# **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.

- 4. The issue and acceptance 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 27/06/2022 11:55 (SGT) Reported by Date of Accident 24/06/2022 21:30 (SGT) Exact Location of Accident Singapore Additional Location Information PIE Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SLJ9760K

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner HOR KIAN SOON NRIC No S8483831D Email Address json hor@hotmail.com Mobile Phone No (Phone) +65-83218155 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Nissan Model Qashqai 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 Yes your vehicle? Vehicle Category Private car Transmission Auto

**INSURANCE COMPANY** 

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited. Policy Number / Cover Note Number P10308326R02

1200

DRIVER

CC

Name of Driver HOR KIAN SOON NRIC No S8483831D Date Of Birth 22/11/1984 Occupation Indoor

Date Of Driving Pass 22/05/2012 Driving experience 10 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-83218155 Alt. Phone Number Email Address json\_hor@hotmail.com Address APT BLK 530C PASIR RIS DRIVE 1 Address complement #12-390 Postcode 513530 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 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? 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 Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement

### 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? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

### SEE ATTACHED SKETCH PLAN, PHOTO AND POLICE REPORT

### 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

VIDEO FOOTAGE TAKEN BY THE TRAFFIC POLICE FOR

FURTHER INVESTIGATION. ACKNOWLEDGEMENT RECEIPT REPORT NO.

G/20220624/0205 DATE:24.06.2022 22:10 HRS

RECEIVED BY: POLICE OFFICER MR LIM

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number Vehicle Manufacturer	SLP7593H
	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car
Name of Driver	TANG YEE TAK
Contact Number	(Phone) +65-98503368
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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)	-

# DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJA3963C
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
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)	-

# **DETAILS OF OTHER VEHICLE PROPERTY 4**

Vehicle Registration Number	SHD104T
Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	Red
Vehicle Category	Taxi
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 Complement	-
Post Code Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?  Were seat belts worn?	SJA3963C No
Was this injured conveyed to hospital by ambulance?	Yes

### INJURED 2

Name of injured person	HOR KIAN SOON
Gender	Male
Phone No	(Phone) +65-83218155
Address	APT BLK 530C PASIR RIS DRIVE 1
Address Complement	#12-390
Post Code	513530
Approximate Age Years Old	-
Injuries Sustained	CUT ON THE RIGHT ARM, HEADACHE WITH ACHING OVER THE CHEST REGION AND THE LEFT KNEE CUT, LOWER ABDOMINAL PAIN AFTER THE ACCIDENT
Injured person in which vehicle?	SLJ9760K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
Trac the injured controjed to hoopital by ambalance.	INU

#### 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 Actual 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 liability</u>.
- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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' 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 Pyrocation INDUSTRIAL PTE LTD

JSI ROAD 4 ~ POR€ 408623 6490 9686 FAX: 5846 7483 Driver's Signature (if driver is not the policyholder) / Date Witness FINITE ALTONSO & Time (Name in NRIC/ID card) GXXXX 824L Sketch Plan - WYKNOW SJA 39634 SHD 104T 315 9760K SLP 7593H

CACcident report SA1D226R0001

scribe Circumstance of the Accident Please refer to 2010	, legat	
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Declaration

