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 truthful and accurate 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

foresaid.	
	ACCIDENT STATEMENT
Date Of Report	03/02/2018 16:58
Date Of Accident	03/02/2018 13:30
Exact Location Of Accident	PIE TOWARDS TUAS (AFTER PAYA LEBAR EXIT)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGZ4074R
Insured/Policyholder	
Name Of Registered Owner	LIM LAY HING
NRIC No	S1380410I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91250891
Alternative Phone No	OFFICE-91250891
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA AXIO-1.5 (A)
Exact Purpose for which vehicle was being used a time of accident	t PTE 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	DMPCSN3049101702
Cover Note Number	29/10/17 TO 28/10/18
Driver	
Name of Driver	LIM XIAN FENG
NRIC No	S9139801Z
Date Of Birth	27/10/1991
Occupation	INDOOR
Date Of Driving Pass	03/03/2011
Driving Experience	6 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91250891
Fax Number	

XIANFENGLIM91@GMAIL.COM

Address

BLK 334 WOODLANDS ST. 32, 07-21

Postcode

730334

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

CHAIN COLLISION

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

2

Number of Passengers (Including Driver)

Passenger 1

NAME:

: MS TANG HWEE HIANG

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER]

TP HQ (ONLINE)

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER POLICE REPORT 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

SLE974X

Vehicle Make/Model/Colour

HONDA VEZEL (BLUE)

Details Of Properties

FRONT, BACK AND SIDE

Vehicle Category

PRIVATE CAR

Name of Driver

GOH YONG DA GABRIEL

NRIC/Passport Number

S8834418I

Contact Number

91155544

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 21

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJK162P

Vehicle Make/Model/Colour

ESTIMA

Details Of Properties

FRONT

Vehicle Category

PRIVATE CAR

Name of Driver

VINCENT LEE KAH SENG

NRIC/Passport Number

S9245787G

Contact Number

82825227

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

.

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SLF9142R

Vehicle Make/Model/Colour

HONDA VEZEL (RED)

Details Of Properties

REAR

Vehicle Category

PRIVATE CAR

Name of Driver

MS CHARMAINE YEE

NRIC/Passport Number

S8724247A

Contact Number

96191315

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

.

DETAILS OF INJURED PERSON 1

Name

MALE PASSENGER

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLE974X

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

SKETCH PLAN

VEHICLE NO .: SGZ 40 **INSURER** DATE & TIME:

IMPORTANT NOTICE

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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:

- 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)
 - (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")
- 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
- 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 S

Name:

NRIC/FIN No .:

		A: 862 4074R
		B = SLE 974 X (Vezel)
	TO THE PARTY OF TH	Goh Yorg Da Gabriel
		\$8836618/1
		19 91183344
		C. SJK162P (Estima)
		Wistent Les Kals Sen
		V7ment Lee Kah Sens 592457876, 87882
		D-SLF9142R (Vezel)
<u> </u>		D = SLF9142R (Vezel) Charmani Yee, S87242
ESCRIBE CIRCUMSTANCE	ES OF THE ACCIDENT	4/10 = 96191315
A		
Groldent Oca	lived on 3/2/18@1-2	8pm along 118 twds
TUAS (After	Paya Char exit).	1
	DI. D. Da- Dont of	1 (7/2002)
	Pls roler Phie Report reta	n (1/20/8/0202/1008)
		e for you to submit an Own Damage Claim
under your own co	our insurer may have 14days Time Frame	
under your own co		
under your own co	omprehensive policy. Please check with yo	
under your own co	omprehensive policy. Please check with yo	
under your own co	ticulars are true in every respect. Driver's Signature	Dur policy for more information. Reporting Centre Personnel's Signature
under your own co ECLARATION We declare the foregoing part	ticulars are true in every respect.	our policy for more information.





1 of 3

Report No. T/20180203/7008

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/02/2018 18:26			Vide Report No.: G/20180203/0152	Station Diary No.:		
Informant	's Particu	lars		是"不是"的" 是 "是"是"的"是"。		
Name of II LIM XIAN			Address: APT BLK 334 WOODLANDS STREET 32 #07-21 SINGAPORE 730334			
ID Type / ID No.: NRIC NO / S9139801Z			Contact No.: Home/Office: Mobile: 91250891			
Nationality: SINGAPORE CITIZEN			Email: xianfenglim91@gmail.com			
Sex: Age: Date of Birth: Male 26 27/10/1991			Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupatio Safety ins	pector (ve	hicles, processes	Driving Licence Information: Class: 3	Date of Expiry:		

General Infor	mation of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/02/2018 13:28	Type of Location: Bend	
Location:					
	(Tuas), after Paya Lebar F bar Road exit on PIE (Tua		P(KPE) and Kallang B	ahru exit	
Weather:		Road Surface:		Road Speed Limit:	
Sunny				90 Km/h	
Traffic Flow: Traffic Control: Traffic Volume:			Traffic Volume:		
Two Way Not Controlled N				Moderate	
Type of Collis 4 vehicle colli				Anyone conveyed by ambulance:	
				Yes	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGZ4074R	Car	ТОҮОТА	Axio	Silver	Slightly Damaged	1

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SGZ4074R	CHINA TAIPING INSURANCE	DMPCSN30491017	29/10/2017	28/10/2018	
	(SINGAPORE) PTE. LTD.	02			





2 of 3

Report No. T/20180203/7008

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

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian In	nvolved: No					
No. of Pedestrian		Use of Pedestrian Crossing: NA				
Driver						
Name	LIM XIAN FENG		ID No		S9139801Z	
Related Vehicle	SGZ4074R (Car)			Conta	ct No.	91250891
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g ce &	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL	Date Disc	harge	NIL		
No. of Days gran	IL	Degree of	Injury	NIL		

Brief Details.

On 3rd February 2018, at about 1.28pm, I was driving on lane 1 on the expressway, PIE (Tuas) after Paya Lebar Road exit.

There was a moderate traffic jam therefore I stopped my vehicle before a stationary red honda vezel on Lane 1.

While stationary, I felt an impact from the rear of my car which I believed was from the blue honda vezel behind me. This impact push me out of lane 1 and at the same time, the blue honda vezel moved ahead of me from the right resulting in a collision with the red honda vezel.

This impact from the blue honda vezel damaged the rear of my vehicle as well as my back windscreen, causing the glass to shatter. There was another black toyota estima behind, which I believed knock onto the blue honda vezel, which resulted in the chain collision.

Following which, there was an injured passenger from the blue honda vezel, which was taken away by an ambulance.





3 of 3

Report No. T/20180203/7008

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

CONTINUATION OF REPORT

Sketch	Plan		

I	nformant	is	not	able	to	provide	sketch	plar

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/02/2018 18:26
Officer In Charge Of Case:	Classification Of Case:

Authentication Stamp NP168