

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	19/03/2018 11:12
Date Of Accident	18/03/2018 21:15
Exact Location Of Accident	PIE (TUAS) 19.5KM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ768H
Insured/Policyholder	
Name Of Registered Owner	WONG CHUN WAH
NRIC No	S6845510C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96321666
Alternative Phone No	OFFICE-96321666

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250
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	LONPAC INSURANCE BHD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	Z18VP05017112
Cover Note Number	-

Driver

Name of Driver	LIM FU GUAN
NRIC No	S9108949A
Date Of Birth	11/03/1991
Occupation	INDOOR
Date Of Driving Pass	18/08/2016
Driving Experience	1 YEAR AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96321666
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 246 JURONG EAST ST 24 #09-46
Postcode	600246
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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?	YES
Foreign Vehicle Registration Number	NBP2253 (PRIVATE CAR)
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)	6
Passenger 1	NAME: : WONG CHUN WAH GENDER: : MALE
Passenger 2	NAME: : CHAN MEI LEE GENDER: : FEMALE
Passenger 3	NAME: : WONG SHI QI GENDER: : FEMALE
Passenger 4	NAME: : WONG HUI QI GENDER: : FEMALE
Passenger 5	NAME: : LIM QIU XIA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKK5723B
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	SHB8407C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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 3

Vehicle Registration Number	SGH8205Z
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 4

Vehicle Registration Number	SHB6295X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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 5

Vehicle Registration Number SFE606E
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 6

Vehicle Registration Number NBP2253
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 7

Vehicle Registration Number SCE101E
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 8

Vehicle Registration Number SJS1627S
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 FU GUAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SGJ768H

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name WONG CHUN WAH

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SGJ768H

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 3

Name CHAN MEI LEE

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SGJ768H

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 4

Name WONG SHI QI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SGJ768H

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 5

Name	WONG HUI QI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGJ768H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

DETAILS OF INJURED PERSON 6

Name	LIM QIU XIA
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGJ768H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE


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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:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

SKETCH PLAN

H - SCE 101 E

G - NBP 2253

F - SFE 606 E

E - SHB 6295X

D - SGH 8205Z

C - SHB 8407C

A - SGJ 768H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report T/20180519/2006

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:
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180319/2006

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

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Report No. T/20180319/2006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/03/2018 01:20	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: LIM FU GUAN		Address: APT BLK 246 JURONG EAST ST 24 #09-46 HDB JURONG EAST SINGAPORE 600246	
ID Type / ID No.: NRIC NO / S9108949A		Contact No.: Home/Office: Mobile: 96321666	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 27	Date of Birth: 11/03/1991	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: OPERATIONS		Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/03/2018 21:15	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE(TUAS) 19.5KM				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
NBP2253	Car					0
SCE101E	Car	MERCEDES BENZ	E200 AVG (R18 LED)	Green		0
SFE606E	Car	TOYOTA	HARRIER 2.0 ELEGANCE AT ABS D/AIRBAG 2WD	White		0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180319/2006

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

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Report No. T/20180319/2006

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGH8205Z	Car	TOYOTA	RUSH 1.5 A	Green		0
SGJ768H	Car	MERCEDES BENZ	E250 SEDAN (SR)(R18)			5
SHB6295X	Car	HYUNDAI	SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO	Blue		0
SHB8407C	Car	HYUNDAI	I30 GDH 1.6 TCI 5DR DCT	Silver		0
SJS1627S	Car	BMW	525i XL	Grey		0
SKK5723B	Car	VOLKSWAGO N	GOLF A7 1.4 TSI AT BMT 5G14JZ SR HID	White		0

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	LIM FU GUAN		ID No.	S9108949A	
Related Vehicle	SGJ768H (Car)		Contact No.	96321666	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL	
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL	
Driver					
Name	LAU CHEE SUN		ID No.	-	
Related Vehicle	SHB8407C (Car)		Contact No.	91167315	
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/20180319/2006

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

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Report No. T/20180319/2006

CONTINUATION OF REPORT

Driver			
Name	NEO JUN LEONG		ID No. S8404632I
Related Vehicle	SKK5723B (Car)		Contact No. 96489545
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

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS DRIVING ALONG PIE ON THE EXTREME RIGHT LANE IN MY VEHICLE SGJ768H. AS I WAS DRIVING I SAW THAT THE TAXI SHB8407C, THAT WAS INFRONT OF ME, HAD HAD HIS BRAKE LIGHTS ON SO I JAMMED THE BRAKES TO AVOID COLLISION. I STOPPED MY CAR IN TIME HOWEVER, THE VEHICLE SKK5723H THAT WAS BEHIND ME, COLLIDED WITH THE REAR OF MY VEHICLE, CAUSING MY CAR TO SURGE FORWARD AND COLLIDE ONTO SHB8407C. WE GOT OFF OUR VEHICLES AFTERWARDS AND 2 OF MY PASSENGERS, MY AUNT AND COUSIN, WERE NOT FEELING WELL SO THE LTA OFFICER WHO ASSISTED US, CALLED AN AMBULANCE WHO THEN CONVEYED THEM TO THE HOSPITAL. THE TRAFFIC POLICE ARRIVED AFTER AND GAVE ME A CASE CARD AND TOLD ME TO GO TO TRAFFIC POLICE HQ TO FIND IO PHILIP.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180319/2006

4 of 4

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

Report No. T/20180319/2006

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

C

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:
TP /
ZENG ZI CONG

Signature Of Interpreter:
Not applicable

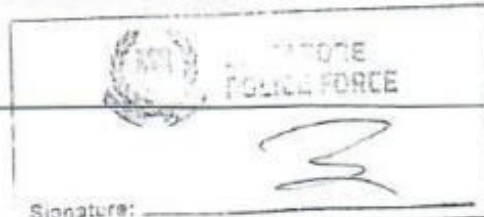
Officer In Charge Of Case:
TP / GIT /
Staff Sgt MOHAMMAD ZULKARNIAN BIN
SAMSUDIN
Contact No.: 65476429

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
19/03/2018 01:20

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