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

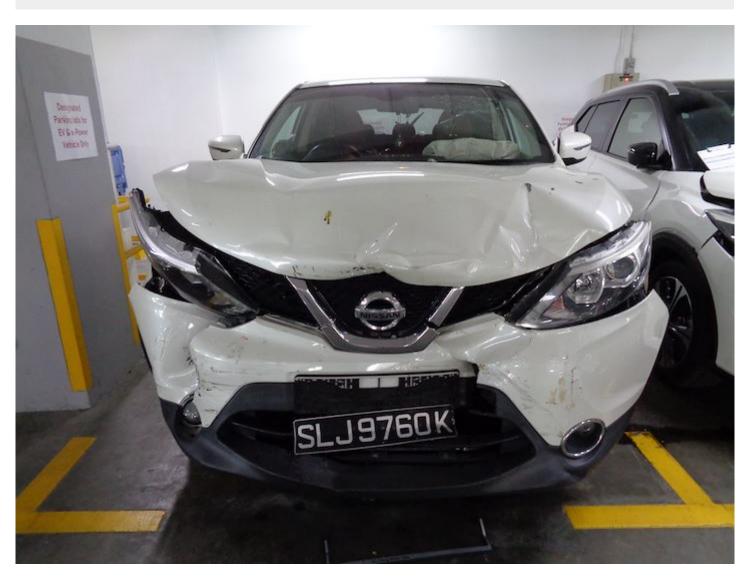
10.07 am

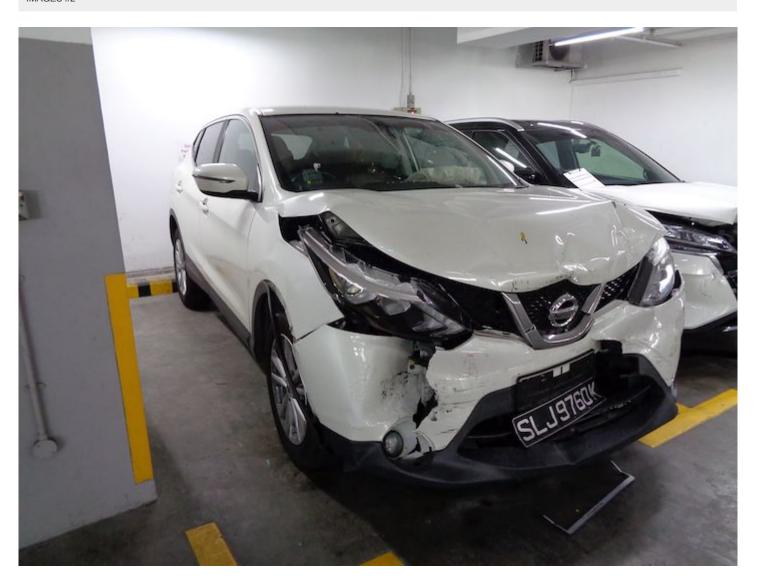
Driver's Signature (if driver is not the policyholder) / Date & Time

