SN08225O0001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 24/05/2022 12:17 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (24/05/2022 12:17 (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.

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 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 24/05/2022 12:17 (SGT) Date of Accident 22/05/2022 11:50 (SGT) Exact Location of Accident Seletar West Link, Singapore Additional Location Information **TOWARDS CTE/AYE** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Suzuki

658

Vehicle Registration Number GBH4167K

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner HA LI FA PTE LTD Company Reg No 1XXXXX541G Email Address citizenpower555@gmail.com Mobile Phone No (Phone) +65-97402714 Alternative Phone No (Office) +65-62436009

VEHICLE PARTICULARS

Manufacturer

Model Every Variant Exact purpose for which vehicle was being used at time of Private use accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Auto

INSURANCE COMPANY

Name of Insurance Company **EQ Insurance Company Ltd** Type of Coverage Comprehensive Fleet Policy Policy Number DMCPHQ21-002019 Cover Note Number

DRIVER

CC

Name of Driver TAN ENG HUAT NRIC No. SXXXX267H

Date Of Birth 02/11/1971 Occupation Outdoor Date Of Driving Pass 23/09/2005 Driving experience 16 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-97402714 Alt. Phone Number Email Address citizenpower555@gmail.com Address 37 SEMBAWANG CRESCENT #11-32 Address complement Postcode 756986 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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 Chain Collision 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? Nο 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 **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20220522/7018 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMY9293B Vehicle Manufacturer Vehicle Model Vehicle Variant

Private car

Vehicle Colour
Vehicle Category

| Name of Driver | |
|---------------------------------------|----------|
| Contact Number | <u>-</u> |
| Address | <u>-</u> |
| Address complement | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| Details of property damaged in accide | nt |
| No. Of Passenger (Including Driver) | |

DETAILS OF OTHER VEHICLE PROPERTY 2

| Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant | SJS517H - - |
|--|-------------------|
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| 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 Gender Phone No Address Address Complement | TAN ENG HUAT Male (Phone) +65-97402714 - |
|---|---|
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | GBH4167K |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

IMPORTANT NOTICE

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- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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)

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose Lunderstand, acknowledge, agree and consent that : 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 ma;
- (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/mat
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

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

Winessed by Reporting Centre

ALONG SELATAR WEST LINK TOWARDS

VEHICLE A - GBH 4167K VEHICLE B-SMY9293B

VEHICLE C- SJS517H

Sketch Plan

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|---|--|------------------------------|------------------------|-----------------------|
| REFER | to police | E REPORT | 7/2022052 | 2/7018 |
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| er's Signature / Date & | Driver's Signature | (If driver is not the policy | holder) / Date Witneys | ed by Reporting Centr |
| 9000 000 Tet 1880 900 (1981 1992 1993 90) | & Time | | Personn | el |
| | | | | |





















T/20220522/7018

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20220522/7018

REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: 22/05/2022 17:06 | | Made: | Vide Report No.: | Station Diary No.: |
|---|-------------------------|---------------------------|--|----------------------------|
| Informa | nt's Partic | ulars | | |
| | f Informant: G HUAT | | Address: 37 SEMBAWANG CRESCEN | IT #11-32 SINGAPORE 756986 |
| | / ID No.: O / S71392 | 67H | Contact No.: Home/Office: | Mobile: 97402714 |
| National SINGAP | ity: ORE CITIZ | ΈN | Email: andrewehtan@live.com | |
| Sex: Male | Age: 50 | Date of Birth: 02/11/1971 | Type of Informant: Driver | |
| Race: Chinese Occupation: Senior sales executive | | | Language: English | Institution / School Name: |
| | | ive | Driving Licence Information: Class: | Date of Expiry: |

| General Infor | mation of the Acci | dent | | AS IS DESCRIBED IN |
|--|-----------------------------|--|---|------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 22/05/2022 11:50 | Type of Location: Straight Road |
| Location: SELETAR WI | EST LINK | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: '0 Km/h |
| Traffic Flow: Traffic Control: One Way Traffic Light - Wol | | to the second se | raffic Volume: Moderate | |
| Type of Collis Between Mov | ion: ing Vehicles - Head | i To Rear | a | Inyone conveyed by imbulance: |

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------|------|-------|-------|----------|-------|
| GBH4167K | Van | | | | | 0 |
| SJS517H | Car | | | | | 0 |
| SMY9293B | Car | | | | | 0 |



T/20220522/7018

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20220522/7018

CONTINUATION OF REPORT

| Details of Perso | n Involved | | | ESTREET | |
|-------------------|-------------------|----|-----------|--|----------------------------------|
| Any Pedestrian I | nvolved: No | | | | |
| No. of Pedestrian | ns Injured: NIL | | Use of Pe | destrian Cr | rossing: NA |
| Driver | | | | Te te Carlo | |
| Name | TAN ENG HUAT | | ID No. | S7139267H | |
| Related Vehicle | GBH4167K (Van) | | Contact N | No. 97402714 | |
| Hospital/Clinic | NIL | | | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NI |
| Date | NIL | | Date | NI | IL ' |
| No. of Days gran | ted Medical Leave | 03 | Degree of | Se | erious |

Brief Details.

On the stated date and time. I, Vehicle (GBH4167K) was stationary before the traffic at Seletar West Link towards CTE(AYE). While waiting for the traffic light to turn green. Suddenly, Vehicle (SMY9293B) bang onto my vehicle's rear portion causing my vehicle to propel forward and hit onto the front vehicle (SJS517H). I then realised i was involved in a 3 vehicle collision.

After the accident i felt pain on my head, neck, shoulder, back and left knee caused by the accident. I then went to Internedical Kovan Clinic to seek medical treatment and was given 3 days of MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20220522/7018

CONTINUATION OF REPORT

| Sketch Plan | | | |
|----------------|---------|--------|-------------|
| Informant is n | ot able | to pro | vide sketch |

| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required. |
|--|---|
| Signature Of Interpreter: Not applicable | Date/Time: 22/05/2022 17:06 |
| Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414 | Classification Of Case: |