

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 5. Intribution provided must be as truthful and accurate as possible. Any white misteries entailed to withouting of material facts may allow insurance companies to reputing 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 05/10/2022 15:49 (SGT) Reported by Date of Accident 04/10/2022 16:50 (SGT) Exact Location of Accident Singapore Additional Location Information PIE TOWARDS CHANGI Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB329T

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **EXCEL VANS PTE LTD** Company Reg No 202020216M Email Address CONNIEN68@GMAIL.COM Mobile Phone No (Phone) +65-96747620 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Hiace Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Manual 2982

INSURANCE COMPANY

Name of Insurance Company EQ Insurance Company Ltd Policy Number / Cover Note Number DMCHHQ22-000112

DRIVER

Name of Driver TAN KAH HOCK JESPER NRIC No S8916245I Date Of Birth 10/05/1989 Occupation Outdoor

Date Of Driving Pass	07/09/2020
Driving experience	2 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-86854778
Alt. Phone Number Email Address	- CONNIENCE COMAIL COM
Address	CONNIEN68@GMAIL.COM BLK 5 TECK WHYE AVE #02-134 S680005
Address complement	ELN 3 TECK WHITE AVE #02-134 3000003
Postcode	- -
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	-
insurance company of other vehicle owned by briver	-
GENERAL INFORMATION OF THE ACCIDENT	
T (A : 1)	
Type of Accident	Chain Collision
Weather Conditions Road Surface	Clear
Noau Sullace	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No Yes
Number of Passengers (Including Driver)	res 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 assidant reported to the police?	V
Was the accident reported to the police? Police Station Name	Yes
Police Station Phone No	Traffic Police (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 POLICE REPORT ATTACHED	
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	SNF5870A

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	_
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage	SKE7697L
Details of property damaged in accident No. Of Passenger (Including Driver)	- - -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	GBH5423P
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	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN KAH HOCK JESPER
Gender	Male
Phone No	-
Address	_
Address Complement	-
Post Code	_
Approximate Age Years Old	-
Injuries Sustained	UNKNOWN
Injured person in which vehicle?	GBB329T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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- 5. 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.
- B. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 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 framefor 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;
- (a) 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, hvolces, 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 end/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 haurers and/or G/A 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's Signature (If driver is not the policyholder) / Date

ne

Witnessed by Repo

Sketch Plan

A-GBB329T B-SNF5870A

C-SKE 7697L D-GBH 5423P TURA TREE CO

PIE Towards Changi

1 driv	و ١	PIE	pomped	cho	13 +	pr fourt	min S	KE 769	7L Sudde	uld G-	projes.
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Erwar	9 :	and	hit	the	front	car					
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le declare ti	EXC.	going t	particulars	are true	at every i	/				18	Jon S
(*)	Mestageorac	JANS)									SORKSHOW SORKSHOW
licyholder's	Signat	ure / D	ate &	Driver's	Signature	e (If driver is n	ot the polic	yholder) / Da	ate Witness		orting Centre











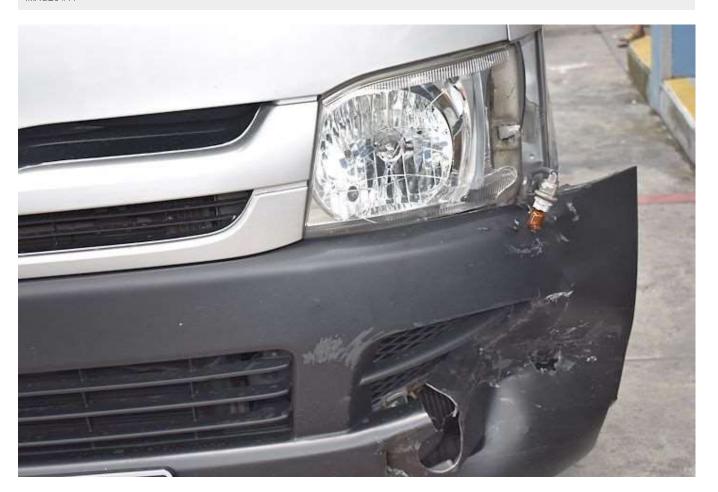


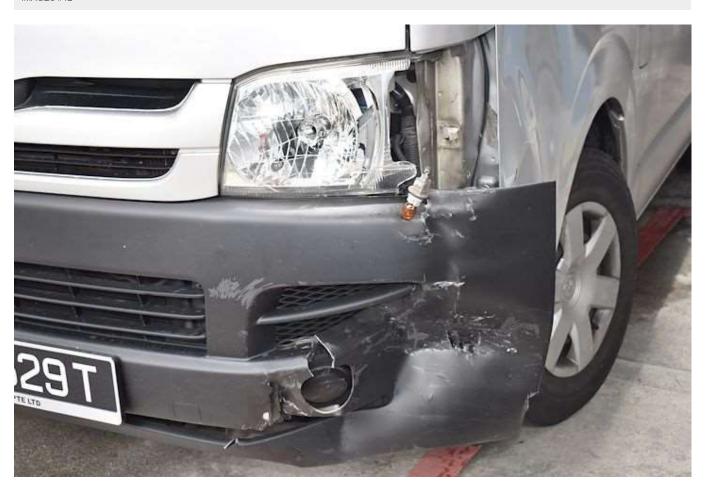


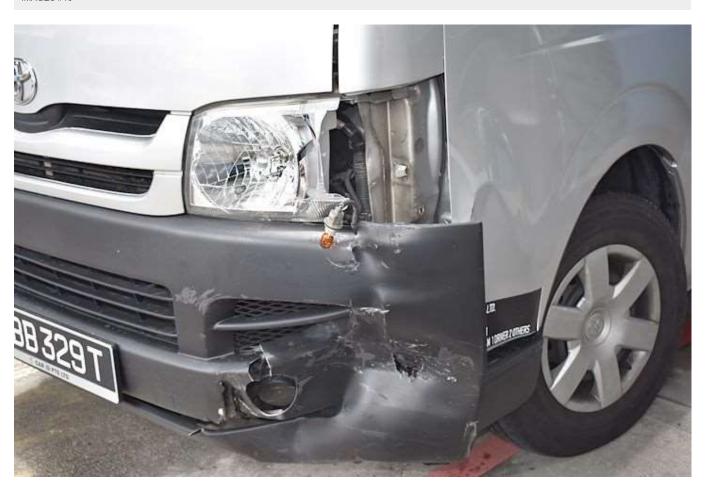


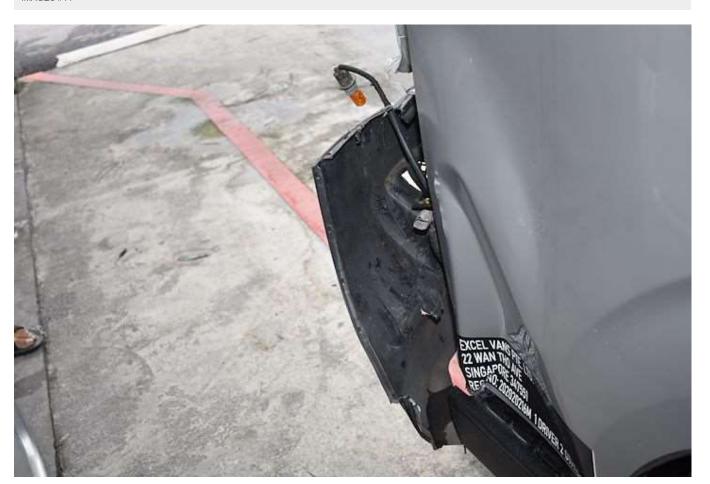






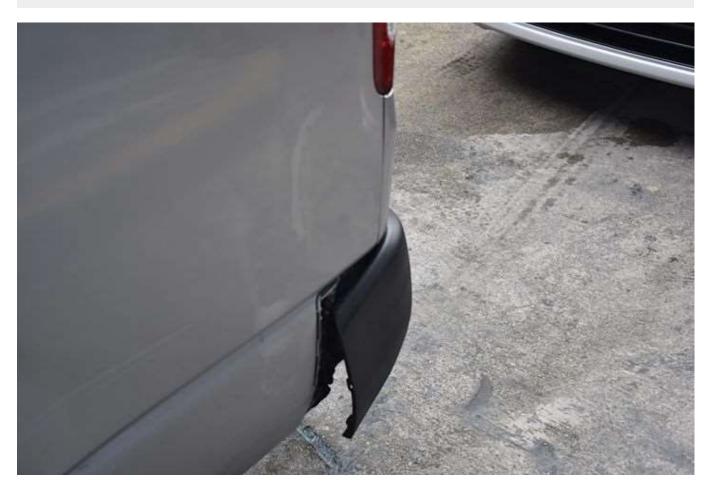


























Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 4 Report No. T/20221005/7031

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 122 14:57	/lade:	Vide Report No.;	Station Diary No.:		
Informa	nt's Partic	ulars				
	Informant: H HOCK, J		Address: 5 TECK WHYE AVENUE #02	-134 SINGAPORE 680005		
ID Type NRIC NO	/ ID No.: D / S891624	451	Contact No.; Home/Office: Mobile: 86854778			
National SINGAP	ity: ORE CITIZ	EN	Email: JESPERDANTE@GMAIL.COM			
Sex: Age: Date of Birth: Male 33 10/05/1989			Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupat	ion:		Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/10/2022 16:50	Type of Location Straight Road
Location: PAYA LEBAF	RWAY			
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
		(2000 management)		

14 12 1 NI	-		1	10.		
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
GBB329T	Van					0
GBH5423P	Car	FIAT	Fiorino	Red	Slightly Damaged	1
SKE7696L	Car	MINI	Cooper	White	Slightly Damaged	1





Police Station Of Origin: Traffic Police

Report No. T/20221005/7031

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

CONTINUATION OF REPORT

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SNF5870A	Car	HYUNDAI	Avante	Grey	Slightly Damaged	1

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No		100			
No. of Pedestrian	s Injured: NIL		Use of P	edestria	n Cross	sing: NA
Driver					Alvani.	
Name	TAN KAH HOCK, J	ESPER		ID No),	S8916245I
Related Vehicle	GBB329T (Van)			Conta	act No.	86854778
Hospital/Clinic	NIL				of g ce &	Class: 3 Date of Expiry: NIL
Date	05/10/2022 Date			NIL		
35.010	ted Medical Leave 03 Degree					t .
Driver			1 = -3.50		1	
Name	Unknown Driver			ID No		NIL
Related Vehicle	GBH5423P (Car)			Conta	ct No.	90612761
Hospital/Clinic	NIL			Class Drivin Licen	g ce &	Class: 3 Date of Expiry: NIL
Date	NIL		Date		NIL	
	led Medical Leave	NIL	Degree o			
Driver			3.50	MATHEN		
Name	TEO KAH LOK BRA	NDON		ID No		S9644992E
Related Vehicle	SKE7696L (Car)			Conta	ct No.	96455895
Hospital/Clinic	NIL			Class Drivin Licene Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date	NIL	- AP - AP 1	Date		NIL	
No. of Days grant	ed Medical Leave	NIL	Degree o	of	NIL	



T/20221005/7031

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 4 Report No. T/20221005/7031

CONTINUATION OF REPORT

Driver					
Name	TAN SHIN KIAT RY	(AN		ID No.	T0018649F
Related Vehicle	SNF5870A (Car)			Contact N	o. 87000560
Hospital/Clinic	NIL	NIL			Class: 3 Date of Expiry: NIL
Date	NIL	975	Date	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f NIL	

Brief Details.

I was driving along the PIE towards changi when suddenly the front car SKE7697L suddenly ebrake and I applied the ebrake as well. However the car behind SNF5870A bang the back of my van and pushed it forward to hit the front car. I felt a pain in my nect and went to see the doctor and was given 3 day MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20221005/7031

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: 05/10/2022 14:57
Officer In Charge Of Case: TP / TPIB / TAN JEOK LENG Contact No.: 65476151	Classification Of Case:

NP168