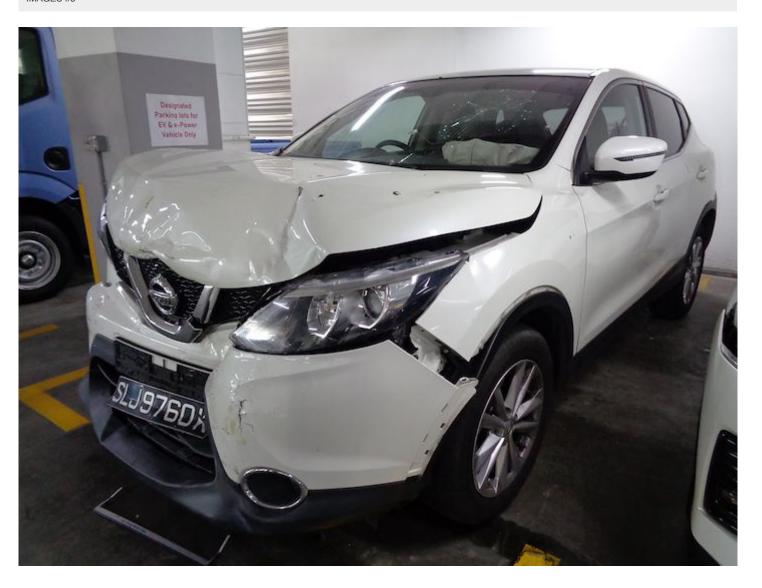
AUTOLUTION INDUSTRIAL PTE LTD

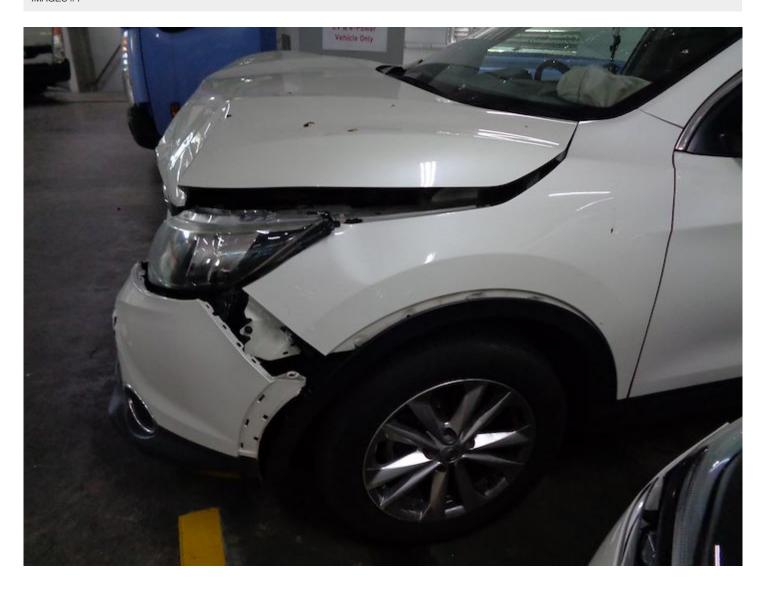
19 UBI ROAD 4
SINGAPORE 408623

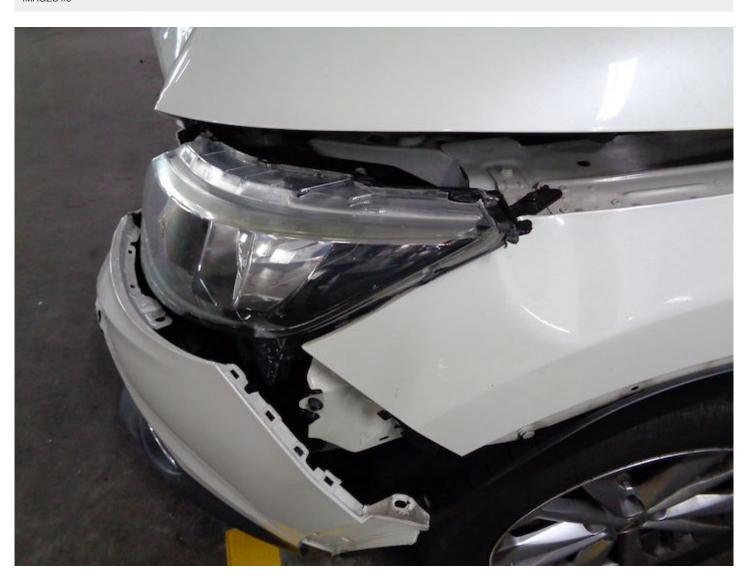
Witnessed of Reporting Centre Personnel
(Name as a NRICAD card) FINEX ALFONSO
(AXXXX834)









