

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	16/03/2018 14:39
Date Of Accident	13/03/2018 10:40
Exact Location Of Accident	KALLANG PAYA LEBAR EXPRESSWAY.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDV67U
Insured/Policyholder	
Name Of Registered Owner	LEE BOON CHIN
NRIC No	S6933640Z
Email Address	DES@1TMP.COM.SG
Mobile Phone No	(LOCAL) +65-85808888
Alternative Phone No	OFFICE-85808888

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA114590/1
Cover Note Number	

Driver

Name of Driver	LIM PIN PIN SHARON
NRIC No	S7540277E
Date Of Birth	28/04/1975
Occupation	INDOOR
Date Of Driving Pass	15/11/2000
Driving Experience	17 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91886611
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	67 DA SILVA LANE
Postcode	549790
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	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?	NO
Was any injured conveyed to hospital by ambulance?	
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
Passenger 1	NAME: : LEE DWAYNE GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PAYA LEBAR NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 114 HOUGANG AVENUE 1 #01-1270 , POSTCODE: 530114 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2899999 - FAX NO: 62815961
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT NO.T/20180313/2119.

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	SHC4301U
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

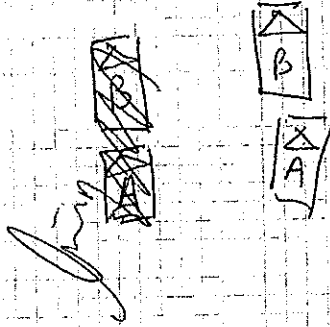
Nature Of Damage

No. Of Passenger (Including Driver)



Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report.

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:

16/3/18 1.45pm
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180313/2119

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

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Report No. T/20180313/2119

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/03/2018 16:16		Vide Report No.:		Station Diary No.: 16	
Informant's Particulars					
Name of Informant: LIM PIN PIN SHARON			Address: 67 DA SILVA LANE SINGAPORE 549790		
ID Type / ID No.: NRIC NO / S7540277E			Contact No.: Home/Office: Mobile: 91886611		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 42	Date of Birth: 28/04/1975	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Housewife			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 13/03/2018 10:40	Type of Location:
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY Along KPE Filter towards Tampines road				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDV67U	Car				Slightly Damaged	1
SHC4301U	TAXI					0



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Report No. T/20180313/2119

CONTINUATION OF REPORT

Brief Details.

On 13/03/2018 at about 1040hrs, I was travelling along KPE in my vehicle (SDV 67U). I wish to state that I was on my way to bring my son to see a doctor however, I was not in a rush. I wish to state that subsequently, I reached the filter lane when it was exiting towards tampines road.

There was another two vehicles in front of me waiting to proceed. I wish to state that after the first vehicle had proceeded, the second vehicle which was a taxi (SHC 4301U) was waiting in line.

I thought the taxi was getting ready to proceed after I observed that the traffic was clear. However, I thought the taxi in front of me was proceeding. In the end the taxi did not proceed as I thought the vehicle would which resulted in the collision. I also wish to state that my kid was noisy and was it was distracting my driving.

I wish to state that my vehicle's front light (Not headlamp) dropped off, That's all. My son and I were not injured and this report is for record and insurance purposes.

Accident Sketch Plan Pg. 1



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POLICE FORCE



T/20180313/2119

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114 Hougang Avenue 1 #01-1270
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Report No. T/20180313/2119

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:

F /
Sgt 1 ONG YU HAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
13/03/2018 16:16

Classification Of Case: