

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	10/01/2018 10:16
Date Of Accident	09/01/2018 17:30
Exact Location Of Accident	SLIP ROAD KJE TWDS CHOA CHU KANG L/P:280
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD103Z
Insured/Policyholder	
Name Of Registered Owner	LIM BOON HOCK
NRIC No	S6909462G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97484442
Alternative Phone No	OFFICE-97484442

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA6 4-DOOR SEDAN 2.0L SP.6EAT
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	MT20172395

Driver

Name of Driver	PANG CHIAN MAY
NRIC No	S7012740G
Date Of Birth	24/04/1970
Occupation	INDOOR
Date Of Driving Pass	22/04/1993
Driving Experience	24 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96794170
Fax Number	
Contact Number	OFFICE-96794170
Email Address	NOEMAIL

Address	BLK 124 MARSILING RISE #11-106
Postcode	730124
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180110/2011.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL9162B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver) 2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJF3948X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name PANG CHIAN MAY

Approximate Age

Injuries Sustain HEAD

Injured person in which vehicle? SLD103Z

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE

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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 Police for investigation.
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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

A: 56 D1052

B: 56 U91628

C: 55 F3948X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20/2011/2011

(The rest of the section contains a large diagonal line drawn across the lines.)

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20180110/2011

1 of 4

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

Report No. T/20180110/2011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/01/2018 08:09		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: PANG CHIAN MAY			Address: APT BLK 124 MARSILING RISE #11-106 HDB-WOODLANDS SINGAPORE 730124		
ID Type / ID No.: NRIC NO / S7012740G			Contact No.: Home/Office:		Mobile: 96794170
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 47	Date of Birth: 24/04/1970	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: FINANCE CONSULTANT			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 09/01/2018 17:30	Type of Location:
Location: Along Road 1 KRANJI EXPRESSWAY ALONG KJE AT THE EXIT OF BKE TOWARDS THE DIRECTION OF CHOA CHU KANG LP 280				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJF3948X	Car	HONDA	ACCORD 2.0L		Seriously Damaged	0
SLD103Z	Car	MAZDA	MAZDA6 4-DOOR SEDAN 2.0L SP 6EAT		Seriously Damaged	0
SLL9162B	BELONGS TO HOME TEAM				Seriously Damaged	1

Police Report



**SINGAPORE
POLICE FORCE**



1/20180110/2011

2 of 4

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. 1/20180110/2011

CONTINUATION OF REPORT

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	GWEE MENG TECK		ID No.	S76B1636J	
Related Vehicle	SJF3948X (Car)		Contact No.	NIL	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL	
Driver					
Name	PANG CHIAN MAY		ID No.	S7012740G	
Related Vehicle	SLD1032 (Car)		Contact No.	96794170	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight	
Driver					
Name	ZULKARNAIN BIN AZMAN		ID No.	S9336164D	
Related Vehicle	SLLB162B (BELONGS TO HOME TEAM)		Contact No.	86594124	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL	

Brief Details.

ON THE 9/01/2018 1730 HRS ALONG KJE AT EXIT OF BUKIT TIMAH EXPRESSWAY TOWARDS CHOA CHU KANG. At lane 2, it was raining heavily, all the cars came to a stop in front of me and then I also made a complete stop. The second vehicle also stopped behind me but very near and then a third vehicle came and banged the car behind and the collision also banged onto me. The third vehicle and me moved our car to the road shoulder but the second vehicle remain stationary because he said he cannot move his car, we all came down and exchange particulars with each other. MY

Police Report



**SINGAPORE
POLICE FORCE**



Ti20180110/2011

3 of 4

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408885
Tel No: 65470000

Report No. Ti20180110/2011

CONTINUATION OF REPORT

CAR REAR WAS SERIOUSLY DAMAGE, OTHER PARTS OF THE CARS ARE YET TO BE CONFIRM

Police Report



**SINGAPORE
POLICE FORCE**



T/20180110/2011

4 of 4

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No: T/20180110/2011

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:
TP /
LEE KWANG HONG KENDRICK


Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI KASMAWATI BTE SAMIAN
Contact No.: 65478179

Authentication Stamp
NP165

Signature Of Informant:

Date/Time:
10/01/2018 09:09

Classification Of Case
 **SINGAPORE
POLICE FORCE**

Signature:



T/20180110/2012

1 of 3

Report No. T/20180110/2012

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20180110/2011

Report Number T/20180110/2012

Vide Report Number

Date/Time of Report Made 10/01/2018 09:21

Place Report Lodged Traffic Police Division HQ

Type of Informant Driver

Name of Informant PANG CHIAN MAY

ID Type / ID No. NRIC NO / S70127400

Home/Office

Mobile 96794170

Email

Type of Accident Non-Injury / Government Vehicle

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 09/01/2018 17:30

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJF3948X	Car				Seriously Damaged	0
SLD103Z	Car				Seriously Damaged	0
SLL9152B	Car				Seriously Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20180110/2012

2 of 3

Report No. T/20180110/2012

Continuation of CSF For NP168

Driver			
Name	GWEE MENG TECK		ID No. S7681636J
Related Vehicle	SJF3948X (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	PANG CHIAN MAY		ID No. S7012740G
Related Vehicle	SLD103Z (Car)		Contact No. 96794170
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	ZULKARNAIN BIN AZMAN		ID No. S9336164D
Related Vehicle	SLL9162B (Car)		Contact No. 86594124
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Facts.

ON THE 9/01/2018 1730 HRS ALONG BUKIT TIMAH EXPRESSWAY TOWARDS THE EXIT OF CHOA CHU KANG at Lane 2. ~~50M~~
 IT WAS RAINING HEAVILY, ALL THE CARS CAME TO A STOP INFRONT OF ME AND THEN I ALSO MADE A COMPELTE STOP, THE SECOND VEHCVILE (SLL9162B) ALSO STOPPED BEHIND ME BUT VERY NEAR AND THEN A THIRD VEHICLE (SJF3948X) CAME AND BANGED THE CAR BEHIND AND THE COLLISION ALSO BANGED ONTO ME. THE THIRD VEHICLE AND ME MOVED OUR CAR TO THE ROAD SHOULDER BUT THE SECOND VEHICLE REMAIN STATIONARY BECAUSE HE SAID HE CANNOT MOVE HIS CAR, WE ALL CAME DOWN AND EXCHANGE PARTICULARS WITH EACH OTHER.

Other



T/20180110/2012

3 of 3

Report No. T/20180110/2012

Continuation of CSF For NP168

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 65474085 stating the report number as reference.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIA / TANG SIEW PING
Classification of Case	1) NON-INJURY / GOVERNMENT VEHICLE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



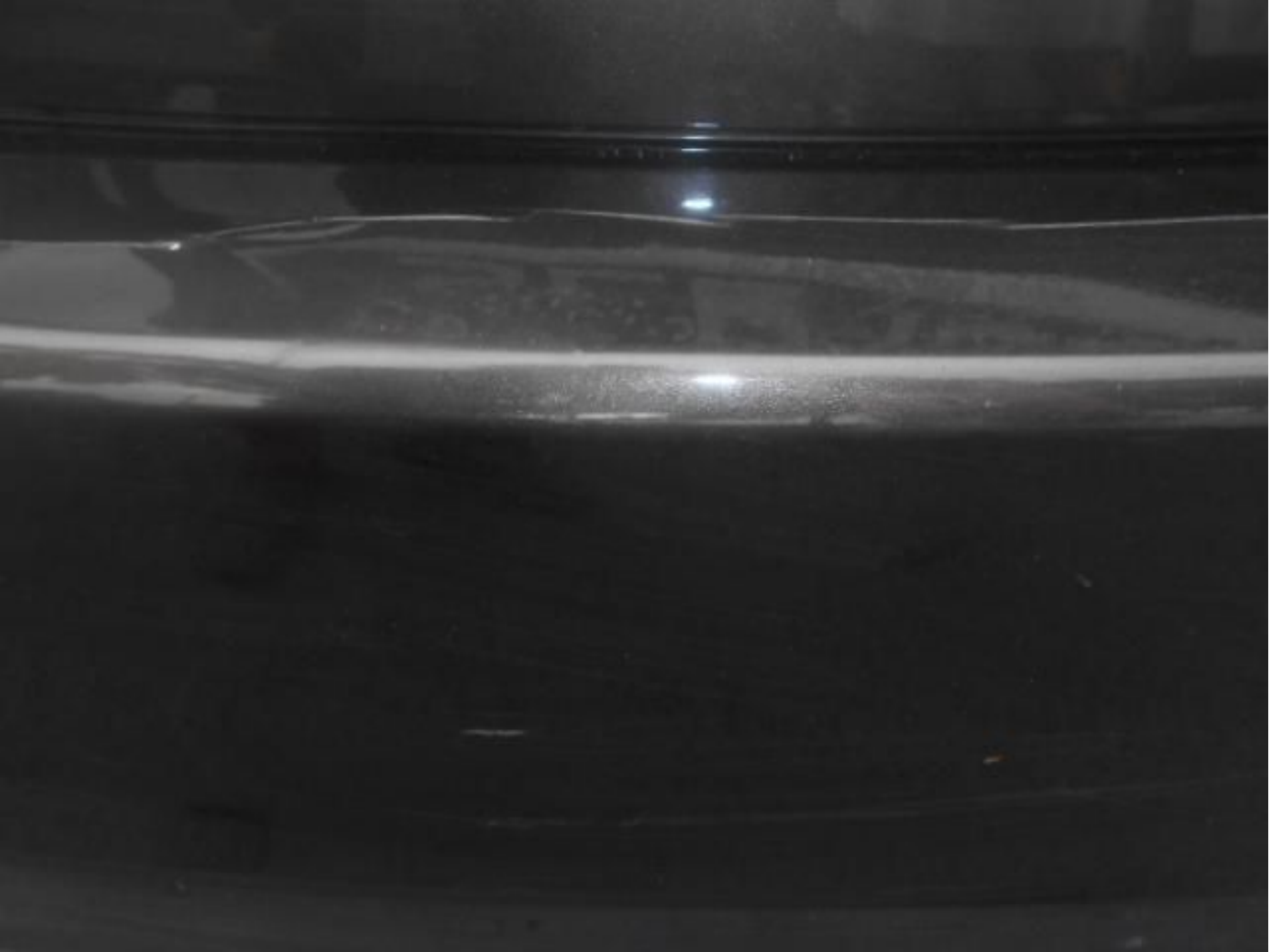
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