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 <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 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, acknow ledge, 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.

1246.	Service states of children	, TOT ONE OF HISTO	e or the above Eurpose	s.
Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the p	policyholder) / Da	ate Witnessed by I	Reporting Centre
Sketch Plan	->		A = SNGI B: SLR91 C: SLS 7	76 E
		-	DtEt	F +G +H = wnknow
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Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





1 of 3

Report No. T/20221001/7013

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/10/2022 14:26		ade:	Vide Report No.: J/20221001/0065	Station Diary No.:			
Informant'		ars	S. AND DESCRIPTION OF THE PARTY				
Name of In			Address: 19 MARSILING LANE #03-287 SINGAPORE 730019				
ID Type / ID No.: NRIC NO / S7506545J			Contact No.: Home/Office: Mobile: 88497905				
Nationality: SINGAPORE CITIZEN			Email: RICARDOMAN553@GMAIL.COM				
Sex: Age: Date of Birth: Male 47 15/02/1975			Type of Informant: Driver				
Race: Chinese			Language: Institution / Sc English		School Name:		
Occupation: PERSONAL DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		piry:		

General Inform	mation of the Accident	TATA BALANCE TO BE	A STATE OF THE STATE OF	(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/10/2022 10:35	Type of Location: Straight Road	
BUKIT TIMAH	I EXPRESSWAY				
Weather: Clear		Road Surface: Dry	R	oad Speed Limit:	
- cc -:		Traffic Control:	Tr	Traffic Volume:	
Type of Collision: CHAIN COLLISION		1		nyone conveyed by nbulance:	

Details of Vehicle Involved							
Vehicle No.	Type	Make	Model	Color	Conditio	No of	
SLR9176E	Car					0	
SLS7170D	Car					0	
SNG1196J	Car	ТОУОТА	ALPHARD HYBRID 7- SEATER 2.5 SR-C CVT			0	





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20221001/7013

CONTINUATION OF REPORT

ceralls of V	ehicle Insurance	Contract Delication (CA)	The State of the Land of the Land	A TO B
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNG1196J	EQ INSURANCE COMPANY LTD.	DMPPHQ22- 004361	30/05/2022	29/05/2023

Details of Perso Any Pedestrian I					North St.		
No. of Pedestrian		Use of Ped	Use of Pedestrian Crossing: NA				
Driver						Land Tark Tark Tark Tark	
Name	HAN TECK CHOU			ID No		S7506545J	
Related Vehicle	SNG1196J (Car)			Contact No.		88497905	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: 3 Date of Expiry: NIL	
Date	NIL		Date		NIL		
No. of Days granted Medical Leave NIL			Degree of		NIL		

Brief Details.

I (SNG1196J) was driving straight along BKE(PIE) at the center lane of 3 lanes.

The traffic at that point of time was heavy, all vehicles in front of me were moving slowly and stopping intermittently.

I saw veh "c" (SLS7170D) in front of me involved an accident hence I braked and stopped.

Suddenly, I felt a huge impact from behind. Veh "b" (SLR9176E)collided into the rear portion of my vehicle and caused my vehicle to surge forward and collided into veh "c" (SLS7170D) rear portion and caused damage.

I alighted and realized there were a total of 8 vehicles involved.

I wish to state that I only managed to take vehicle plate photos for other 2 vehicles (SMG5909E + SJW6781A) which were involved in this accident but I was not aware of the sequence.





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

3 of 3

Report No. T/20221001/7013

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: 01/10/2022 14:26
Officer In Charge Of Case: TP / TPIB / VILTON HIA WEE SIANG Contact No.: 65476232	Classification Of Case: