

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 | 27/04/2023 13:43 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 26/04/2023 14:45 (SGT) |
| Exact Location of Accident | BKE, Singapore |
| Additional Location Information | TOWARDS WOODLANDS |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------------|
| Vehicle Registration Number | SMZ6736E |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | CHEN CAISEN |
| Passport No/FIN | GXXXX524W |
| Email Address | fabianteocheekiong@gmail.com |
| Mobile Phone No | (Phone) +65-80295804 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Alphard |
| 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 your vehicle? | No - Claiming third party |
| Vehicle Category | Private car |
| Transmission | Auto |
| CC | 2494 |

INSURANCE COMPANY

| | |
|-----------------------------------|-------------------------------------|
| Name of Insurance Company | Sompo Insurance Singapore Pte. Ltd. |
| Policy Number / Cover Note Number | D22MTPV01004769 |

DRIVER

| | |
|----------------|--------------|
| Name of Driver | CHUA ENG HWA |
| NRIC No | SXXXX913Z |
| Date Of Birth | 22/03/1962 |
| Occupation | Outdoor |

| | |
|--|------------------------------|
| Date Of Driving Pass | 01/03/1985 |
| Driving experience | 38 YEARS AND 1 MONTH |
| Gender | Male |
| Mobile Number | (Phone) +65-81986828 |
| Alt. Phone Number | - |
| Email Address | fabianteocheekiong@gmail.com |
| Address | 31 BANGKIT ROAD #08-01 |
| Address complement | - |
| Postcode | 679973 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Paid Driver |
| 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? | Yes |
| Number of vehicles involved in the accident | 4 |
| 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 | - |

FOREIGN VEHICLE 1

| | |
|-----------------------------------|-------------|
| Vehicle Registration Number | JTQ8668 |
| Vehicle Category | Private car |

DETAILS OF POLICE ACTION

| | |
|---|---|
| Was the accident reported to the police? | Yes |
| Police Station Name | Bukit Panjang Neighbourhood Police Centre |
| Police Station Address | No.1 Segar Road #01-05 Singapore 677738 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230426/2104

ATTACHMENT(S)

| | |
|---|---------------------|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Reasons for not uploading a video of the accident | WITH TRAFFIC POLICE |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SCJ3838S |
|-----------------------------------|----------|

| | |
|---|-------------|
| Vehicle Manufacturer | |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | - |
| Name of Driver | Private car |
| 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 Registration Number | GBA9294E |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | - |
| Name of Driver | Commercial vehicle |
| 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 3

| | |
|---|-------------|
| Vehicle Registration Number | JTQ8668 |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | - |
| Name of Driver | Private car |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| 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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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 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.
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.

CHEN CAISEN

Policyholder's Signature / Date & Time

x

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

BKE TOWARDS WOODLAND

| | |
|--|--|
| | <p>A: SMZ6736E Alphard</p> <p>B: SCJ3838S car</p> <p>C: GBA9294E Lorry</p> <p>D: JTR8668 car</p> |
|--|--|

Describe Circumstance of the Accident

VEHICLE NO: SMZ 6736E

ACCIDENT DATE & TIME: 26/04/2023 14:45pm

CONTACT NUMBER: 80295804

E-MAIL: fabianteocheekiong@gmail.com

LOCATION: Bukit Timah Expressway

Please refer to driver's police report, thank you.

7/20230428/2004

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN

OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

PLEASE STATE: ☐ CLAIM OWN POLICY ☒ CLAIM THIRD PARTY ☐ CLAIM OD/TP AT OTHER WORKSHOP ☐ REPORTING ONLY

Declaration

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

CHEN CAI SEN

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

27/04/2023



**SINGAPORE
POLICE FORCE**



T/20230426/2104

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 3

Report No: T/20230426/2104

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made: 26/04/2023 19:45 | Vide Report No.: J/20230426/0062 | Station Diary No.: 88 |
|--|-------------------------------------|--------------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|--|--|--|
| Name of Informant: CHUA ENG HWA | | | Address: 31 BANGKIT ROAD #08-01 SINGAPORE 679973 | | |
| ID Type / ID No.: NRIC NO / S1563913Z | | | Contact No.: Home/Office: Mobile: 81986828 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: lakereh@hotmail.com | | |
| Sex: Male | Age: 61 | Date of Birth: 22/03/1962 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | |
| Occupation: Personal Driver | | | Driving Licence Information: Class: 3,4,5 Date of Expiry: | | |

General Information of the Accident

| | | | |
|--|------------------------------------|--|------------------------------------|
| Type of Accident: Non-Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 26/04/2023 14:45 | Type of Location: Straight Road |
| Location: BUKIT TIMAH EXPRESSWAY | | | |
| Weather: Clear | Road Surface: Dry | | |
| Traffic Flow: | Traffic Control: Not Controlled | Traffic Volume: Moderate | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | Anyone conveyed by ambulance: No | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|-------|------|-------|-------|-------------------|-----------------|
| GBA9294E | Lorry | | | | Slightly Damaged | 0 |
| JTQ8668 | Car | | | | Slightly Damaged | 1 |
| SCJ3838S | Car | | | | Seriously Damaged | 0 |
| SMZ6736E | Car | | | | Seriously Damaged | 0 |



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999



20230426/2104

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Report No. T/20230426/2104

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|----------------|--|-------------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | CHUA ENG HWA | ID No. | S1563913Z |
| Related Vehicle | SMZ6736E (Car) | Contact No. | 81986828 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3,4,5 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 26/04/2023 at about 1445hrs, I was driving my vehicle (SMZ6736E) along BKE towards Woodlands Road on lane two. Slightly before the exit to Bukit Panjang Road, the first lane was closed off as there was tree pruning. The car in front of me performed an emergency braked and I did so as well and was able to stop in time. However, after a few seconds, I felt an impact from the back. I came down from my vehicle and discovered that there was a lorry (GBA9294E) that collided into the car behind me (SCJ3838S), which caused the car to move forward and collide into my car. The lorry had also collided into another car (JTQ8668) which is on lane three.

