

# 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 ..... 07/02/2022 15:59 (SGT)  
Date of Accident ..... 07/02/2022 08:25 (SGT)  
Exact Location of Accident ..... Tuas South Ave 3, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SFS292S

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... KENNETH DANIEL  
NRIC No ..... SXXXX077D  
Email Address ..... CHYNNA\_GTI@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-93668389  
Alternative Phone No ..... +65-93668389

### VEHICLE PARTICULARS

Manufacturer ..... Volkswagen  
Model ..... Passat  
Variant ..... PASSAT B8 1.8 TFSI AT 3G24JZ  
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 ..... 1798

### INSURANCE COMPANY

Name of Insurance Company ..... EQ Insurance Company Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPPHQ21-005338  
Cover Note Number ..... 1/07/2021 - 14/07/2022

### DRIVER

Name of Driver ..... KENNETH DANIEL  
NRIC No ..... SXXXX077D

Date Of Birth .....	16/11/1971
Occupation .....	Indoor
Date Of Driving Pass .....	30/09/1992
Driving experience .....	29 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93668389
Alt. Phone Number .....	+65-93668389
Email Address .....	CHYNNA_GTI@HOTMAIL.COM
Address .....	432 ANG MO KIO AVE 10
Address complement .....	#05-1441
Postcode .....	560432
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 .....	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004519999
Alt. Police Station Phone No .....	(Fax) +65-65535679
Police Station Address .....	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT & 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 .....	SHD8851S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi

Name of Driver .....	FOO SEK MING
NRIC No .....	SXXXX462F
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 .....	KENNETH DANIEL
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK,BACK & SHOULDER PAIN
Injured person in which vehicle? .....	SFS292S
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.
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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:

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

  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:











































**SINGAPORE  
POLICE FORCE**



T/20220207/2039

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

1 of 4

Report No. T/20220207/2039

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/02/2022 13:12	Vide Report No.:	Station Diary No.: 27
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**Informant's Particulars**

Name of Informant: KENNETH DANIEL	Address: APT BLK 432 ANG MO KIO AVENUE 10 #05-1441 SINGAPORE 560432		
ID Type / ID No.: NRIC NO / S7198077D	Contact No.: Home/Office: Mobile: 93668389		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 50	Date of Birth: 16/11/1971	Type of Informant: Driver
Race: Indian	Language:		Institution / School Name:
Occupation: FACILITY 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: 07/02/2022 08:25	Type of Location: Straight Road
Location:  TUAS SOUTH AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving vehicle against stationary vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFS292C	Car	VOLKSWAGO N	PASSAT B8 1.8 TFSI AT 3G24JZ	Brown	Seriously Damaged	0
SHD8851S	TAXI				Slightly Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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T/20220207/2039

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2 of 4

Report No. T/20220207/2039

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFS292C	EQ INSURANCE COMPANY LTD.	DMPPHQ21-005338	15/07/2021	14/07/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	KENNETH DANIEL		ID No.	S7198077D
Related Vehicle	SFS292C (Car)		Contact No.	93668389
Hospital/Clinic	TUAS VIEW MEDICAL CENTRE		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	03		Degree of Injury	Slight
TAXI DRIVER				
Name	FOO SEK MING		ID No.	S0022462F
Related Vehicle	SHD8851S (TAXI)		Contact No.	NIL
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 the 07/02/2022 between 0825hrs to 0830hrs, I was driving my car bearing plate number SFS292C along Tuas South Ave 3 and I wanted to turn right to Tuas South Ave 1. I was in the keep right/go straight lane waiting to turn right and my signal to turn right was on. I was in stationary position for about 20 to 30 seconds.

Suddenly, I felt a hard hit at the rear of my vehicle. When I alighted from my car, I noticed a taxi bearing plate number SHD8851S had collided into the rear of my car. I didn't sustain any visible injuries due to the accident. However, I felt slight current and discomfort at the rear of my neck area.

My car sustained some damages at the rear areas. The bumper is broken at the rear right area, the booth is damaged and the alignment at the bottom rear has issues. The taxi sustained some damages at the front left bumper area.

I went to see a doctor at Tuas View Medical Centre due to the pain in my neck and was given 3 days of



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T/20220207/2039

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3 of 4

Report No, T/20220207/2039

**CONTINUATION OF REPORT**

medical leave from 07/02/2022 till 09/02/2022. I have an in car camera and it was recording but I have yet to check if there is any recording on the incident. No government properties were damaged and I will be awaiting for my X-ray results.





**SINGAPORE  
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T/20220207/2039

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4 of 4

Report No. T/20220207/2039

**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 1 ESTHER EVELYN MESHACH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/02/2022 13:12
Officer In Charge Of Case: TP / AEIT / SR STAFF SGT SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476404	Classification Of Case: SN 75
SIGNATURE	

**EQ Insurance Company Limited**

11, 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**

Certificate No.: DMPPHQ21-005338

Form: MX2

Excess:

Insured/Named Driver SGD600.00

Unnamed Drivers SGD1,100.00

YEID Additional SGD3,000.00

1. Index Mark and Registration Number of Vehicles  
 SFS292C

2. Name of Policyholder  
 KENNETH DANIEL

3. Effective Date of the Commencement of Insurance for the purpose of the Act  
 15/07/2021

4. Date of Expiry of Insurance  
 14/07/2022

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.

EQ Motor Accident  
 Hotline

**6311 3211**

\*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 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. 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. Limitations 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.

HP: Maybank  
 UNWNBH/HO/A000211/MDivine Insurance Ag

A Member of Citystate

Authorised Signatory  
 EQ Insurance Company Limited