

## 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 17:31
Date Of Accident	09/01/2018 18:00
Exact Location Of Accident	MCE ( TOWARDS CHANGI AIRPORT)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFJ8883S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM KIA TONG
NRIC No	S0187058J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96616700
Alternative Phone No	OFFICE-96616700

### Vehicle Particulars

Manufacturer	BMW
Model	328IA
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	NOTAVAIL
Cover Note Number	

### Driver

Name of Driver	CLARISSE LIM LI YIN
NRIC No	S9011241D
Date Of Birth	11/03/1990
Occupation	INDOOR
Date Of Driving Pass	10/07/2009
Driving Experience	8 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96491313
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	243 SEAGULL WALK
Postcode	486638
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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 [OTHER]	TRAFFIC POLICE DIV HQ
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACH.

#### 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	SKG5449P
Vehicle Make/Model/Colour	BLACK OPEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZHOU YINGJIAN MOSES
NRIC/Passport Number	S8107086E
Contact Number	90174387
Address	
Postcode	
Insurance Company Name	ECICS LIMITED
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode


**SKETCH PLAN**


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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.

F x   
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 10 JAN 2018  
4.45 PM


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

SFJ 8883

SKG 5449P

Refer Police Report no: T/20186110/7007

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

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



**SINGAPORE  
POLICE FORCE**



T/20180110/7007

1 of 3

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

Report No. T/20180110/7007

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/01/2018 14:57		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CLARISSE LIM LI YIN			Address: 243 SEAGULL WALK SINGAPORE 486637		
ID Type / ID No.: NRIC NO / S9011241D			Contact No.: Home/Office: Mobile: 96491313		
Nationality: SINGAPORE CITIZEN			Email: clrisselm@gmail.com		
Sex: Female	Age: 27	Date of Birth: 11/03/1990	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Advocate/Solicitor			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/01/2018 18:00	Type of Location: Straight Road
Location:  MCE Towards Changi Airport MCE (Towards ECP Changi Airport)				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SFJ8883S	Car	BMW		White		0
SKG5449P	Car	OPEL		Black		0

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



**SINGAPORE  
POLICE FORCE**



T/20180110/7007

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

2 of 3

Report No. T/20180110/7007

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	CLARISSE LIM LI YIN		ID No. S9011241D
Related Vehicle	SFJ8883S (Car)		Contact No. 96491313
Hospital/Clinic	PARKWAY EAST HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	09/01/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	Zhou Yingjian, Moses		ID No. S8107086E
Related Vehicle	SKG5449P (Car)		Contact No. 90174387
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 9th January 2018, at or about 1800hrs, I was driving my father's motor car no. SFJ8883S along MCE towards ECP Changi Airport. The traffic was quite heavy. As I was nearing the Fort Road/ECP Changi Airport Exit, the car in front of me slowed down to a stop. I gradually slowed down as well and stopped at a safe distance behind the car in front. Suddenly, I heard and felt a bang from the rear of my vehicle and my body was forcefully thrown forward by the impact. A black Opel motor car no. SKG5449P driven by one Zhou Yingjian, Moses (NRIC No. S8107086E) ("Moses") had collided into the rear of my vehicle.

When we both alighted from our vehicles, Moses immediately apologised and said that it was his fault. He asked if I was Ok and I informed him that I was thrown forward quite hard because of the impact and that there was pain in my neck, shoulders and head. I checked my vehicle noted that there was some damage to the rear as a result of the collision.

I went to the A&E at Parkway East Hospital and was given 3 days' MC. I am still experiencing pain as of today.



**SINGAPORE  
POLICE FORCE**



T/20180110/7007

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

3 of 3

Report No. T/20180110/7007

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
KASMAWATI BTE SAMIAN  
Contact No.: 65476179

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
10/01/2018 14:57

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