No one was injured. My car was seriously damaged whereby the rear left portion of my car was severely dented and cracked. SCJ3838S was also seriously damaged while the other two vehicles (GBA9294E and JTQ8668) were slightly damaged.

Traffic Police subsequently came to scene reference J/20230426/0062. I have a front and rear in-car camera which was recording during the time of the accident. I have handed the SD card over to the Traffic Police.



**SINGAPORE
POLICE FORCE**



T/20230426/2104

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Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

3 of 3

Report No. T/20230426/2104

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

J /

SGT 2 LIM LI HUI, YUKI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/04/2023 19:45

Officer In Charge Of Case:

TP / GIT /

SI MOHAMMAD ABDILLAH BIN PALIL

Contact No.: 65476246

Classification Of Case:

NP168

Date of Accident : 26/04/2023 Accident Time: 14:45PM (24-HR-Format)
Accident Place : Bukit Timah Expressway
Vehicle Reg. No. (Car Plate No.) : SMZ6736E
Vehicle Make/Model : Toyota Alphard
Insurance Company : Sompo Comprehensive Policy No. D22MTPV01004769
Owner or Company Name /IC No. : CHEN CAI SEN G 4013524W
Owner or Company Contact No. : _____ Owner's Hp 80295804 Company Tel _____
DRIVER'S Name / IC No. : CHUA Eng HWA S 1563913Z
DRIVER'S Date Of Birth : 22/03/1962 DRIVER'S License Pass Date 01/03/1985
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : 31 Bangkit Road #08-01 (679973)
DRIVER'S Contact No./ Alt No. : 1) 81986828 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : fabiantecche.kiong@gmail.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 1
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SCJ 3838S
Vehicle Make/Model: car
Name Driver: _____
IC No. Driver: _____
Driver's Contact & Add: _____

Vehicle Reg. No: G1BA 9294E JTR8668
Vehicle Make/Model: Lorry car
Name Driver: _____
IC No. Driver: _____
Driver's Contact & Add: _____

Certificate of Insurance

ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
ROAD TRANSPORT ACT 1987 (MALAYSIA)
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)

Certificate/Policy No. : D22MTPV01004769
Insured : CHEN CAISEN (NOT DRIVING)
Motor Vehicle (Registration No.): SMZ6736E
Coverage : Comprehensive - ExcelDrive PRESTIGE
Policy Commencement Date : 11 MAY 2022 00:00
Policy Expiry Date : 10 MAY 2023 23:59
Maximum Liability (Section I) : Market value at time of loss
Excess* : \$800 - Section I
Voluntary Excess* : N.A
Windscreen Excess* : S\$100.00 for each and every applicable claim.

* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive*

1. Any other person who is driving on the Insured's order or with his permission but excluding the Insured himself.
2. In the event of the death of the Insured,
 - a. any member of the Insured's family, or a paid driver who has been driving the Motor Vehicle during the life of the Insured and permission to drive had not been withdrawn prior to the death of the Insured; and
 - b. any other person who has been given permission to drive the Motor Vehicle prior to the death and such permission had not been withdrawn by the Insured.

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 so 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 (Chapter 276) and its registration under the Road Traffic Act (Chapter 276) has not been cancelled at the time of the accident, loss or damage.

Limitations As To Use

Use only for social, domestic and pleasure purpose and for the Insured's business. The Policy does not cover use for hire or reward, racing, pace-making, speed testing, reliability trial, the carriage of goods other than samples in connection with any trade or business or use for any purposes in connection with the Motor Trade.

ExcelDrive Workshops and Accident Reporting

It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

All accident repairs to the Motor Vehicle must be carried out at ExcelDrive Workshops, otherwise the claim is not payable under the Policy. For ExcelDrive Prestige Plan, accident repairs to the Motor Vehicle can be carried out at any workshop other than ExcelDrive Workshops.

For the list of Accident Reporting Centres and ExcelDrive Workshops, please visit our website at www.sompo.com.sg or call our Emergency Hotline: (65) 6226 3323.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with (1) the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Transport Act, 1987 (Malaysia); and (2) the policy terms, conditions and exceptions of the Private Motor Car Policy Ref: MTP.30

Sompo Insurance Singapore Pte. Ltd.



Authorised Signatory

Date/Time of Issue : 14 MARCH 2022 13:56

IMPORTANT NOTICE

- o Keep the Certificate in your Motor Vehicle;
- o Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), it shall be unlawful for any person to use or cause to permit any other person to use a Motor Vehicle without a valid policy of insurance under the Act;
- o On the sale of the Motor Vehicle or if for any reason the Insurance is terminated during its currency, the Insured must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a statutory declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189);
- o This Policy will cease to be valid once the Motor Vehicle has been sold to another person. The Policy is not transferable to the new owner of the Motor Vehicle.

Intermediary Code & Name : 11A14006 & ACCORD INSURANCE AGENCY CI Code: 22B X0DZSO4P_1BLORAW