SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	· · · · · · · · · · · · · · · · · · ·					
	ACCIDENT STATEMENT					
Date Of Report	31/01/2018 13:49					
Date Of Accident	30/01/2018 08:35					
Exact Location Of Accident	OUTSIDE THE EXIT GANTRY OF YISHUN SAPPHIRE CONDO					
Country/State of Loss	SINGAPORE					
D	DETAILS OF OWN VEHICLE					
Vehicle Registration Number	SFE2231P					
Insured/Policyholder						
Name Of Registered Owner	LIM CHWEE HWA					
NRIC No	S6813564H					
Email Address	SL@3PA.SG					
Mobile Phone No	(LOCAL) +65-96573320					
Alternative Phone No	OFFICE-63252158					
Vehicle Particulars						
Manufacturer	SUBARU					
Model	FORESTER 2.0XT CVT AWD SR					
Exact Purpose for which vehicle was being used at time of accident	PRIVATE					
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	FWD SINGAPORE PTE. LTD.					
Type Of Coverage	COMPREHENSIVE					
Fleet Policy	NO					
Policy Number	PNPV2017-00007809					
Cover Note Number	N.A.					
Driver						
Name of Driver	LIM CHWEE HWA					
NRIC No	S6813564H					
Date Of Birth	07/04/1968					
Occupation	INDOOR					
Date Of Driving Pass	09/04/2007					
Driving Experience	10 YEARS AND 9 MONTHS					
Gender	FEMALE					
Mobile Number	(LOCAL) +65-96573320					
Fax Number						

OFFICE-63252158

SL@3PA.SG

Address APT BLK54 CANBERRA DRIVE

#01-28

Postcode 768440

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 SIDE SWIPE
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?

YES

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) 2

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 DIVISION HQ UBI

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

I WAS DRIVING SLOWLY AFTER THE CONDO, YISHUN SAPPHIRE EXIT GANTRY AND SAW A LORRY FAR AWAY MOVING DOWN THE NEW ROAD. I SLOWLY TURNED OUT AFTER ASCERTAINGING THE SAFE DISTANCE WHEN ALL OF SUDDEN THE LORRY KNOCKED ONTO THE RIGHT OF MY CAR AND SPED PAST ME. THERE WERE PEDESTRIANS JUST OUTSIDE THE CONDO (ON MY LEFT) AND STATIONERY VEHICLES ALONG THE ROAD. IN ORDER NOT TO KNOCK ONTO PEOPLE OR OTHER VEHICLES. I SWERVED TO MY VEHICLE TO THE RIGHT AFTER THE SUDDEN IMPACT, AND MOUNTED THE KERB AND HIT THE CONSTRUCTION BARRICADE ON THE OPPOSITE SIDE. I HAD MADE SURE THERE WAS NOBODY AND VEHICLE ON THE OPPOSITE ROAD. THE REFERRED LORRY DRIVER, MR LOW KIAN HUAT (LICENCE NO S1766457C) DRIVING LORRY NO GBB8927P) CARRYING FOREIGN WORKERS ONLY STOPPED HIS LORRY AFTER A SUBSTANTIAL DISTANCE- OUTSIDE 8COURTYARD

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 GBB8927P

Vehicle Make/Model/Colour TOYOTA/ DYNA/ WHITE

Details Of Properties NA

Vehicle Category COMMERCIAL VEHICLE

Name of Driver LOW KIAN HUAT

NRIC/Passport Number S1766457C

Contact Number NA
Address NA

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Name LIM CHWEE HWA Approximate Age Injuries Sustain Injured person in which vehicle? SFE2231P Were seat belts worn? YES Was this injured conveyed to hospital by ambulance? Address Postcode

SKETCH PLAN

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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 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 application by interested parties.

 The 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/suthority (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
- (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.

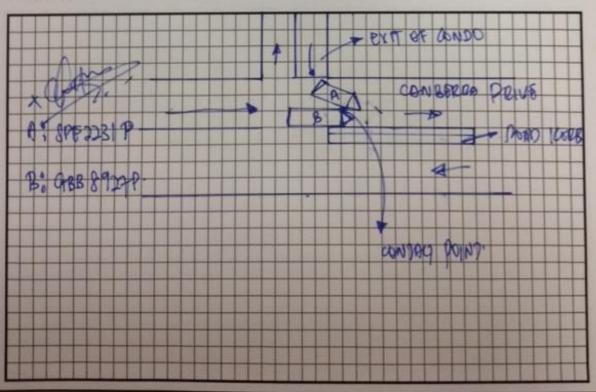
VERIFIED BY AJAX MARS REPORTING OFFICER

Hashim Kamari

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

Witnessed by Reporting Centre Personnel 31018

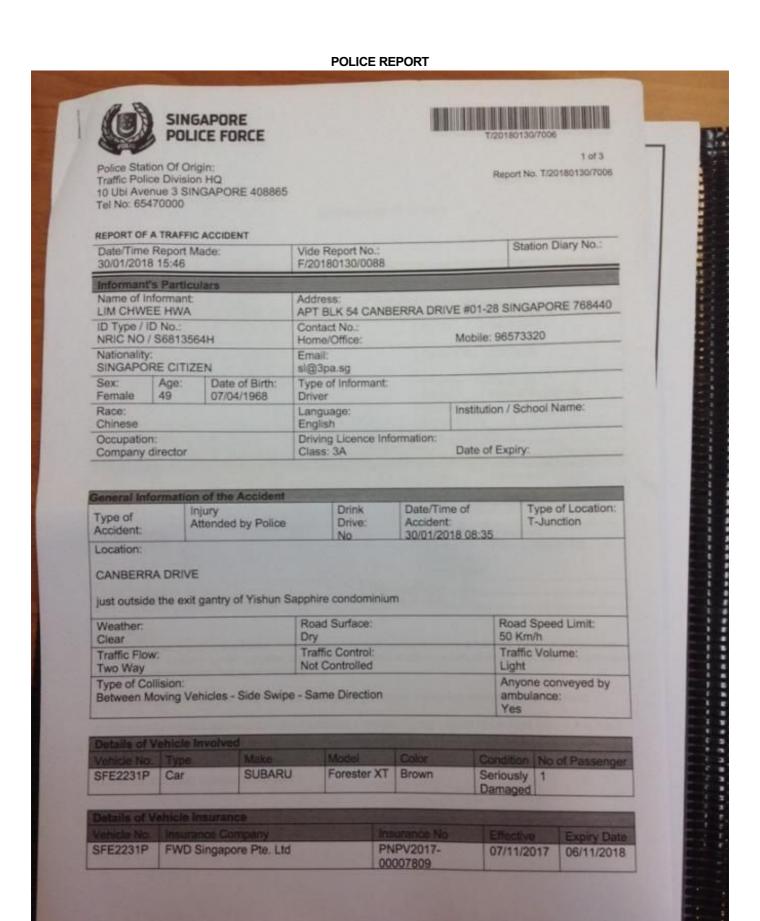
Sketch Plan



Sketch Plan #2

ACCIDENT STATEMENT (2000 characters)

AS PER ATTACHED POLICE REPORT VIDE REPORT T/20181030/7006.	LODGED AT TRAFFIC POLICE DIV HQ.
Taxi Voucher No.;	
DECLARATION	
I/We declare that the above particulars & information provide	ded above are true in every aspect
VERIFIED BY AJAX MARS REPORTING OFFICER - HASHIM BIN KAMARI	DAT
MARS Officer	
	Registered Owner or Driver's Signature
Job Complete Date/Time	Date/Time:
31 January 2018 at 10:45 AM	31 January 2018 at 10:45 AM





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



2 of 3

Report No. T/20180130/7006

CONTINUATION OF REPORT

Any Pedestrian	involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
PAGE 1				and a second	-	
Name	LIM CHWEE HWA			ID No.		S6813564H
Related Vehicle	SFE2231P (Car)			Contact No.		96573320
Hospital/Clinic	KHOO TECK DUAT	HOODITAL				
	KHOO TECK PUAT HOSPITAL			Class of Driving Licence & Expiry Date		Class: 3A Date of Expiry: NIL
Date Treatment	30/01/2018 Dat					/2010
No. of Days granted Medical Leave 03			Discharge 30/01/2018 ree of Injury Slight			
Passenger	Control of the last of the las		Dograd of	injury	ongni	
Name	Teo Hui Xi Serina			ID No.		S9514966I
				ID NO.		383148001
Related Vehicle	SFE2231P (Car)			Contact No.		94562879
				-	140.	94502078
fospital/Clinic				Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment				te Discharge NIL		
No. of Days granted Medical Leave NIL		NIL	Degree of Injury		NIII	

Brief Details.

I was driving slowly after the condo, Yishun Sapphire exit gantry and saw a lorry far away moving down the new road. I slowly turned out after ascertaining the safe distance when all of sudden the lorry knocked onto the right of my car and sped past me.

There were pedestrians just outside the condo (on my left) and stationery vehicles along the road.

In order not to knock onto people or other vehicles, I swerved to my vehicle to the right after the sudden impact, and mounted the kerb and hit the construction barricade on the opposite side. I had made sure there was nobody and vehicle on the opposite road. The referred lorry driver, Mr Low Kian Huat (Licence No. S1766457C) driving lorry no GBB8927P) carrying foreign workers only stopped his lorry after a substantial distance- outside 8courtyard.

POLICE REPORT



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



3 of 3 Report No. T/20180130/7006

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 / THABAGESH JEYATHESH Contact No.: 65476232

Authentication Stamp

Signature Of Informant:

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

Date/Time: 30/01/2018 15:46

Classification Of Case:

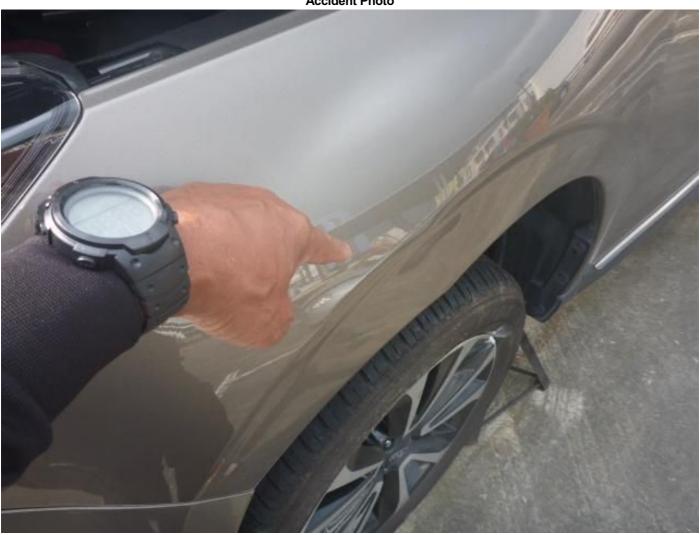


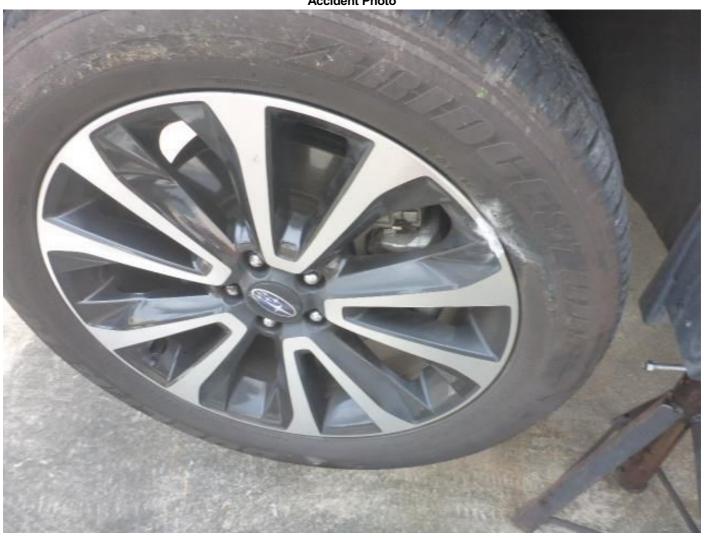




























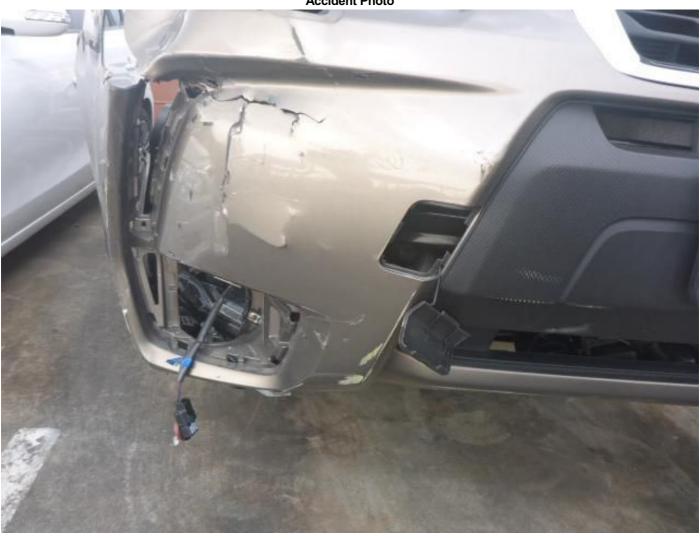












Driving License





Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

<u>IMPORTANT NOTE</u>: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report

with whom you submitted the Original Report. **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : MBHH18015273 Vehicle Registration No: SFE2231P Name(as shownin NRIC) : LIM CHWEE HWA __NRIC/FIN/Passport No: S6813564H (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address _Singapore() __Mobile No.: 96573320 Contact (Tel) **Email Address** . 30/01/2018 _Time of Accident : __08:35HRS Date of Accident OUTSIDE THE EXIT GANTRY OF YISHUN SAPPHIRE CONDO Place of Accident FWD SINGAPORE PTE. LTD. Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Amend contact number and office number. Was there any video captured by Car Camera? No

Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name:

NRIC/FIN No.: 841119016058

Date:31 Jan 18