

## 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 Authorised 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 ability
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 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 Report	14/02/2015 12:16
Date Of Accident	13/02/2015 13:00
Exact Location Of Accident	pie towards changi lamp pole 1047
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY8524C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WONG DEH EN
NRIC No	S7065054A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90909111
Alternative Phone No	Office-64818911

### Vehicle Particulars

Manufacturer	LEXUS
Model	IS-250 LUXURY (A)
Exact Purpose for which vehicle was being used at time of accident	to worksite
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Private Car

### Insurance Company

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	dmpcsn1134032141
Cover Note Number	

### Driver

Name of Driver	LIM CHEE WEI
NRIC No	S1780473A
Date Of Birth	24/12/1966
Occupation	Outdoor
Date Of Driving Pass	26/05/1997
Driving Experience	17 Years And 8 Months
Gender	Male
Mobile Number	(Local) +65-96627732
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	blk 734 woodlands circle #1-351
Postcode	730734
Was driver an employee of the Insured's Company	Yes
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	Collision- Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	Yes
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	Teck Ghee Neighbourhood Police Post
Police Station Address	<b>ROAD:</b> Blk 321 Ang Mo Kio Street 31 , <b>POSTCODE:</b> 560321 , <b>COUNTRY:</b> Singapore
Police Station Contact	<b>TEL NO:</b> 1800-4599999 - <b>FAX NO:</b> 64574478
Was notice of intended Prosecution given?	No
If Yes, against whom?	

#### Circumstances of Accident

on the 13/02/2015 at about 1300hrs, i was driving my black colour lexus bearing the registration number sjy8524c along pan island expressway (pie) towards changi airport . i was on the extrme right lane of the 7 lane road. subsequently, after eng neo exit, the traffic begins to slow down. i then heard a screeching sound coming from my rear of my said vehicle. moments later , i felt a hard impact coming from the rear of my said vehicle, white colour mitsubishi bearing the registration number ek5673h. upon hearing the screeching of the said vehicle, i manage to steer my said vehicle hoping to minimise the impact which will hit into the front vehicle, dark blue bmw bearing the registration number ske7728g. i then came out from my said vehicle and make a check on my said vehicle and discovered that my rear bumper was damaged (scrated and dented) from the impact caused by rear vehicle, the right side was scratched and the front bumper was damaged . i wish to state that one of vehicle's passengers was convey by ambulance as the passenge was injured. i alo wsh to ste tat i do not know the total cost of damage to my vehicle.

Are accident photos available for attachment?	Yes
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#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKE7728G
Vehicle Make/Model/Colour	BMW/DARK BLUE
Details Of Properties	
Name of Driver	MOHAMMAD SHAFEEN
NRIC/Passport Number	S9228270H
Contact Number	93845385
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	5

#### Details of Witness

Name	
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Phone Number

Email Address

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	EK5673H
Vehicle Make/Model/Colour	MIT LANCER/WHITE
Details Of Properties	
Name of Driver	SAVIAN QUEK
NRIC/Passport Number	
Contact Number	90661554
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

#### Details of Witness

Name

Phone Number

Email Address

**SKETCH PLAN****IMPORTANT NOTICE**

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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

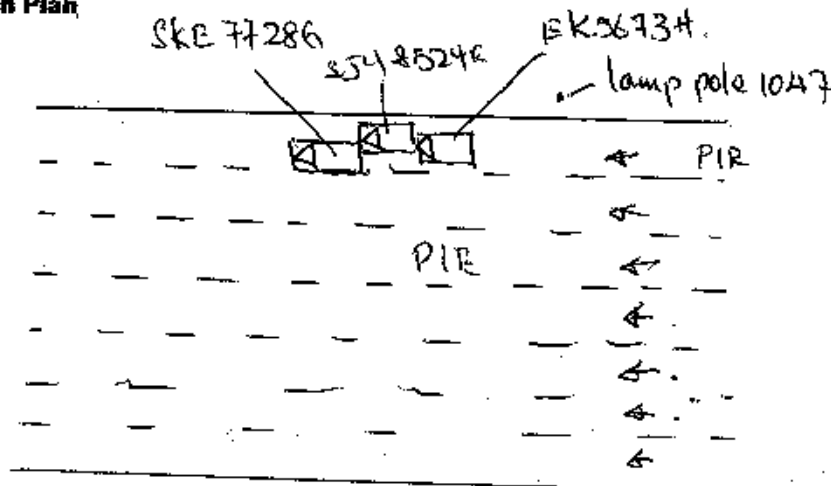
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms); which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan




**Describe Circumstances of the Accident**

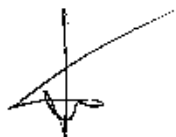
As on Police Report

**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

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE 560321  
Tel No: 1800-4599999



T/20150213/2122

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Report No. T/20150213/2122

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/02/2015 16:04			Vide Report No.: G/20150213/0141		Station Diary No.: 13	
<b>Informant's Particulars</b>						
Name of Informant: LIM CHIEE WEI			Address: APT BLK 734 WOODLANDS CIRCLE #11-351 SINGAPORE 730734			
ID Type / ID No.: NRIC NO / S1780473A			Contact No.: Home/Office:		Mobile: 96627732	
Nationality: SINGAPORE CITIZEN			Email:			
Sex: Male	Age: 48	Date of Birth: 24/12/1966	Type of Informant: Driver			
Race: Chinese			Language: English		Institution / School Name:	
Occupation: Retail/Shop sales manager			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident: Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/02/2015 13:00	Type of Location: Straight Road	
Location: Along Road 1 PAN ISLAND EXPRESSWAY Towards Changi Airport, after Eng Neo exit, Lamp post 1047				
Weather: Sunny	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Chain collision	Anyone conveyed by ambulance: Yes			

Details of Vehicles Involved						
Vehicle No.	Type	Make	Model	Colour	Condition	No. of Passengers
EK5673H	Car	MITSUBISHI	LANCER 1.8A	White	Seriously Damaged	1
SJY8524C	Car	LEXUS	LEXUS IS250 AUTO STD		Seriously Damaged	0
SKE7728G	Car	BMW	520I 2.0L AT D/AB 2WD 4DR GAS/D NAV		Slightly Damaged	4

<b>Details of Persons Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Station Of Origin:

Teck Ghee NPP

321 Ang Mo Kio Street 31 SINGAPORE 560321

Tel No: 1800-4599999



T/20150213/2122

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Report No. T/20150213/2122

## CONTINUATION OF REPORT

Name	LIM CHEE WEI	ID No.	S1780473A
Related Vehicle	NIL	Contact No.	96627732
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

**Brief Details.**

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Moments later, I felt a hard impact coming from the rear of my said vehicle, white colour Mitsubishi bearing the registration number EK5673H. Upon hearing the screeching of the said vehicle, I manage to steer my said vehicle hoping to minimise the impact which will hit onto the front vehicle, dark blue BMW bearing the registration number SKE7728G. I then came out from my said vehicle and make a check on my said vehicle and discovered that my rear bumper was damaged (scratched and dented) from the impact caused by rear vehicle, the right side was scratched and the front bumper was damaged.

I wish to state that one of vehicle's passengers was convey by ambulance as the passenger was injured. I also wish to state that I do not know the total cost of damage to my said vehicle.

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



TOYOTA MOTOR CORPORATION JAPAN  
 MODEL GSE20R-AETLHW  
 ENGINE 4GR-FSE 2500 cc  
 VIN J1H BK262405129285  
 212 LA11  
 TRAILER A960E BO3A  
 REGIONAL ASS AUG 10  
 CAR TYPE 877

Accident Photo





Accident Photo

