

## 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	05/03/2018 14:50
Date Of Accident	03/03/2018 16:10
Exact Location Of Accident	BKE ( WOODLANDS ) 8 KM BEFORE EXIT TO SLE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGM6322E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LING JOO HUA
NRIC No	S8002001E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98766700
Alternative Phone No	OTHERS-98766700

### Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY 1.5 4AT
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3098431701
Cover Note Number	

### Driver

Name of Driver	LIM ZHI CONG ( LIN ZHICONG )
NRIC No	S8018540E
Date Of Birth	09/07/1980
Occupation	INDOOR
Date Of Driving Pass	16/11/2013
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98766700
Fax Number	
Contact Number	OTHERS-98766700
Email Address	NOEMAIL

Address	BLK 356 WOODLANDS AVENUE 5 #03-408
Postcode	730356
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	DRIZZLING
Road Surface	WET

#### 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	WOODLANDS WEST NPC
Police Station Address	<b>ROAD:</b> 9 MARSILING LANE , <b>POSTCODE:</b> 739146 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180303/2116

#### 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	SLR6885L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLP4676Y  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name LIM ZHI CONG ( LIN ZHICONG )  
Approximate Age  
Injuries Sustain NECK PAIN  
Injured person in which vehicle? SGM6322E  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance?  
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: 05/03/2018

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

SketchPlanForm\_v3

## Sketch Plan #2

### SKETCH PLAN

— Pls Refer to the Attached —

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

— Pls Refer to the Police Report —  
T/ 20180303/211b

### DECLARATION

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

Policyholder's Signature  
Date & Time:

Signature: [Signature]

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

05/05/2018  
1105 hrs

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

Signature: [Signature]  
Date: 5/3/2018

3/3/2018

SGM

6322E

4-10 PM

TURF CLUB

445

BKE (Woodlands) 8km, BEFORE EXIT  
TO SLE

EXIT 8

SLE

→

C

B

A

SLP 4676Y

SLR 6885L

SGM 6322E

BKE

A-SGM 63 22E  
B-SLR 6885L  
C-SLP 4676Y





**SINGAPORE  
POLICE FORCE**



T/20180303/2116

3 of 4

Police Station Of Origin:  
Woodlands West N.P.C.  
9 Marsiling Lane SINGAPORE 739146  
Tel No: 1800-363 9999

Report No. T/20180303/2116

**CONTINUATION OF REPORT****Brief Details.**

On the 03/03/2018 at about 1610hrs, I was travelling on the left lane of a four lane road along BKE, intending to negotiate a bend to SLE and all of a sudden the vehicle in front of me jam brake. I am not sure what caused the vehicle in front of me to jam brake. I followed suit to avoid collision and as I maintained a safety distance, I managed to brake in time. Subsequently, I felt an impact on my rear twice with one second difference each, with the second impact stronger than the first. I switched on the hazard light and alighted my car to make a check. I then discovered that there was a chain collision involving me as the first vehicle and another two more (SLR6885L and SLP4676Y). I then called for Police and ambulance. There was a taxi adjacent to my side that was also involved in an accident, hence there was TP nearby that approached us after settling the taxi. Ambulance arrived soon after and conveyed the wife who was the passenger of the second driver (SLR6885L) to the hospital. I am not sure what is the injury of the passenger however she did not look well. TP took all our particulars and statement and instructed us to lodge an accident report (vide J/20180303/0190 under TP IO Ivan) at the nearest Police Station. The last driver (SLP4676Y) and I was not injured, however I did feel some ache on my right side of the shoulder, however I am considering to seek medical attention if it is getting worsen. My car's rear bumper was dislodged, thus my boot could not be locked properly and my left rear light fell off. The vehicle in the middle had its front bumper slightly dented but the rear bumper was badly dented. As for the last vehicle, the front bumper was badly damaged. No government property was damaged in the event of accident. My car's dashcam was not working and not placed in position, however the second and third vehicle do have dashcam.