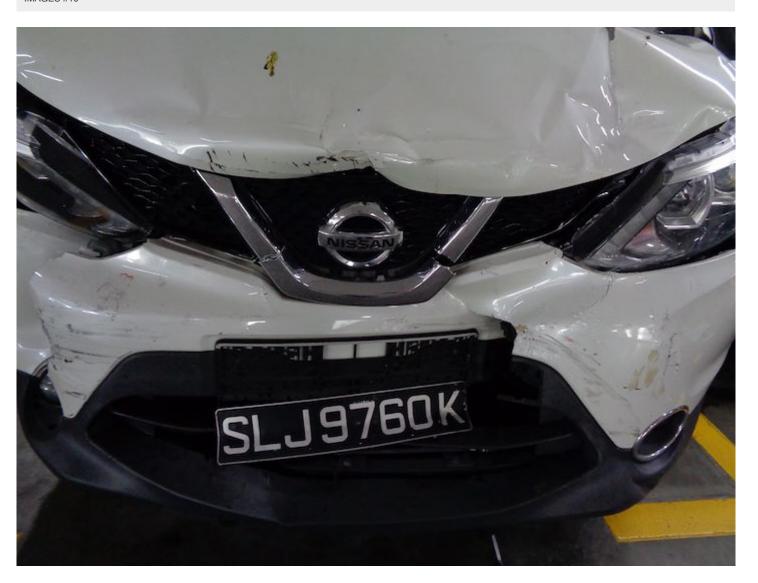




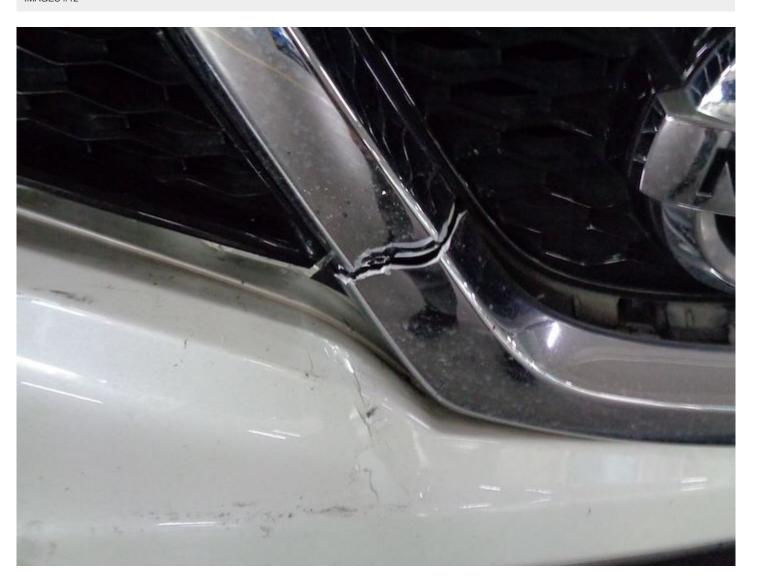


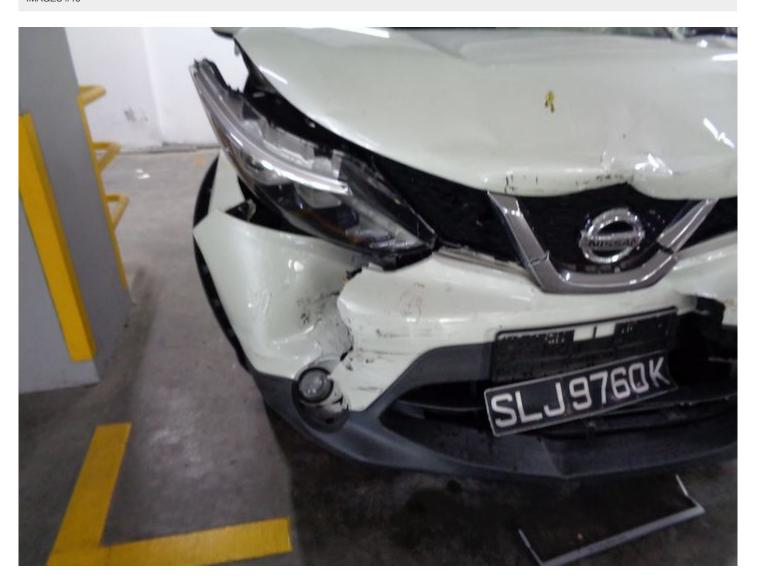




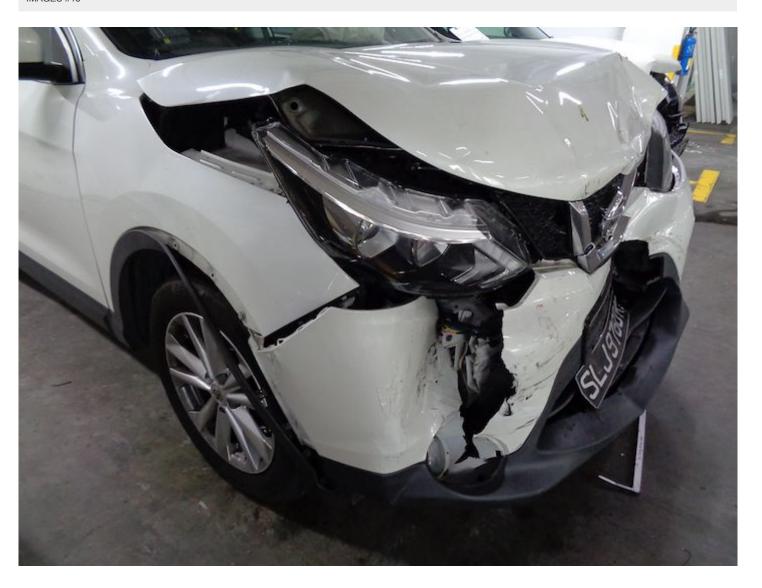


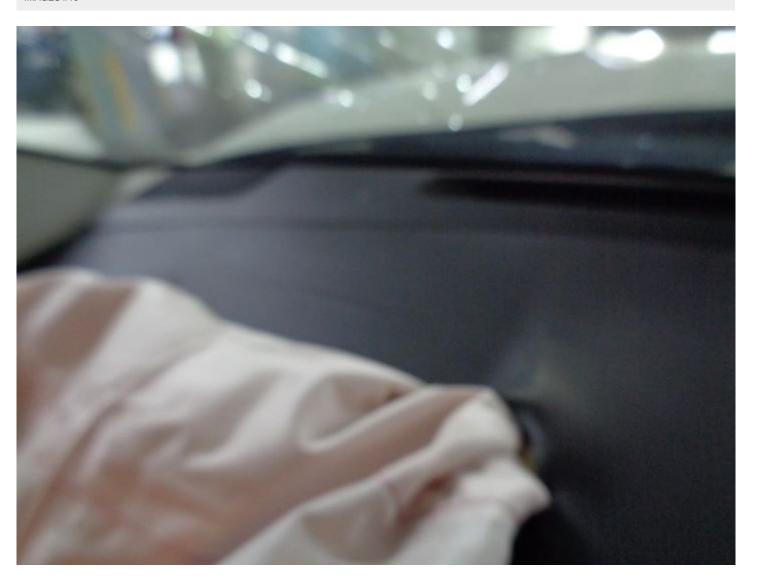




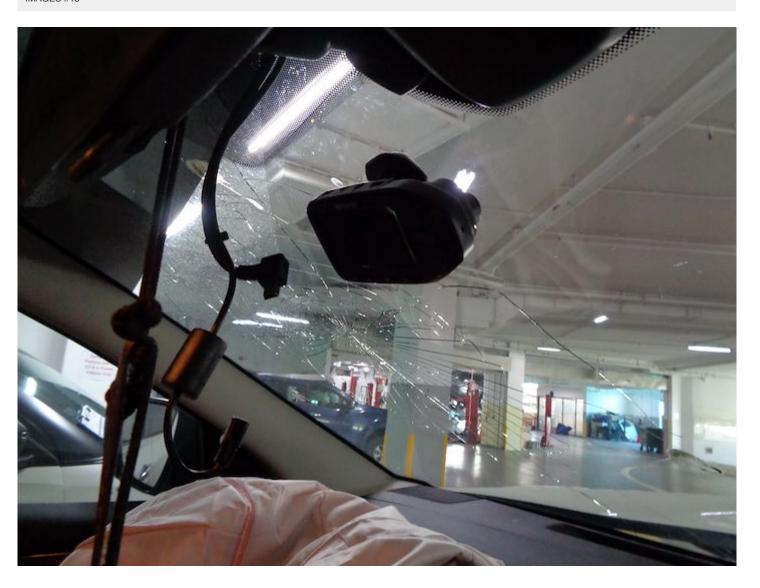


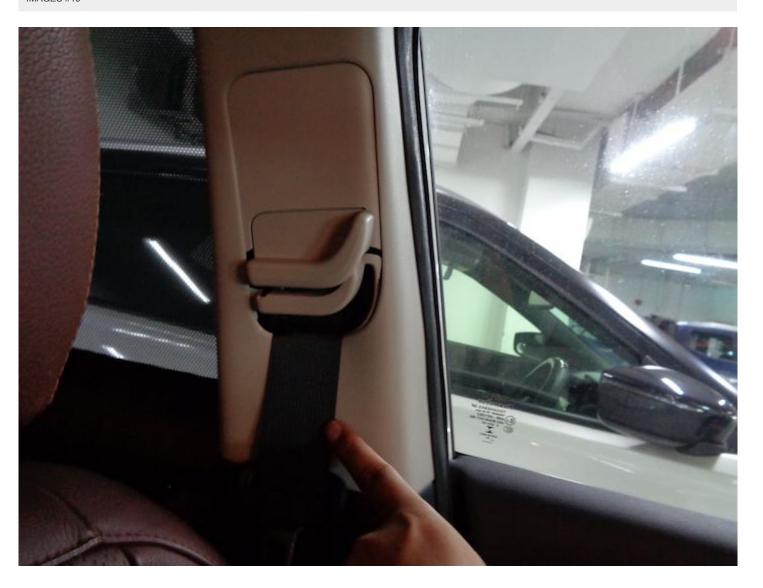


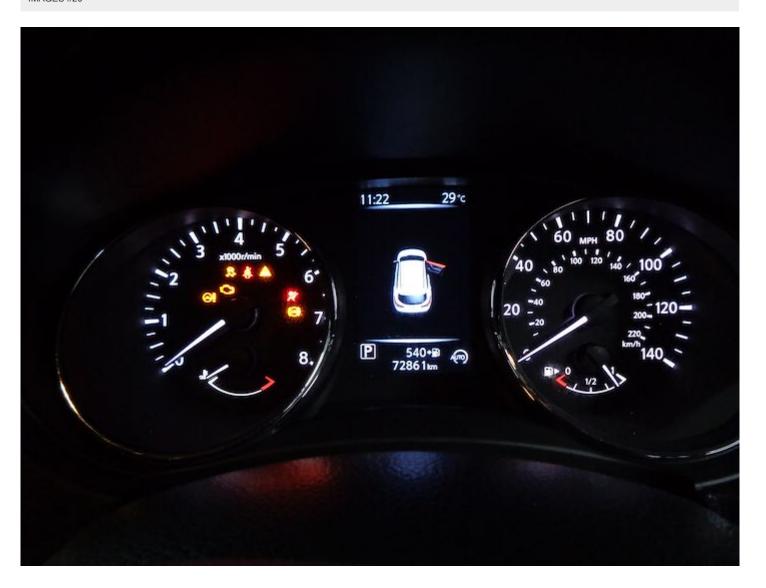




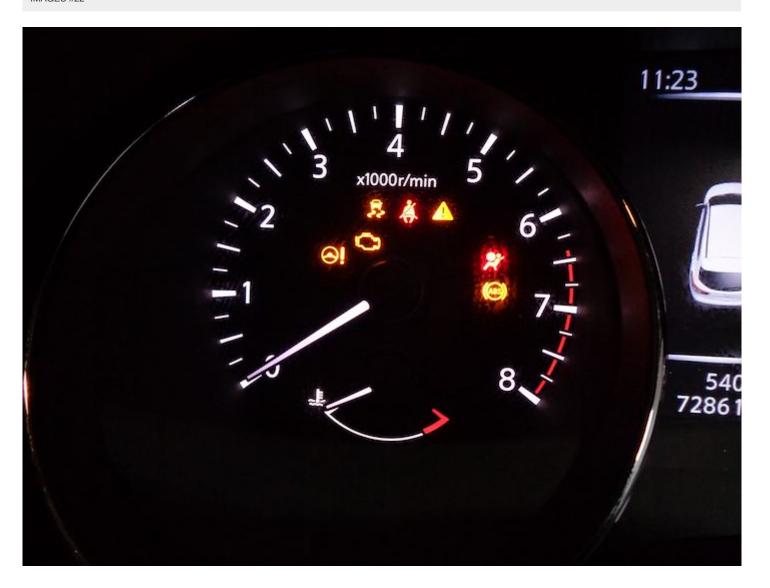








