

## 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 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	26/01/2018 17:24
Date Of Accident	25/01/2018 17:30
Exact Location Of Accident	PIE TWDS TUAS B4 CTE EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC1994S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LAU,KOK SENG
NRIC No	S7902005B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97989978
Alternative Phone No	OTHERS-97989978

### Vehicle Particulars

Manufacturer	LEXUS
Model	RX450
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00432241
Cover Note Number	

### Driver

Name of Driver	LAU,KOK SENG
NRIC No	S7902005B
Date Of Birth	11/01/1979
Occupation	INDOOR
Date Of Driving Pass	06/07/1998
Driving Experience	19 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97989978
Fax Number	
Contact Number	OTHERS-97989978
Email Address	NOEMAIL

Address	11 ANCHORVALE CRESCENT #10-02
Postcode	544649
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 - 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	
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	BOON TECK NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 207 TOA PAYOH NORTH , <b>POSTCODE:</b> 310207 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2549999 - <b>FAX NO:</b> 63554310
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180126/2064

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NOT WORKING
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB9926P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM SOO HWEE
NRIC/Passport Number	S1356161C
Contact Number	81982768
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	LAU,KOK SENG
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLC1994S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

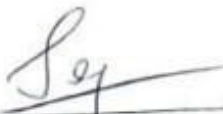
#### IMPORTANT NOTICE


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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:

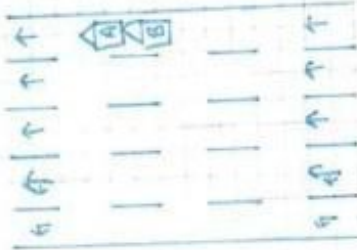
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

 26/01/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Sketch Plan #2

## SKETCH PLAN

P1E Toward Tuns Before CIE Exit



A-SLC 19945

B-SHB 9926P

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report no. T/20180126/2064

## DECLARATION

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

*Sey*  
Policyholder's Signature  
Date & Time:

*Sey*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*Sey* 26/01/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



## Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180126/2064

Police Station Of Origin:

Boon Teck NPP

207 Toa Payoh North #01-1231 SINGAPORE

310207

Tel No: 1800-2549999

2 of 3

Report No: T/20180126/2064

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLC1994S	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/00432241	20/11/2017	19/11/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LIM SOO HWEE		ID No.	S1356161C
Related Vehicle	SHB9926P (Taxi)		Contact No.	81982768
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
Driver				
Name	LAU KOK SENG		ID No.	S7902005B
Related Vehicle	SLC1994S (Car)		Contact No.	97989978
Hospital/Clinic	DOCTORS INC. MEDICAL GROUP		Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	26/01/2018		Date Discharge	26/01/2018
No. of Days granted Medical Leave		03	Degree of Injury	Slight

**Brief Details.**

On 25/01/2018 at about 1750hrs, I was driving my car SLC1994S along Pan Island Expressway (PIE) towards Tuas. Before CTE(City) Exit, the traffic was heavy and I was along Lane 1 of the expressway. Vehicles at the front start slowing down and I followed, applied my brake and slowed down. At that moment, a taxi SHB9926P came from my rear hit to my vehicle. Both vehicles came to a stop and I came out to make a check. After which we took some photos at scene and the damages to the vehicle. We also exchange particulars and I continued my journey. The taxi was subsequently towed as there was smoke coming out from the front bonnet. Damages found on my rear portion, scratches, dents and cracks. The said taxi front side is damage and the bonnet cover was open and dented. On 26/01/2018 I visited the doctor and was given 3 days MC.

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180126/2064

1 of 3

Police Station Of Origin:  
Boon Teck NPP  
207 Toa Payoh North #01-1231 SINGAPORE  
310207  
Tel No: 1800-2549999

Report No. T/20180126/2064

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/01/2018 12:37	Vide Report No.:	Station Diary No.: 9
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### Informant's Particulars

Name of Informant: LAU KOK SENG			Address: 11 ANCHORVALE CRESCENT #10-02 SINGAPORE 544649	
ID Type / ID No.: NRIC NO / S7902005B			Contact No.: Home/Office: Mobile: 97989978	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 39	Date of Birth: 11/01/1979	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: MARKETING EXECUTIVE			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/01/2018 17:30	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
Towards Tuas before CTE (City) Exit - lane 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SHB9926P	Taxi	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red	Seriously Damaged	1
SLC1994S	Car	TOYOTA	LEXUS RX450H	Grey	Slightly Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180126/2064

Police Station Of Origin:  
Boon Teck NPP  
207 Toa Payoh North #01-1231 SINGAPORE  
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2 of 3

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Related Vehicle	SHB9926P (Taxi)		Contact No.	81982768
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
Driver				
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# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180126/2064

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Boon Teck NPP  
207 Toa Payoh North #01-1231 SINGAPORE  
310207  
Tel No: 1800-2549999

3 of 3

Report No. T/20180126/2064

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:  
E /  
Sgt 2 MUHAMMAD ZULHAFFIZ BIN MOHD ZIN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
26/01/2018 12:37

Officer In Charge Of Case:  
TP / AEIT /  
Sgt 2 YEO KIA HUAT  
Contact No : 65476325

Classification Of Case:

Authentication Stamp

SN 062

NP168

SIGNATURE