Sketch Plan #5

HP 98F667003/3/2018 4:10 PM  
SGM6322E





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



**Accident Photo**



Accident Photo



Accident Photo



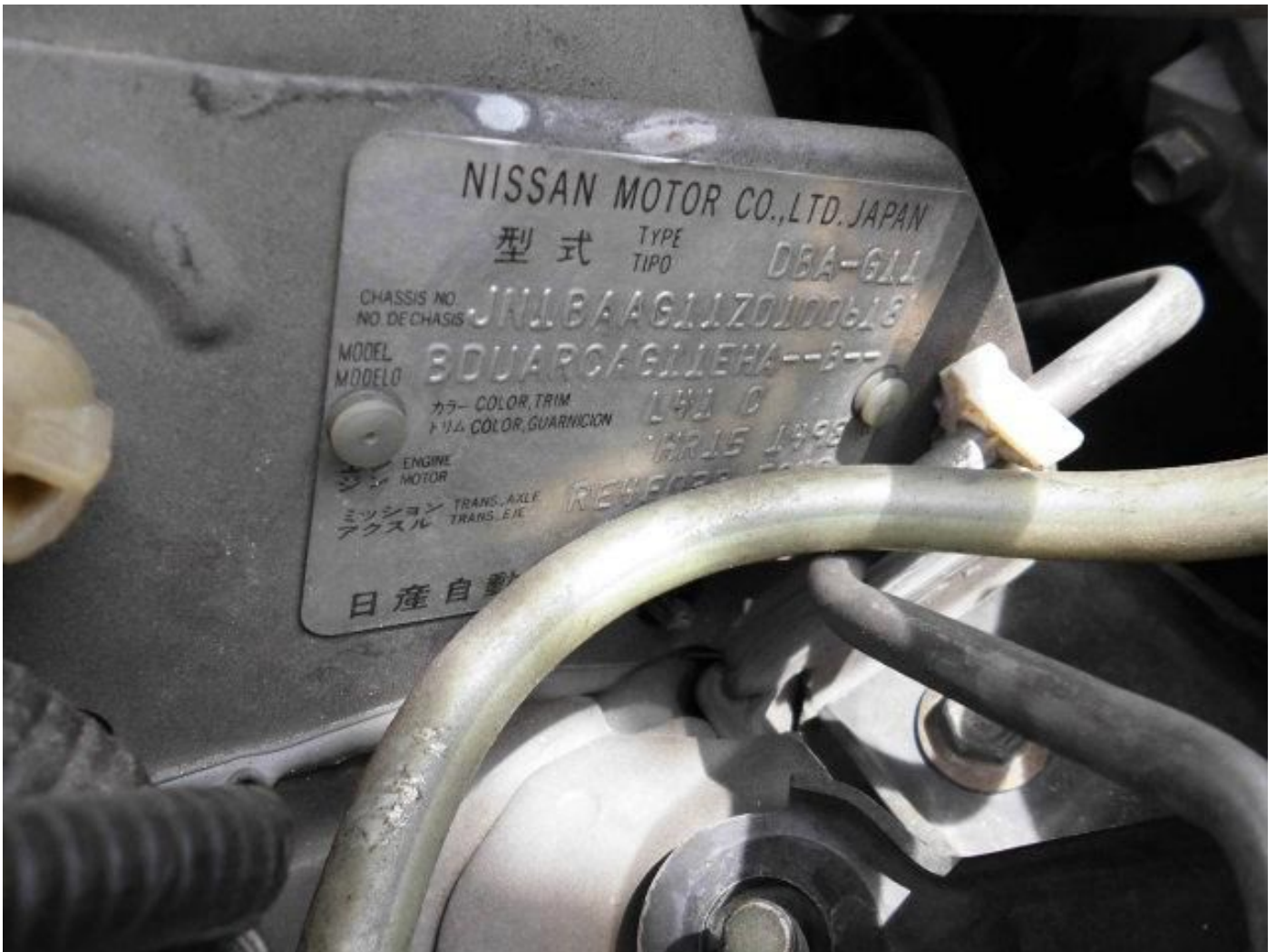


Accident Photo





Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180303/2116

1 of 4

Police Station Of Origin:  
Woodlands West N.P.C.  
9 Marsiling Lane SINGAPORE 739146  
Tel No: 1800-363 9999

Report No. T/20180303/2116

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/03/2018 18:36		Vide Report No.: J/20180303/0190		Station Diary No.: 82
<b>Informant's Particulars</b>				
Name of Informant: LIM ZHI CONG		Address: APT BLK 356 WOODLANDS AVENUE 5 #03-40B SINGAPORE 730356		
ID Type / ID No.: NRIC NO / S8018540E		Contact No.: Home/Office: Mobile: 98766700		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 37	Date of Birth: 09/07/1980	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: ENGINEER		Driving Licence Information: Class: 3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/03/2018 16:10	Type of Location:
Location: Along Road 1 BUKIT TIMAH EXPRESSWAY BKE (WOODLANDS) 8KM, BEFORE EXIT TO SLE				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: CHAIN COLLISION			Anyone conveyed by ambulance: Yes	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGM6322E	Car				Seriously Damaged	0
SLP4676Y	Car				Seriously Damaged	1
SLR6885L	Car				Seriously Damaged	1

## Details of Vehicle Insurance

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



**SINGAPORE  
POLICE FORCE**



T/20180303/2116

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Police Station Of Origin:  
Woodlands West N.P.C.  
9 Marsiling Lane SINGAPORE 739146  
Tel No: 1800-363 9999

Report No. T/20180303/2116

**CONTINUATION OF REPORT**

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGM6322E	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30984317 01	25/10/2017	24/10/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LIM ZHI CONG		iD No.	S8018540E
Related Vehicle	SGM6322E (Car)		Contact No.	98766700
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	CHOW JAU TUNG		ID No.	S7405858B
Related Vehicle	SLP4676Y (Car)		Contact No.	98504461
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	HO JIA LE ANDY		ID No.	S8850553J
Related Vehicle	SLR6885L (Car)		Contact No.	90471988
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

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180303/2116

3 of 4

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### CONTINUATION OF REPORT

#### **Brief Details.**

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Police Report



**SINGAPORE  
POLICE FORCE**



T/20180303/2116

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Woodlands West N.P.C.  
9 Marsiling Lane SINGAPORE 739146  
Tel No: 1800-363 9999

4 of 4

Report No. T/20180303/2116

**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: J/ Sgt 3 GERALDINE TAN HUI JIE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/03/2018 18:36
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476232	Classification Of Case:

Authentication Stamp  
NP168