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 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.
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

| | |
|---|---|
| Vehicle Registration Number | SFB2112R |

### INSURED/POLICYHOLDER

| | |
|---|---|
| Is company? | No |
| 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 |
| 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 | 1800 |

### INSURANCE COMPANY

| | |
|---|---|
| Name of Insurance Company | EQ Insurance Company Ltd |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | DMPPHQ22-002710 |
| Cover Note Number | - |

### DRIVER

| | |
|---|---|
| Name of Driver | SEAH HUI CHOU |
| NRIC No | S6913033Z |

| | |
|---|---|
| Date Of Birth | 04/04/1969 |
| Occupation | Indoor |
| Date Of Driving Pass | 03/03/1987 |
| Driving experience | 35 YEARS AND 1 MONTH |
| Gender | Male |
| 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 | 2 |
| 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) | 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 | 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? | No |
| 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? | No |

## 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 | HOW TECK YONG |
| Gender | Male |
| Phone No | (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.
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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 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.

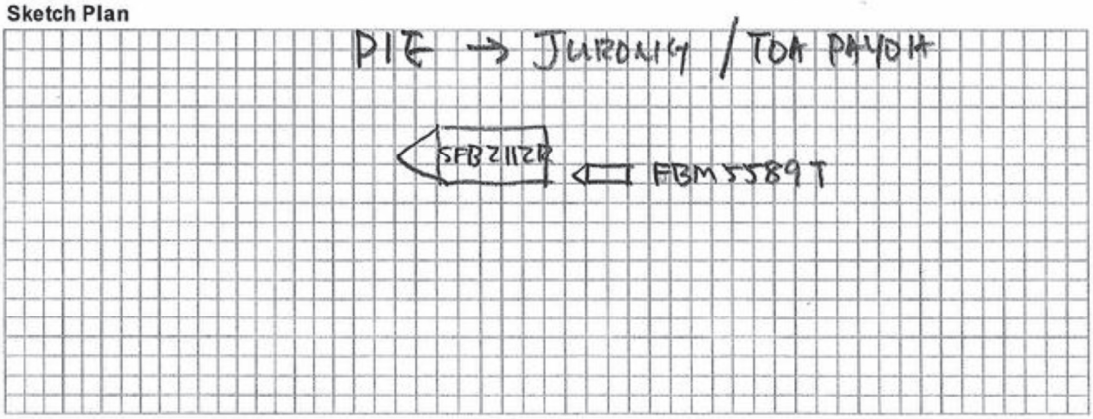
(collectively the "**Purposes**")

(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**



**Describe Circumstances of the Accident**

Refer Police Reports

**Declaration**

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

| Policyholder's Signature / Date & Time | Driver's Signature (If driver is not the policyholder) / Date & Time | Witnessed by Reporting Centre Personnel |
|---|---|---|

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5


DAIMLER AG
WDD2120472A398935
2185 kg
1- 1050 kg
2- 1180 kg
Mercedes-Benz
MY2011
792
TYP: 212
PZ: 6
1.0
Made in Germany
8340598

**SINGAPORE POLICE FORCE**

T/20220420/2104



Report No. T/20220420/2104

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

**REPORT OF A TRAFFIC ACCIDENT**

| Date/Time Report Made: | Vide Report No.: | Station Diary No.: |
|---|---|---|
| 20/04/2022 20:33 | E/20220420/0114 | 157 |

**Informant's Particulars**

| | | | | |
|---|---|---|---|---|
| Name of Informant:<br>SEAH HUI CHOU | | | Address:<br>APT BLK 511 BUKIT BATOK STREET 52 #02-209<br>SINGAPORE 650511 | |
| ID Type / ID No.:<br>NRIC NO / S6913033Z | | | Contact No.:<br>Home/Office: | Mobile: 90021393 |
| Nationality:<br>SINGAPORE CITIZEN | | | Email:<br>mrahseah@yahoo.com.sg | |
| Sex:<br>Male | Age:<br>53 | Date of Birth:<br>04/04/1969 | Type of Informant:<br>Driver | |
| Race:<br>Chinese | | | Language:<br>English | Institution / School Name: |
| Occupation:<br>WORKSHOP MANAGER | | | Driving Licence Information:<br>Class: 2B,2A,3,4,5 | Date of Expiry: |

**General Information of the Accident**

| Type of Accident: | Injury<br>Attended by Police | Drink Drive:<br>No | Date/Time of Accident:<br>20/04/2022 18:35 | Type of Location:<br>Straight Road |
|---|---|---|---|---|
| Location:<br>PAN-ISLAND EXPRESSWAY | | | | |
| Weather:<br>Clear | | Road Surface:<br>Wet | | Road Speed Limit: |
| Traffic Flow:<br>One Way | | Traffic Control:<br>Not Controlled | | Traffic Volume:<br>Heavy |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance:<br>Yes |

**Details of Vehicle Involved**

| Vehicle No. | Type | 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 |

SINGAPORE POLICE FORCE

T/20220420/2104



Report No. T/20220420/2104

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

**CONTINUATION OF REPORT**

| **Details of Person Involved** | | | | | |
|---|---|---|---|---|---|
| Any Pedestrian Involved: No | | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | | |
| Rider | | | | | |
| Name | HOW TECK YONG | | | ID No. | S2705366A |
| Related Vehicle | FBM5589T (Motorcycle) | | | Contact No. | 91732851 |
| Hospital/Clinic | NIL | | | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment | NIL | | Date Discharge | NIL | |
| No. of Days granted Medical Leave | | NIL | Degree of Injury | NIL | |
| Driver | | | | | |
| Name | SEAH HUI CHOU | | | ID No. | S6913033Z |
| Related Vehicle | SFB2112R (Car) | | | Contact No. | 90021393 |
| Hospital/Clinic | NIL | | | Class of Driving Licence & Expiry Date | Class: 2B,2A,3,4,5<br>Date of Expiry: NIL |
| Date Treatment | NIL | | Date Discharge | NIL | |
| No. of Days granted 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.

SINGAPORE POLICE FORCE

T/20220420/2104



Report No. T/20220420/2104

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

**CONTINUATION OF REPORT**

SINGAPORE POLICE FORCE

T/20220420/2104

4 of 4

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

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:<br>J /<br>SGT 3 YEO YULIN | Signature Of Informant: |
| Signature Of Interpreter:<br>Not applicable | Date/Time:<br>20/04/2022 20:33 |
| Officer In Charge Of Case:<br>TP / GIT /<br>SGT 3 MUHAMMAD SYAKIR BIN ADANAN<br>Contact No.: 65476236 | Classification Of Case: |

NP168