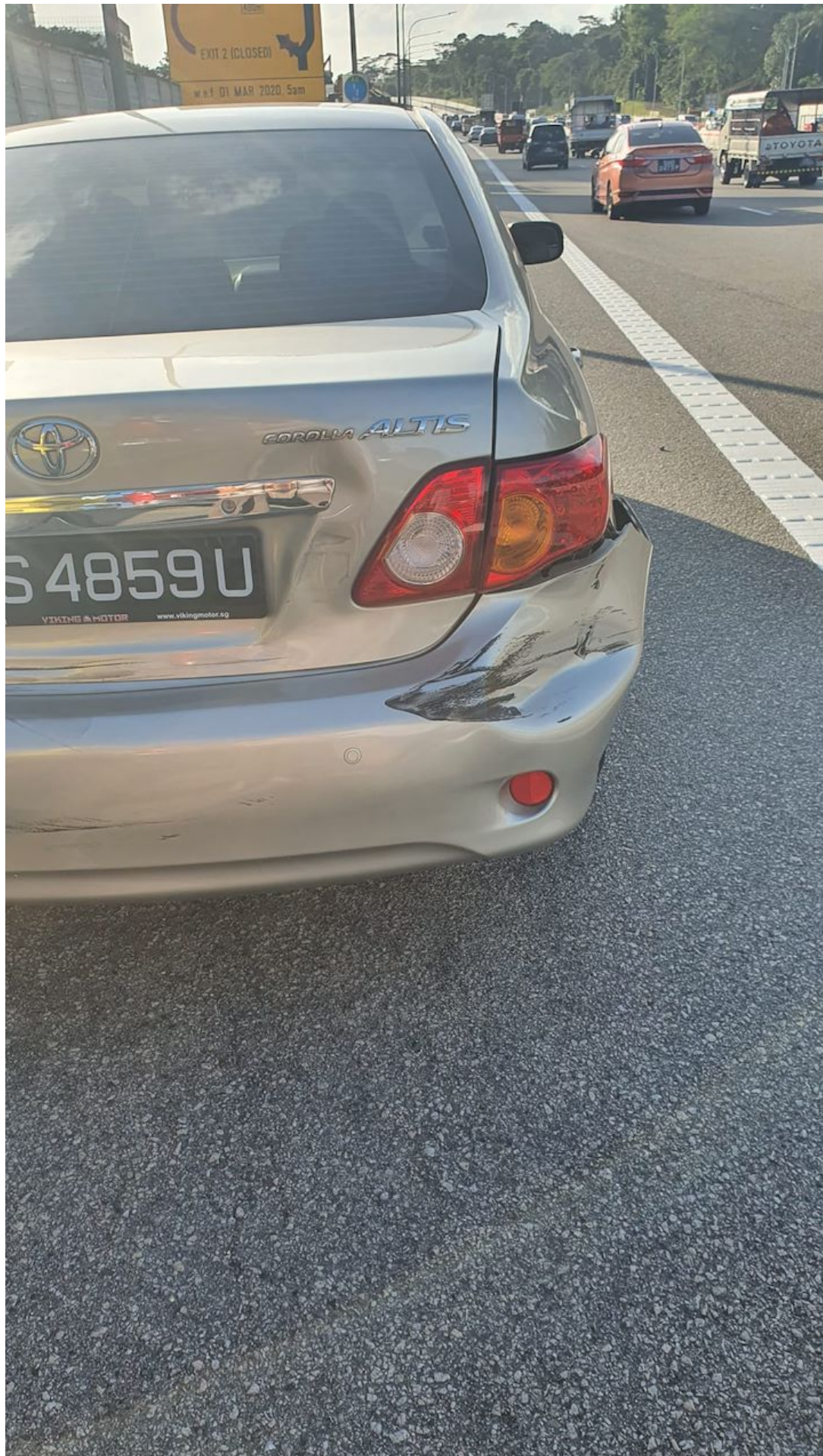














**SINGAPORE
POLICE FORCE**



T/20220112/2087

1 of 4

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20220112/2087

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/01/2022 23:35	Vide Report No.:	Station Diary No.: 175
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Informant's Particulars

Name of Informant: LIM POO LEP			Address: APT BLK 627 CHOA CHU KANG STREET 62 #11-164 SINGAPORE 680627		
ID Type / ID No.: NRIC NO / S2532180D			Contact No.: Home/Office: Mobile: 97647605		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 67	Date of Birth: 17/01/1954	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: RETIREE			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: 12/01/2022 17:45	Type of Location: Straight Road
Location: KRANJI EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SJS4859U	Car				Slightly Damaged	1
XE5119Z	Lorry				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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Report No. T/20220112/2087

CONTINUATION OF REPORT

Passenger			
Name	TAN LAY ENG	ID No.	S1554077Z
Related Vehicle	SJS4859U (Car)	Contact No.	97307968
Hospital/Clinic	GREENLIFE CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	12/01/2022	Date Discharge	12/01/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	LIM POO LEP	ID No.	S2532180D
Related Vehicle	SJS4859U (Car)	Contact No.	97647605
Hospital/Clinic	GREENLIFE CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	12/01/2022	Date Discharge	12/01/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	NG YIN FATT	ID No.	G7620830T
Related Vehicle	XE5119Z (Lorry)	Contact No.	92355877
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 12/01/2022 at about 1745hrs, I was driving my car, SJS4859U, along KJE (Tuas) as I was on the way home. It was a four lane road and I was at the third lane. Traffic was quite heavy at that point of time because it was nearing the peak hours. I was driving as per normal till I heard a loud bang coming from the rear of my car which eventually caused me to lose control of the car for a brief moment.

When I checked behind using my mirrors, I found out that a lorry, XE5119Z, was on the second lane and made a lane change into my lane. However, he did not properly check and gauge his distance between each other which caused his front left bumper to hit onto my rear right bumper. Due to this collision, my whole rear bumper was badly dent and scratched and my boot was damaged.

We then alighted our vehicles and exchanged our particulars. The driver of the lorry was Ng Yin Fatt, hp:



**SINGAPORE
POLICE FORCE**



T/20220112/2087

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Tel No: 1800-7659999

Report No. T/20220112/2087

CONTINUATION OF REPORT

92355877. Upon exchanging particulars we then went off and I decided to see the doctor as my wife and I am experiencing pain at the back of my neck and my back. I received a Medical Certificate for 3 days from 12/01/2022 to 14/01/2022. Whereas my wife, who was the passenger also, namely Tan Lay Eng, received a Medical Certificate of 3 days from 13/01/2022 to 15/01/2022



**SINGAPORE
POLICE FORCE**

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SINGAPORE 689286
Tel No: 1800-7659999



T/20220112/2087

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Report No. T/20220112/2087

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

J /

Sgt 2 MUHAMMAD ISKANDAR
BIN ROSSALI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI TAY CHUN KEEN

Contact No: 65476436

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

12/01/2022 23:35

Classification Of Case: