

## 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 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. 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 .....	03/10/2022 12:23 (SGT)
Reported by .....	Both
Date of Accident .....	01/10/2022 10:35 (SGT)
Exact Location of Accident .....	BKE, Singapore
Additional Location Information .....	PIE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNG1196J
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	CHEN TING TING
NRIC No .....	G3654904T
Email Address .....	RICARDOMAN553@GMAIL.COM
Mobile Phone No .....	(Phone) +65-96168889
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Alphard
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	2493

#### INSURANCE COMPANY

Name of Insurance Company .....	EQ Insurance Company Ltd
Policy Number / Cover Note Number .....	DMPPHQ22-004361

#### DRIVER

Name of Driver .....	HAN TECK CHOU
NRIC No .....	S7506545J
Date Of Birth .....	15/02/1975
Occupation .....	Outdoor

Date Of Driving Pass .....	24/07/1997
Driving experience .....	25 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91699865
Alt. Phone Number .....	-
Email Address .....	RICARDOMAN553@GMAIL.COM
Address .....	BLK 19 MARSILING LANE #03-287
Address complement .....	-
Postcode .....	730019
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	8
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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
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? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE RPEORT: T/20221001/7013.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLR9176E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

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 .....	VEHICLE B
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SLS7170D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
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 .....	VEHICLE C
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	UNKNOWN
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
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 .....	VEHICLE D
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number .....	UNKNOWN
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
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 .....	VEHICLE E
No. Of Passenger (Including Driver) .....	-



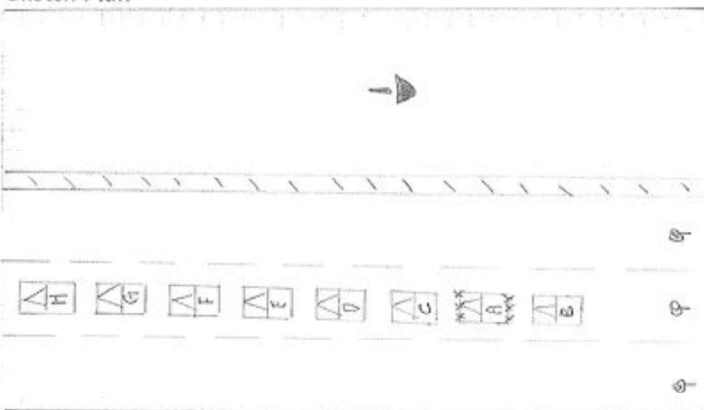

## DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number .....	UNKNOWN
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE F
No. Of Passenger (Including Driver) .....	-

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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
<b>Sketch Plan</b>		
<div style="display: flex; align-items: flex-start;"> <div style="flex: 1;">  </div> <div style="flex: 1; padding-left: 20px;"> <p>A: S11G1196J</p> <p>B: SLR9176E</p> <p>C: SLS7170D</p> <p>D + E + F + G + H - unknown</p> <p>BKE (PIE)</p>  </div> </div>		

**Describe Circumstances of the Accident**

Ref'd to police report no: T/2022/1001/703



**Declaration**

We declare the foregoing particulars are true in every respect.



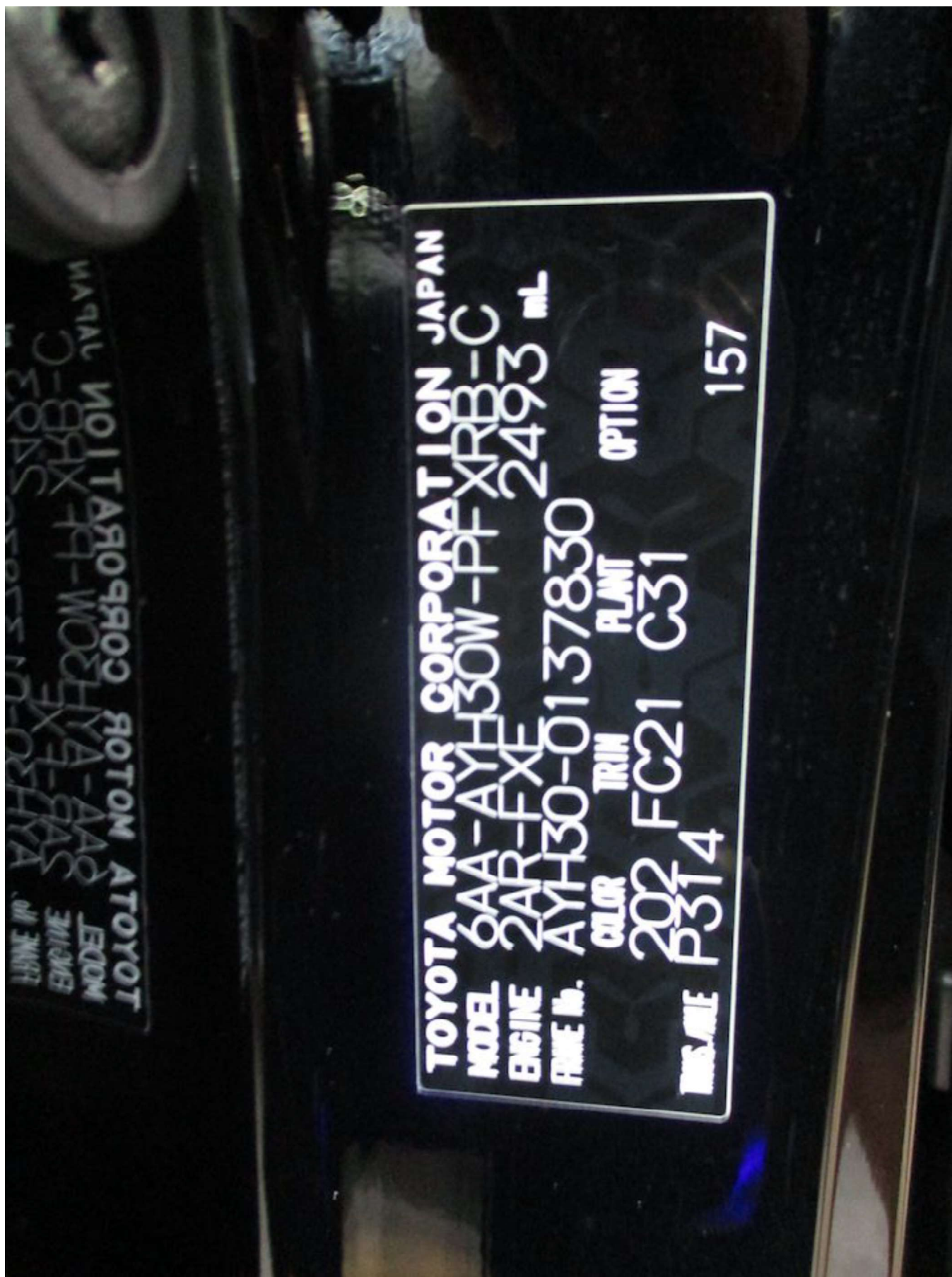
Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel

























**SINGAPORE  
POLICE FORCE**



T/20221001/7013

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

1 of 3

Report No. T/20221001/7013

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/10/2022 14:26	Vide Report No.: J/20221001/0065	Station Diary No.:
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**Informant's Particulars**

Name of Informant: HAN TECK CHOU			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: Male	Age: 47	Date of Birth: 15/02/1975	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PERSONAL DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

General Information of the Accident:				
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
Location:  BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control:	Traffic Volume:	
Type of Collision: CHAIN COLLISION			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20221001/7013

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

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Report No. T/20221001/7013

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNG1196J	EQ INSURANCE COMPANY LTD.	DMPPHQ22-004361	30/05/2022	29/05/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
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.



**SINGAPORE  
POLICE FORCE**



T/20221001/7013

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 Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
VILTON HIA WEE SIANG  
Contact No.: 65476232

NP168

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

Date/Time:  
01/10/2022 14:26

Classification Of Case:

**EQ Insurance Company Limited**

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110  
tel 65 6223 9433 | fax 65 6274 3903 | www.eqinsurance.com.sg  
reg no. 1978-00490-N

**CERTIFICATE OF INSURANCE**

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)  
(REPUBLIC OF SINGAPORE)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

**PRIVATE CAR**  
**Comprehensive**

Certificate No.: **DMPPHQ22-004361**

Form: MX2

Excess:

Insured/Named Driver SGD750.00

Unnamed Drivers SGD1,250.00

YEID Additional SGD3,000.00

1. Index Mark and Registration Number of Vehicles  
SNG1196J

2. Engine No. and Chassis No.  
2AR2744631 / AYH300137830

3. Name of Policyholder  
CHEN TINGTING

4. Effective Date of the Commencement of Insurance for the purpose of the Act  
30/05/2022

5. Date of Expiry of Insurance  
29/05/2023

6. Person or Classes of Persons entitled to drive\*

(a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his permission.

\*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 permitted and is not disqualified by order of a Court of Law or by 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 has not been cancelled at the time of accident loss or damage.

7. Limitations as to use\*

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover :

(a) use for hire or reward

(b) use for racing, pace-making, reliability trials or speed testing

(c) use for the carriage of goods (other than samples) in connection with any trade or business

(d) 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) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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

EQI Motor Accident  
Hotline

**6311 3211**

unmsys/HO/A000277/Estee Performance P



A Member of Citystate

Authorised Signatory  
EQ Insurance Company Limited