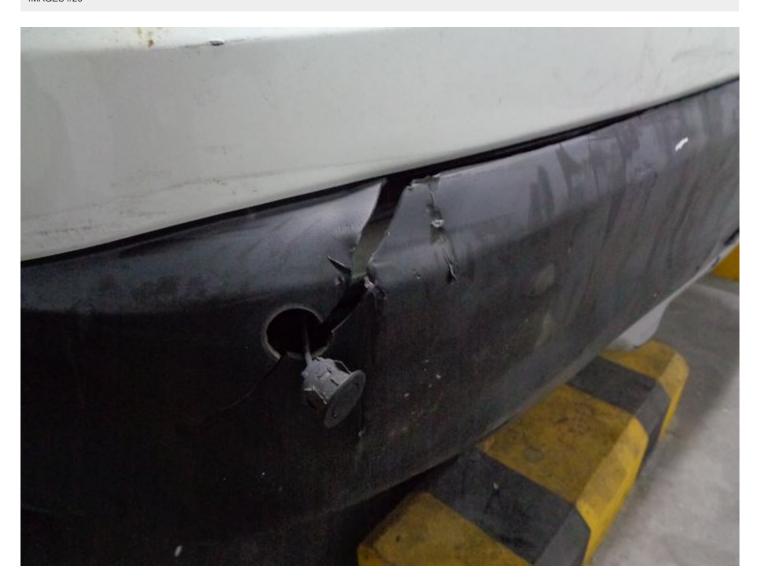














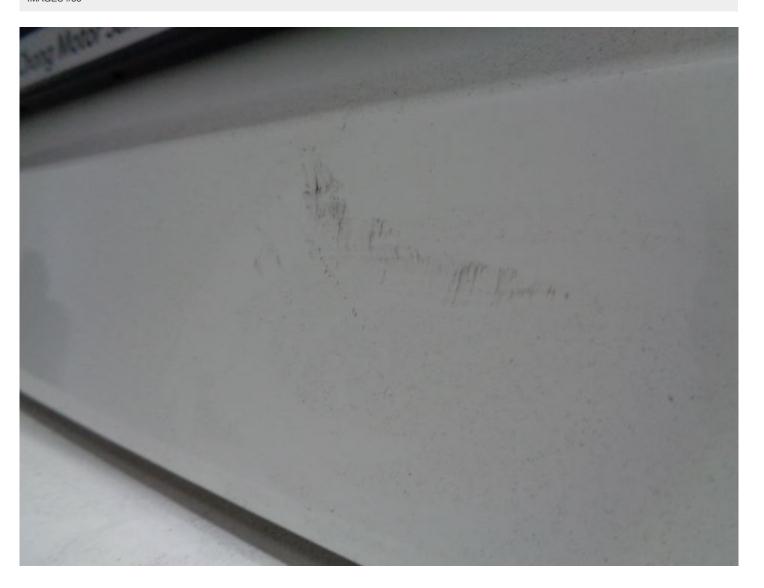




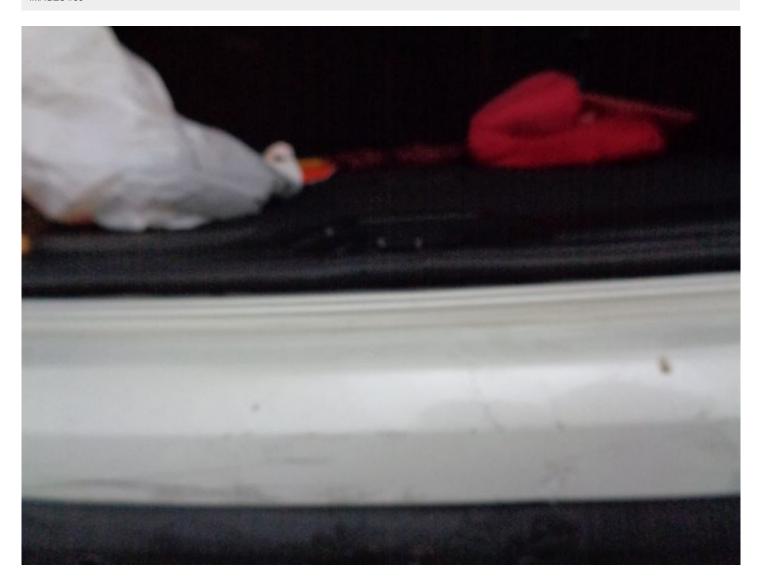


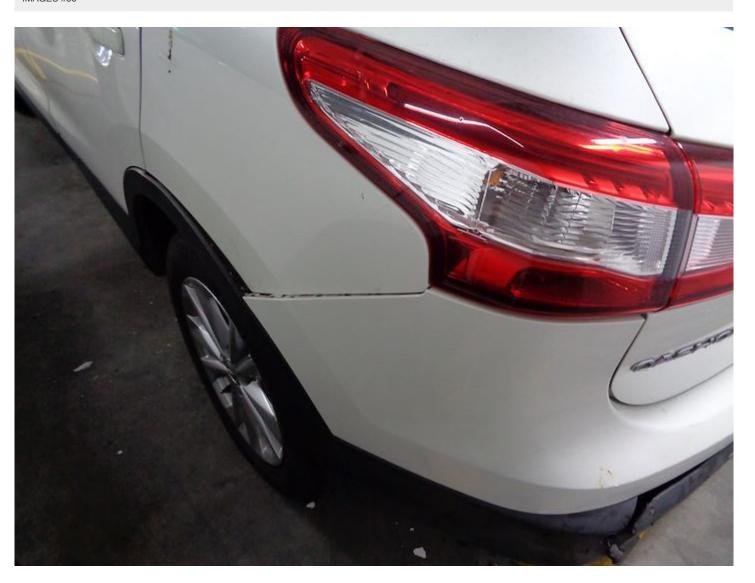




















Report No. T/20220625/7003

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/06/2022 10:06			Vide Report No.: G/20220624/0205	Station Diary No.:	
Informa	nt's Partic	ulars			
Name of Informant: HOR KIAN SOON			Address: 530C PASIR RIS DRIVE 1 #12-390 SINGAPORE 513530		
ID Type / ID No.; NRIC NO / S8483831D			Contact No.: Home/Office:	Mobile: 83218155	
Nationality: SINGAPORE CITIZEN		EN	Email: JSON_HOR@HOTMAIL.COM		
Sex: Male	Age: 37	Date of Birth: 22/11/1984	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation:			Driving Licence Information: Class: 2B,3  Date of Expiry:		

	nation of the Accident	The same of the sa	and the second second second second second	
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/06/2022 21:30	Type of Location Straight Road
Location: PAN ISLAND	EXPRESSWAY			
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Weather: Clear Traffic Flow: Dual Carriage	Way			

