

# **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 Actual 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 this is form by instrained 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 13/09/2022 09:39 (SGT) Reported by Date of Accident 12/09/2022 11:35 (SGT) Exact Location of Accident Singapore Additional Location Information **EUNOS LINK TOWARDS HOUGANG AVE 3** Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Volkswagen

Vehicle Registration Number SMW784X

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LOONG DONG HAI NRIC No S86106011 Email Address DHLOONG@GMAIL.COM Mobile Phone No (Phone) +65-93887046 Alternative Phone No

### VEHICLE PARTICULARS

Manufacturer

Model Touran 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1400

### **INSURANCE COMPANY**

Name of Insurance Company **EQ Insurance Company Ltd** Policy Number / Cover Note Number DMPPHQ21-007591

#### DRIVER

Name of Driver LOONG DONG HAI NRIC No S8610601I Date Of Birth 03/04/1986 Occupation Indoor

Date Of Driving Pass 16/07/2006 Driving experience 16 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-93887046 Alt. Phone Number Email Address DHLOONG@GMAIL.COM Address 618A PUNGGOL DRIVE #10-703 S(821618) Address complement Postcode 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? 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 Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name TAN CHOU LING Gender **Female 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 REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes

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

Yes

Was there any video captured by Car Camera?

Vehicle Registration Number **GBH1386P** Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver **POW BOON SANG** NRIC No S2700986G Contact Number (Phone) +65-90699768 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	LOONG DONG HAI Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained Injured person in which vehicle?	REFER DETAILS IN POLICE REPORT
Were seat belts worn?	SMW784X Yes
Was this injured conveyed to hospital by ambulance?	No
vvas tillo injured conveyed to nospital by ambalance.	INO

	3 3110	73		e Acciden	22 about 11:35 am, was travelling along Euros					
		On	12.09.	2022	about	11:35 an	$n, l \omega$	as Travelli	ng along	Euros
Link	.	was	sta	ationary	due	the	front	thatfic	· Sundden	ly, I felt
an	im	pact	From	my	rear	portion.				
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										17.
-										
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# Declaration

We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre Personnel











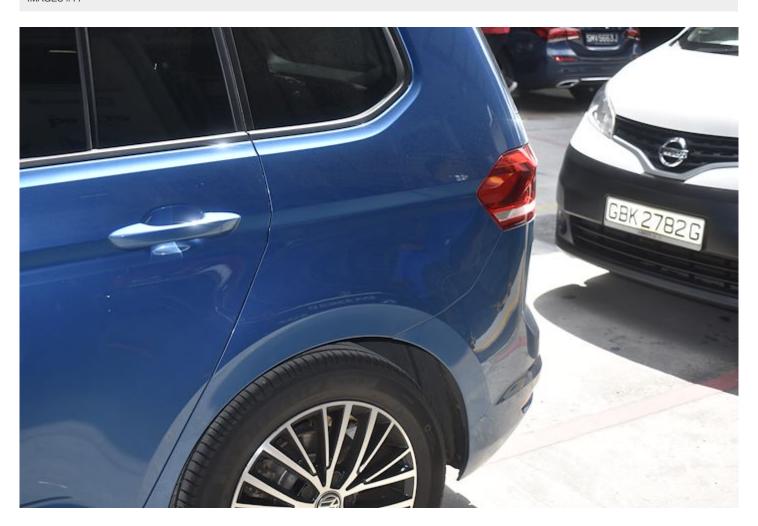




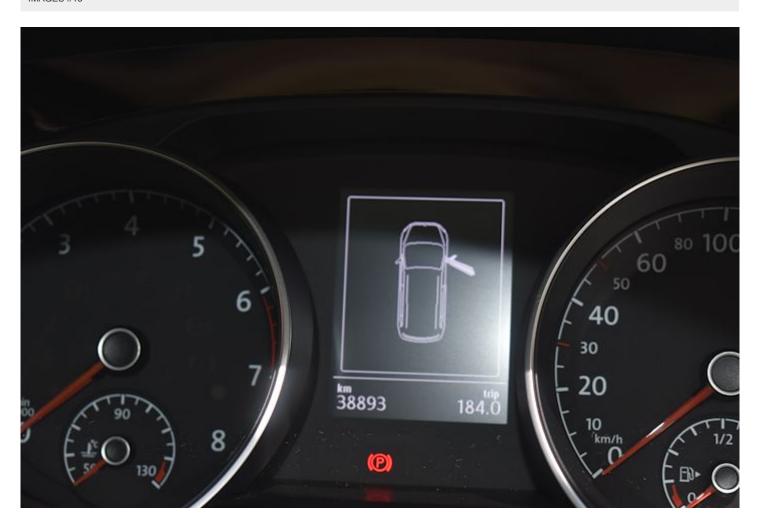
























Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 4 Report No. T/20220913/7044

### REPORT OF A TRAFFIC ACCIDENT

	ne Report N 022 14:00	Made:	Vide Report No.:	Station Diary No.	
Informa	nt's Partic	ulars			
	f Informant: DONG HA		Address: 618A PUNGGOL DRIV	/E #10-703 SINGAPORE 821618	
	/ ID No.: D / S86106	011	Contact No.: Home/Office:	Mobile: 93887046	
Nationality: SINGAPORE CITIZEN		Email: DHLOONG@GMAIL.COM			
Sex: Age: Date of Birth: Male 36 03/04/1986			Type of Informant: Vehicle Owner		
Race: Chinese			Language: English	Institution / School Name:	
Occupat	ion:		Driving Licence Inform Class: 3	ation: Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/09/2022 11:35	Type of Location Straight Road
Location: EUNOS LINK				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
			rking	

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
GBH1386P	Car					0
SMW784X	Car	VOLKSWAGO N	TOUREN 1.4	Blue	Seriously Damaged	2

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





Effective

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

Details of Vehicle Insurance

Vehicle No. Insurance Company

2 of 4 Report No. T/20220913/7044

Expiry Date

### CONTINUATION OF REPORT

Insurance No

SMW784X		DMPP	H21-00	7591		
Details of Perso	n Involved		No. of the state	1-102		
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pe	edestria	n Cross	sing: NA
Passenger						
Name	TAN CHOU LING			ID No	).	S8511048I
Related Vehicle	SMW784X (Car)				act No.	94500804
Hospital/Clinic	NIL			Class Drivir Licen Expir	ng ice &	Class: ,3 Date of Expiry: NIL
Date	NIL		Date	Date NIL		
No. of Days gran	ted Medical Leave	NIL	Degree o	of	NIL	
Vehicle Owner						
Name	LOONG DONG HAI			ID No.		S8610601I
Related Vehicle	SMW784X (Car)			Contact No.		93887046
Hospital/Clinic	PROHEALTH MEDICAL GROUP @PUNGGOL SPECTRA PTE. LTD.			Class Drivir Licen Expir	ng ice &	Class: 3 Date of Expiry: NIL
Date	12/09/2022		Date		12/09	9/2022
No. of Days gran	ted Medical Leave	03	Degree o	of	Serio	us

# Brief Details.

ON 12.09.2022 ABOUT 11:35 AM, I WAS TRAVELLING ALONG EUNOS LINK. I WAS STATIONARY DUE THE FRONT TRAFFIC. SUDDENLY, I FELT AN IMPACT FROM REAR PORTION. THE VEHICLE (GBH1386P) HIT MY VEHICLE (SMW784X).

I FELT PAIN TO MY BACK AND NECK AFTER THE ACCIDENT. I WAS GIVEN 3DAYS MC FROM "PROHEALTH MEDICAL GROUP @ PUNGGOL SPECTRA".

I HAD A VIDEO FROM MY IN-CAR CAMERE.

I HAD ONE PASSENGER IN MY VEHICLE.



T/20220913/7044

Police Station Of Origin; Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 4 Report No. T/20220913/7044

CONTINUATION OF REPORT





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20220913/7044

### CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Date/Time:
13/09/2022 14:00

Classification Of Case:
TP / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Signature Of Informant:
The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
13/09/2022 14:00

Classification Of Case:

NP168



### GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: 566550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

	ADDENDUM
A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:
	Original Report No : SK0U22900001 Vehicle Registration No: SMW 784×
	Name(as shownin NRIC): Loung Dong Hai NRIC/FIN/PassportNo: S86106011)
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
	Address : Apt blk 618A Purggol Drive #10-703 Singapore(821618
	Contact (Tel) : 9388 7-046 Mobile No.:
	Email Address : dhoong @ gmail.com
	Date of Accident : 12.09.2022Time of Accident :11:35am
	Place of Accident : Euros Link towards Hougang Ave 3
	Insurance Company: EQ Insurance
	Was anybody injured in the Accident?: No change to Yes (I person;  Gender passenger: Male change to Female  Was the accident reported to the police?: No change to ye