

## 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	20/02/2018 16:05
Date Of Accident	20/02/2018 00:40
Exact Location Of Accident	JUNCTION OF MIDDLE ROAD & BEACH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ9164E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DREAMERLAND
Co Reg No	53365197B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91478879
Alternative Phone No	OFFICE-91478879

### Vehicle Particulars

Manufacturer	HONDA
Model	AIRWAVE-1.5 M (A)
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN3061931700
Cover Note Number	

### Driver

Name of Driver	LAM JIN YUAN
NRIC No	S8625593F
Date Of Birth	15/09/1986
Occupation	INDOOR
Date Of Driving Pass	23/02/2006
Driving Experience	11 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91478879
Fax Number	
Contact Number	OTHERS-91478879
EEmail Address	NOEMAIL

Address	BLK 635B SENJA ROAD #23-269
Postcode	672635
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	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)	3
Passenger 1	NAME: : ALICE GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 629 BEDOK RESERVOIR ROAD #01-1620 , <b>POSTCODE:</b> 470629 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4439999 - <b>FAX NO:</b> 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180220/2074

#### 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	RD6132D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE YEN KEAN

NRIC/Passport Number	S7672933F
Contact Number	94479849
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	LAM JIN YUAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJJ9164E
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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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: *Resdi WATAB*  
NRIC/FIN No.:

# Sketch Plan #2

## SKETCH PLAN

Beach Rd

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No: 7/20180220/2014

## 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: Keshi WAT/AB  
NRIC/FIN No.:



### Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180220/2074

1 of 3

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

Report No. T/20180220/2074

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/02/2018 13:45	Vide Report No.:	Station Diary No.: 23
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#### Informant's Particulars

Name of Informant: LAM JIN YUAN			Address: APT BLK 635B SENJA ROAD #23-269 SINGAPORE 672635	
ID Type / ID No.: NRIC NO / S8625593F			Contact No.:	Mobile: 91478879
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 31	Date of Birth: 15/09/1986	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,2,3	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: 20/02/2018 00:40	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 MIDDLE ROAD BEACH ROAD AT THE JUNCTION OF MIDDLE ROAD AND BEACH ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
RD6132D	Car					1
SJJ9164E	Car	HONDA	AIRWAVE 1.5M A	Black	Slightly Damaged	2

#### Details of Person Involved

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

# Sketch Plan #4



**SINGAPORE  
POLICE FORCE**



T/20180220/2074

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

2 of 3

Report No. T/20180220/2074

## CONTINUATION OF REPORT

Driver			
Name	LEE YEN KEAN		ID No. S7672933F
Related Vehicle	RD6132D (Car)		Contact No. 94479849
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	LAM JIN YUAN		ID No. S8625593F
Related Vehicle	SJJ9164E (Car)		Contact No. 91478879
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	20/02/2018	Date Discharge	20/02/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

### Brief Details.

On the 20/02/2018 at about 0040hrs, I was driving my vehicle, SJJ9164E along Middle Rd towards Sophia Rd together with 2 passengers. I stopped at the traffic light junction of Middle Rd and Beach Rd as the traffic light was red when all of a sudden vehicle, RD6132D collided to the rear of my vehicle. We got down of our vehicles and exchanged particulars. He had one passenger then. We agreed for insurance claim and left the scene. I went on to see a doctor in the morning and was given 5 days of MC. I also advised my passengers to see a doctor if they were to feel any discomfort, however, they did not reply me. One of my passenger was, 'Alice', HP: 90971665. Hence, I am lodging this report for insurance purposes.

## Sketch Plan #5



**SINGAPORE  
POLICE FORCE**



T/20180220/2074

3 of 3

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

Report No. T/20180220/2074

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:

G /

Sgt 2 KOH WEN RUI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/02/2018 13:45

Officer In Charge Of Case:

TP / AEIT /

SSI KASMAWATI BTE SAMIAN

Contact No.: 65476179

 SINGAPORE  
POLICE FORCE

Authentication Stamp

NP168

Classification Of Case:

SIGNATURE



# Sketch Plan #6

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8625593F



Name  
**LAM JIN YUAN**

藍 进 源

Race  
**CHINESE**

Date of birth  
**15-08-1986**

Country/Place of birth  
**SINGAPORE**

Sex  
**M**

S8625593F

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S8625593F**

Name

**LAM JIN YUAN**



Valid Date: 15 Dec 1986

Issue Date: 08 Feb 2004



5783154



MRIC No. S8625593F



Date of issue  
**11-08-2017**

APT BLK 835B SENJA ROAD  
#23-209  
SINGAPORE 672835

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Class 2B Motorcycles < 200 CC  
Class 2A Motorcycles between 201 CC and 400 CC  
Class 3 Motorcycles > 400 CC  
Class 2 Motor cars < 3000 kg < 25 < 7 passengers, exclusive of the delivery and motor transporter vehicles < 2500 kg

PASS DATE

01 Dec 2004  
21 Feb 2006  
27 Mar 2007  
23 Feb 2009

S862593F

S / No. 9000051209

NP 435A



License No. S8625593F

Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo