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SLJ9760K	Car	NISSAN	QASHQAI+1 .2+DIG- T+CVT+ABS +2WD+5DR		Seriously Damaged	0

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		



T/20220625/7003

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20220625/7003

# CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SLJ9760K	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P10308326R02	01/01/2022	31/12/2022	

Details of Perso	n Involved		BIGE ROOM		
Any Pedestrian I	nvolved: No				
No. of Pedestriar	ns Injured: NIL		Use of Pedestrian Crossing: NA		
Driver					
Name	HOR KIAN SOON			ID No.	S8483831D
Related Vehicle	SLJ9760K (Car)			Contact No.	83218155
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	25/06/2022 Date			25/0	6/2022
No. of Days gran	03	Degree of	Sligh	TON IN THE RESERVE THE PARTY OF	

# Brief Details.

I was travelling home by PIE towards Changi, I was driving at lane 1 within the road speed limit, suddenly I saw the car (SHD104T) in-front of me hit another car and stopped, I tried to break but can't manage to stop my car and hit the car in front. I was also hit by another car (SLP7593H) behind. The accident happened at lamp post 437/2A.

There were 5-6 cars involved in the accident.

I had handed over the memory card in my in-car camera to the Traffic Police attended to this accident.



T/2022062<del>5</del>/7003

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20220625/7003

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide 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: 25/06/2022 10:06
Officer In Charge Of Case: TP / TPIB / NUR ADELINA BINTE MOHAMMAD FUAT Contact No.: 65476066	Classification Of Case:

NP168

It pays to choose



### Certificate of Insurance

Comprehensive Car Policy Policy Number: P10308326R02

Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189) of Singapore, Motor Vehicles (Third-Party Risks And Compensation) Rules of Singapore, Road Transport Act 1987 of Malaysia, Road Transport (Amendment) Act 2019 of Malaysia, Motor Vehicles (Third-Party Risks) Rules, 1959 of Malaysia, or any Amendment, Act or Acts passed in substitution thereof.

# Certificate Number P10308326R02 (Comprehensive / Named Driver Plan / Any Workshop)

) Vehicle Registration Number : SLJ9760K

Chassis Number : SJNFEAJ11U1754591

 Effective Date / Time of Commencement of Insurance for the Purpose of the Act 01/01/2022 (00:00)

3) Date / Time of Expiry of Insurance : 31/12/2022 (23:59)

4) Excess (i) Policy : \$\$ 0.00 (ii) Windscreen : \$\$ 100.00

5) Policyholder : Hor Kian Soon

#### 6) Persons or Classes of Persons Entitled to Drive\*

Drivers named as a Main / Named Driver in this Certificate of Insurance only.

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 any 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 and its registration under the Road Traffic Act has not been cancelled at the time of accident or loss. Please refer to the Product Disclosure Document for full terms and conditions.

Main Driver / Date of Birth

: Hor Kian Soon(22/11/1984)

Named Driver(s) / Date of Birth

Jiang Yao (23/07/1984)

### Limitation as to use\*

Use only for social, domestic and pleasure purposes. The Policy does not cover use for hire or reward, tuition or driving tests, racing, pace-making, reliability trials, speed-testing or 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.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) of Singapore and Section 95 of the Road Transport Act 1987 of Malaysia, are not to be included under these headings.

8) Finance Company

DBS Bank Ltd

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) of Singapore and Part IV of the Road Transport Act 1987 of Malaysia or any Amendment, Act or Acts passed in substitution thereof.

Issued in Singapore on 15/12/2021

Auto & General Insurance (Singapore) Pte. Limited Trading as Budget Direct Insurance

Simon Birch

Chief Executive Officer

Auto & General Insurance (Singapore) Pte. Limited (Co. Reg. No. 201626103G), trading as **Budget Direct Insurance** 190 Clemenceau Avenue, #03-01, Singapore Shopping Centre, Singapore 239924 Tel: 6221 2111 budgetdirect.com.sg