SP0U224L0008 / PROGRESSIVE CAR CARE PTE LTD ENTRY DATE & TIME: 21/04/2022 16:41 (SGT) SUBMITTED BY: Lily Lim Buay Hiang VERSION: 1 (21/04/2022 16:41 (SGT))



# SINGAPORE ACCIDENT STATEMENT

- IMPORTANT NOTICE

  1. Please report <u>correctly</u> 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 21/04/2022 16:41 (SGT) Date of Accident 20/04/2022 18:35 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

1800

Vehicle Registration Number SFB2112R

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner SEAH HUI CHOU NRIC No S6913033Z Email Address MRAHSEAH@YAHOO.COM.SG Mobile Phone No (Phone) +65-90021393 Alternative Phone No +65-90021393

VEHICLE PARTICULARS

Manufacturer Mercedes Model E250 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

INSURANCE COMPANY

Name of Insurance Company EQ Insurance Company Ltd Type of Coverage Comprehensive Fleet Policy Policy Number DMPPHQ22-002710 Cover Note Number

DRIVER

Name of Driver SEAH HUI CHOU S6913033Z



Date Of Birth 04/04/1969 Occupation Indoor Date Of Driving Pass 03/03/1987 Driving experience 35 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-90021393 Alt. Phone Number +65-90021393 Email Address MRAHSEAH@YAHOO.COM.SG Address BLK 511 BUKIT BATOK ST 52 #02-209 Address complement Postcode 650511 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 Wet 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? Yes 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? No DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Nanyang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18007929999 Alt. Police Station Phone No (Fax) +65-67912972 Police Station Address No. 2 Jurong West Avenue 5 Singapore 649482 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident SD CARD W/TRAFFIC Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number FBM5589T Vehicle Manufacturer Vehicle Model

Vehicle Variant

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	HOW TECK YONG
NRIC No	S2705366A
Contact Number	(Phone) +65-91732851
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 Gender Phone No	HOW TECK YONG Male (Phone) +65-91732851
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBM5589T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

#### SKETCH PLAN

#### 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.
- 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 llability</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.
- 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.
- 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' 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")

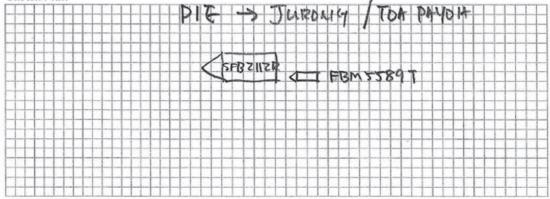
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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 (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



D.G. Dat	ica Dia		
reper pol	ice Reports	100000000000000000000000000000000000000	
			- n re-ni.
			-
			4
	Ŧ.		
ation			
clare the foregoing particular	s are true in every respect.		
	policy, please be advised that your ins	urer may have a fourteen (1	4) days clause wherehy the cl
made within the stipulated t	meframe from the day of occurrence. K	indly check with your insure	r for more details.
MIL	•		
110/			
			11/
kler's Signature / Date &	Driver's Signature (If driver is not the p		nessed by Reporting Centre





1 of 4

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Report No. T/20220420/2104

Tel No: 1800-7929999

REPORT	OF A	TRAFFIC	ACCIDENT
--------	------	---------	----------

Date/Time Report Made: 20/04/2022 20:33	Vide Report No.: E/20220420/0114	Station Diary No.: 157
Informant's Particulars		
Name of Informant: SEAH HUI CHOU	Address: APT BLK 511 BUKIT E SINGAPORE 650511	SATOK STREET 52 #02-209
ID Type / ID No.: NRIC NO / S6913033Z	Contact No.: Home/Office:	Mobile: 90021393
Nationality: SINGAPORE CITIZEN	Email: mrahseah@yahoo.com	n.sg

Age: 53 Sex: Date of Birth: Type of Informant: Male 04/04/1969 Driver Race: Language: Institution / School Name: Chinese English Driving Licence Information: Class: 2B,2A,3,4,5 Occupation: WORKSHOP MANAGER Date of Expiry:

Type of Accident: Injury Attended by Police		Drink Drive: No	Date/Time of Accident: 20/04/2022 18:35	Type of Location: Straight Road	
Location: PAN-ISLAND Weather: Clear	EXPRESSWAY	Road Surface:		Road Speed Limit:	
Traffic Flow: Traffic Control: One Way Not Controlled			133	Traffic Volume: Heavy	
				and the same of th	

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBM5589T	Motorcycle					0
SFB2112R	Car	MERCEDES BENZ	E 250CGI	Silver	Slightly Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SFB2112R	EQ INSURANCE COMPANY LTD.	DMPPHQ22- 002710	20/04/2022	19/04/2023	







Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999 2 of 4 Report No. T/20220420/2104

#### CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian Ir	rvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Peo	destrian	Cross	ing: NA
Rider						
Name	HOW TECK YONG			ID No.		S2705366A
Related Vehicle	FBM5589T (Motorcycle)		Contact No.		91732851	
Hospital/Clinic	NIL		Class Driving Licence Expiry	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date Dis		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	
Driver						
Name	SEAH HUI CHOU			ID No.		S6913033Z
Related Vehicle	SFB2112R (Car)			Conta	ct No.	90021393
Hospital/Clinic	NIL			Class Driving Licent Expiry	g	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

### Brief Details.

On 20/04/2022 at about 1835hrs, I was driving my vehicle bearing the registration plate SFB2112R along PIE towards Jurong near Toa Payoh, LP 700 on the first lane. Out of a sudden, I felt an impact on the left rear of my vehicle. I stopped my vehicle and went out to make a check. I then realized that a motorcycle bearing the registration plate FBM5589T has collided into my vehicle. I saw another rider who is a witness (FBN9965J) helping the injured rider out from underneath my car. I noticed the injured rider sustained scratches on his leg as his jeans were torn. He informed that he shoulder is in pain thus we called for ambulance.

Ambulance arrived and conveyed the rider to the hospital. Traffic police subsequently came down to scene as well and seized my in car camera SD card. They then passed me a case card and told me to lodge a traffic accident report.

The witness who is riding FBN9965J told me that earlier he saw that there was a car which was trying to change lane. Whilst doing that, the injured rider tried to swerve away from the car and then as a result of that, self skidded and eventually hit onto my vehicle.



Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999



3 of 4 Report No. T/20220420/2104

CONTINUATION OF REPORT





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999

4 of 4 Report No. T/20220420/2104

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:	Signature Of Informant:
SGT 3 YEO YULIN	Mr.
Signature Of Interpreter:——————————————————————————————————	Date/Time: 20/04/2022 20:33
Officer In Charge Of Case: TP / GIT / SGT 3 MUHAMMAD SYAKIR BIN ADANAN Contact No.: 65476236	Classification Of Case:
NP168	