VERSION: 1 (11/04/2023 19:34 (SGT))



#### 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 mister estimation of witholding of material facts may allow insurance companies to reputial 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 11/04/2023 19:34 (SGT) Reported by Actual Driver Date of Accident 10/04/2023 16:30 (SGT) Exact Location of Accident BKE, Singapore Additional Location Information BKE TOWARDS WOODLANDS (AT MANDAI EXIT) Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GBB3578X

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner HUP SENG FURNISHING & CONSTRUCTION PTE LTD Company Reg No 2XXXXX822G Email Address RICHARD.HUPSENG@GMAIL.COM Mobile Phone No (Phone) +65-92370182 Alternative Phone No

3000

### VEHICLE PARTICULARS

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

### INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd Policy Number / Cover Note Number JN1SC2F24Z0800696

## DRIVER

Name of Driver AHMED RASEL Work Permit No GXXXX458N Date Of Birth 26/04/1996 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	14/08/2019 3 YEARS AND 8 MONTHS Male (Phone) +65-89271583 - RICHARD.HUPSENG@GMAIL.COM 6D, MANDAI ESTATE #04-01 M-SPACE - 729938 No Employee No	
Type of Accident Weather Conditions Road Surface	Chain Collision Raining Wet	
OTHER INFORMATION		
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  Translator's name  Translator's ID  Translator's phone number  Translator's email  Original language used in the statement  PASSENGER 1  Name  Gender	No 4 No - Yes 2 No TRING Male	
DETAILS OF POLICE ACTION		
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -	
CIRCUMSTANCES OF ACCIDENT		
ON 10.04.2023 AT ABOUT 16:30 HOURS ALONG BKE TOWARDS WOODLANDS (AT MANDAI EXIT), I WAS TRAVELLING STRAIGHT AT THE ABOVE MENTIONED LOCATION AND WHEN THE FRONT VEHICLE (D) SLOWED DOWN AND STOPPED,		

SUDDENLY, I HEARD LOUD BANGS AND FELT 2 GREAT IMPACT FROM BEHIND. WHEN I ALIGHTED, I THEN REALISED IT WAS VEHICLE (B) THAT COLLIDED ONTO THE REAR PORTION OF MY VEHICLE (A). THERE IS ANOTHER CAR (VEHICLE C) BEHIND VEHICLÉ (B).

IT WAS A CHAIN COLLISION OF TOTAL 4 VEHICLES INVOLVED.

I WISH TO STATE THAT I HAVE 1 PASSENDER IN MY VEHICLE (A).

Are accident photos available for attachment? No



ATTACHMENT(S)

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	GBG9684G
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)	1

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SMD217S
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)	1

# **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number	YQ9253S
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)	1

#### 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 wilfholding 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.
- Any false reporting may be referred to the Traffic Police Department for investigation.
- 6. 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 insurers) 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 end/or dealing with my claims including the nettlement 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.



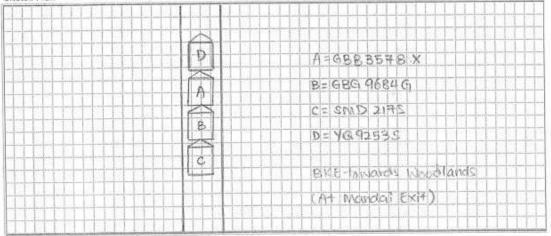
Policyholder's Signature / Date & Time

JAA-

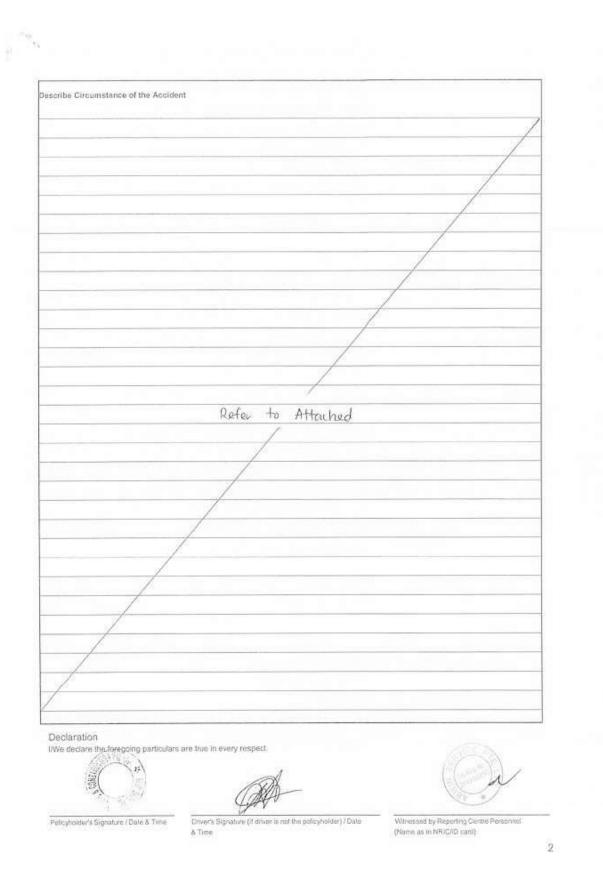
Driver's Signature (if driver is not the policyholder) / Date

Withoused by Reporting Centre Personnel (Name as in NRICAD cord)

### Sketch Plan



1



On 10.04.2023 at about 16:30 hours along BKE towards Woodlands (At Mandai Exit), I was travelling straight at the above mentioned location and when the front vehicle (D) slowed down and stopped, hence I also followed suit.

Suddenly, I heard loud bangs and felt 2 great impacts from behind. When I alighted, I then realised it was vehicle (B) that collided onto the rear portion of my vehicle (A). There is another car (vehicle C) behind the vehicle (B).

It was a chain collision of total of 4 vehicles involved.

I wish to state that I have 1 passenger in my vehicle (A).

Vehicle (A): GBB 3578X

Vehicle (B): GBG 9684G

Vehicle (C): SMD 217S

Vehicle (D): YQ 9253S



