

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	14/10/2016 17:45
Date Of Accident	13/10/2016 17:30
Exact Location Of Accident	ECP(CHANGI) BESIDE EXIT 10A(MARINE PARADE FLYOVER)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK5879K
Insured/Policyholder	
Name Of Registered Owner	LIM WEI YONG (LIN WEIRONG)
NRIC No	S7719218B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93630777
Alternative Phone No	Office-93630777

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	A200 (BI + SR)
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
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	DMPCSN3049921600
Cover Note Number	-

Driver

Name of Driver	LIM WEI YONG (LIN WEIRONG)
NRIC No	S7719218B
Date Of Birth	07/07/1977
Occupation	Indoor
Date Of Driving Pass	22/07/2008
Driving Experience	8 Years And 2 Months
Gender	Female
Mobile Number	(Local) +65-93630777
Fax Number	
Contact Number	Office-93630777
E-Mail Address	NOEMAIL

Address	BLK 431 BUKIT PANJANG RING ROAD #11-689
Postcode	670431
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Owner
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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	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	Kampong Ubi Neighbourhood Police Post
Police Station Address	ROAD: Blk 9 Eunos Crescent #01-2687 , POSTCODE: 400009 , COUNTRY: Singapore
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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

Vehicle Registration Number	SJT2603Z
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKA4923A
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Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKS38L
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SKN3372C
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number SJB7057L
Vehicle Make/Model/Colour
Details Of Properties

Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 6

Vehicle Registration Number SHD9543A
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF INJURED PERSON 1

Name LIM WEI YONG (LIN WEIRONG)
Approximate Age
Injuries Sustain BODY, NECK PAIN
Injured person in which vehicle? SKK5879K
Were seat belts worn? Yes
Was injured conveyed to hospital by ambulance? Yes
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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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)

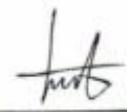
I understand, acknowledge, agree and consent that :

(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 :

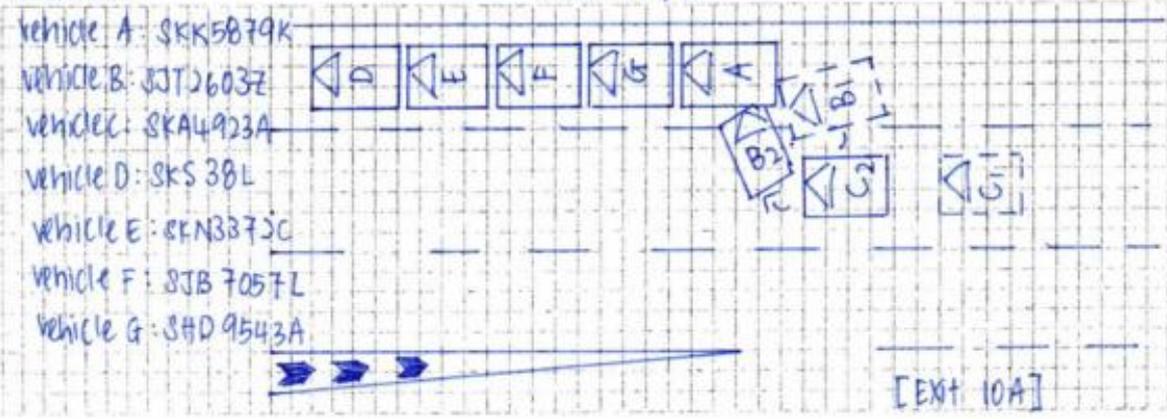
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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
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Sketch Plan



Accident Sketch Plan

Describe Circumstances of the Accident

on the stated date and time, I, vehicle 'A', SKK5879E, was travelling straight along the stated venue. Due to front vehicle 'G', SHD9543A, collided onto vehicle 'F', SJB7057L, I applied my brakes and managed to brake in time. Suddenly, vehicle 'B', SJT2603Z, hit onto my vehicle's rear left portion whilst trying to avoid collision, in which, causing my vehicle to propel forward and hit onto vehicle 'G', SHD9543A. Vehicle 'B', SJT2603Z, then swerved back and collided onto my vehicle's rear left door portion, in which, causing my vehicle to collide on to the front vehicle again. I then realised that, I was involved in a chain collision of 7 (seven) vehicles.

Declaration

I/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 Center Personnel

POLICE REPORT



SINGAPORE POLICE FORCE



T/20161014/2121

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Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

Report No. T/20161014/2121

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SKN3372C	Car				Slightly Damaged	0
SKS38L	Car				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKK5879K	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN3049921600	26/05/2016	25/05/2017

Brief Details.

On the above mentioned date, time and location, I was driving my vehicle, SKK5879K along East Coast Parkway towards Changi Airport, beside Exit 10A (Marine Parade Flyover). I was travelling on the extreme right lane of 3 lanes. Due to the vehicle in front of me, SHD9543A had collided into vehicle SJB7057L. I applied brakes and managed to stop my vehicle in time.

The front right of Vehicle, SJT2603Z had hit onto the rear left of my vehicle while trying to avoid the collision, in which causing my vehicle to propel forward and hit onto the rear of vehicle SHD9543A. The vehicle SJT2603Z then swerved back and collided into my vehicle's rear left door portion, in which causing my vehicle to collide onto the rear of vehicle SHD9543A again. I then realized I was involved in a chain collision of Seven vehicles.

I was conveyed to Changi General Hospital by ambulance from scene, suffering from several bruises on my body and also serious neck pain. I was given 5 days of medical leave.

I wish to inform that I do not have a in-car camera on my vehicle.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20161014/2121

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

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Report No. T/20161014/2121

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Staff Sgt TAN JUNKAI
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt KHOO CHEONG YEOW, WAYZIK Contact No.: 65476187

Signature Of Informant:
Date/Time: 14/10/2016 16:22
Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



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