

## 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             | 17/03/2018 14:35                             |
| Date Of Accident           | 15/03/2018 17:20                             |
| Exact Location Of Accident | JUNCTION OF SIGLAP ROAD & EAST COAST TERRACE |
| Country/State of Loss      | SINGAPORE                                    |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJG3252P             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | GOH CHAI LENG        |
| NRIC No                     | S7416200B            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-96906770 |
| Alternative Phone No        | OTHERS-90996716      |

### Vehicle Particulars

|  |                |
|--|----------------|
| Manufacturer   | HONDA          |
| Model  | FIT-1.3 G (A)  |
| 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 | FWD SINGAPORE PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE           |
| Fleet Policy              | NO                      |
| Policy Number             | PNPV2017-00004706       |
| Cover Note Number         |                         |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | LIM HUAH THONG        |
| NRIC No              | S0542911J             |
| Date Of Birth        | 15/05/1944            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 17/06/1974            |
| Driving Experience   | 43 YEARS AND 8 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-90996716  |
| Fax Number           |                       |
| Contact Number       |                       |
| EEmail Address       | NOEMAIL               |

|   |  |
|---|--|
| Address   | 5000B MARINE PARADE ROAD #06-07<br>SINGAPORE |
| Postcode  | 449285                                       |
| Was driver an employee of the Insured's Company     | NO   |
| If No, Relationship of the Driver with the Insured  | PARENT                                       |
| Vehicle Registration Number of Driver's Own Vehicle | -<br>-<br>-                                  |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                                  |

#### General Information of the Accident

|                    |                            |
|--------------------|----------------------------|
| Type Of Accident   | COLLISION - CROSS JUNCTION |
| 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?  | 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                       | MARINE PARADE NEIGHBOURHOOD POLICE CENTRE   |
| Police Station Address                    | <b>ROAD:</b> 300 MARINE PARADE ROAD , <b>POSTCODE:</b> 449296 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-4428999 - <b>FAX NO:</b> 62447678                                     |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 6741 5336

#### 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 | UNKNOWN |
| 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)

## Sketch Plan

### SKETCH PLAN

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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:

- (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: perman  
NRIC/FIN No.:

## Sketch Plan #2

### SKETCH PLAN

|  |   |
|--|---|
| <div style="border: 1px solid black; width: 100%; height: 100%; background-image: linear-gradient(to right, transparent 49%, #ccc 49% 51%, #ccc 51% 53%, transparent 53%); background-size: 10px 10px;"></div> | <p><u>Vehicle No</u></p> <p>A - <u>SJG 3252P</u></p> <p>B - <u>UNKNOWN (TAXI)</u></p>   |
|  | <p><u>Legend</u></p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>Vehicle</p> </div> <div style="text-align: center;">  <p>Bike</p> </div> </div> |

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report.

ON REACHING THE YELLOW BOX I STOPPED MY CAR AND GESTURED TO THE TAXI DRIVER TO REVERSE A LITTLE BECAUSE I WAS NOT SURE THE GAP WAS IS ENOUGH FOR ME TO GO THROUGH BUT HE GESTURED BACK TO ME TO GO AHEAD

### DECLARATION

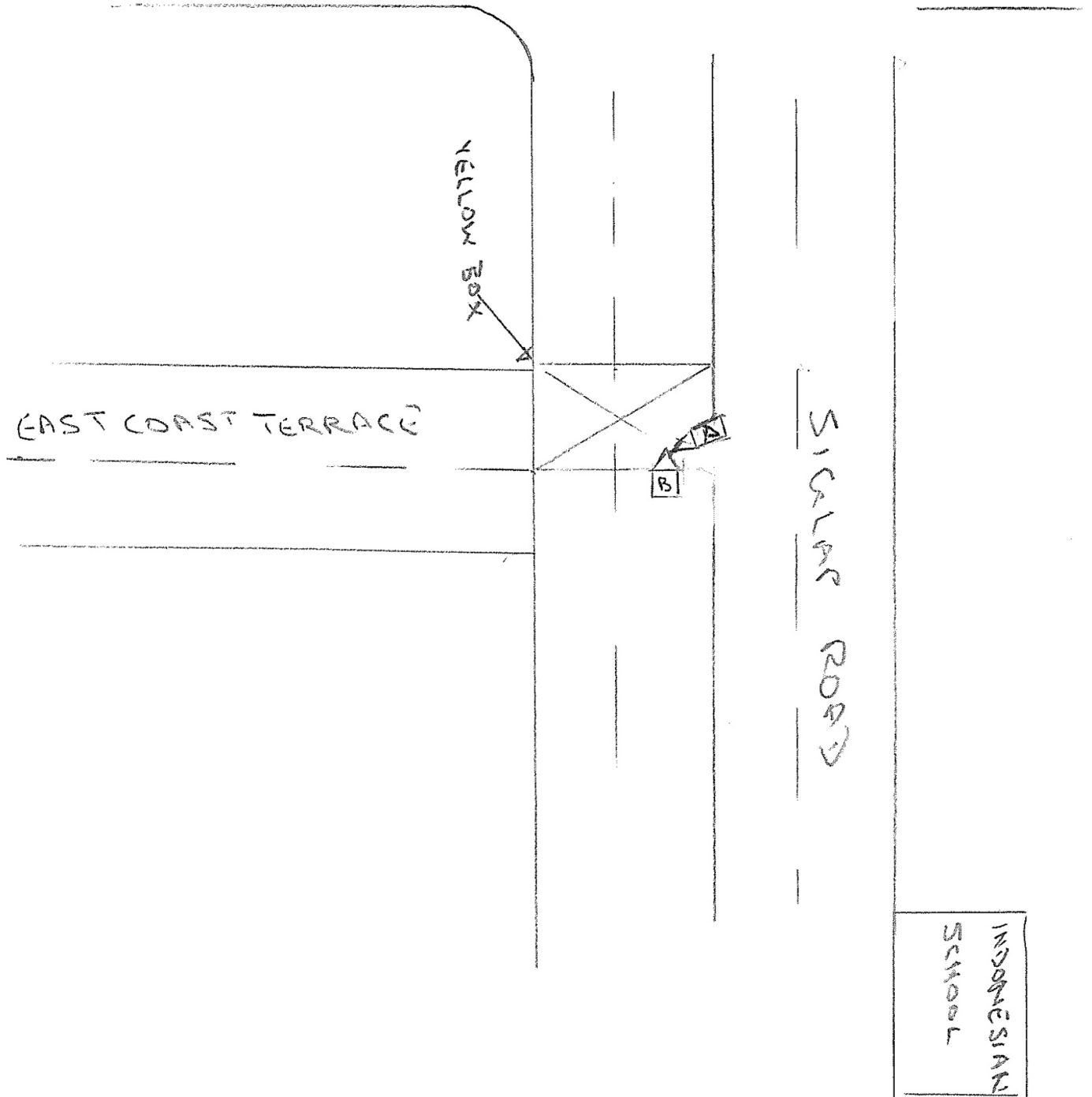
I/We declare the foregoing particulars are true in every respect.  
 Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

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.:

EAST COAST ROAD





**SINGAPORE  
POLICE FORCE**



T/20180315/2147

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

1 of 3

Report No. T/20180315/2147

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                          |
|--|------------------|--------------------------|
| Date/Time Report Made:<br>15/03/2018 18:13 | Vide Report No.: | Station Diary No.:<br>28 |
|--|------------------|--------------------------|

**Informant's Particulars**

|  |            |                              |  |  |                            |
|--|------------|------------------------------|--|--|----------------------------|
| Name of Informant:<br>LIM HUAH THONG     |            |                              | Address:<br>5000B MARINE PARADE ROAD #06-07 SINGAPORE 449285     |  |                            |
| ID Type / ID No.:<br>NRIC NO / S0542911J |            |                              | Contact No.:<br>Home/Office: Mobile: 90996716                    |  |                            |
| Nationality:<br>SINGAPORE CITIZEN        |            |                              | Email:   |  |                            |
| Sex:<br>Male                             | Age:<br>73 | Date of Birth:<br>15/05/1944 | Type of Informant:<br>Driver                                     |  |                            |
| Race:<br>Chinese                         |            |                              | Language:<br>English   |  | Institution / School Name: |
| Occupation:<br>Retiree                   |            |                              | Driving Licence Information:<br>Class: 2B,2A,2,3 Date of Expiry: |  |                            |

**General Information of the Accident**

|   |                      |                                    |  |                                     |
|---|----------------------|------------------------------------|--|-------------------------------------|
| Type of Accident:   | Non-Injury<br>Others | Drink Drive:<br>No                 | Date/Time of Accident:<br>15/03/2018 17:20 | Type of Location:<br>T-Junction     |
| Location:<br>Junction of Road 1 and Road 2<br>SIGLAP ROAD<br>EAST COAST TERRACE<br>No |                      |                                    |  |                                     |
| Weather:<br>Clear   |                      | Road Surface:<br>Dry               |  | Road Speed Limit:                   |
| Traffic Flow:   |                      | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>Heavy            |
| Type of Collision:<br>Side to side  |                      |                                    |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model | Color | Condition        | No of Passenger |
|-------------|------|------|-------|-------|------------------|-----------------|
| SJG3252P    | Car  |      |       |       | Slightly Damaged | 0               |



**SINGAPORE  
POLICE FORCE**



T/20180315/2147

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

2 of 3

Report No. T/20180315/2147

**CONTINUATION OF REPORT**

**Brief Details.**

On 15/03/2018 at about 1720hrs, I was travelling along Siglap Road. During that time, the traffic was heavy. I then approached the T-junction of Siglap Road and East Coast Terrace and noticed that there is a yellow box. However, there is one vehicle inside it. I also noticed a Comfort taxi that was behind the vehicle. However, there is some space between the two vehicles. The taxi bumper is still inside the yellow box.

As I wanted to turn in, the driver of the taxi use his hand gesture and showed me to pass through. I then move forward, following his actions. However, passer-by waved at me to indicate for me to stop my vehicle. By then, it was too late. The front left side of my vehicle hit the front right part of the taxi. I alighted from the vehicle and managed to speak with the taxi driver. He said that he is going to make a report.

I am lodging this report as the other party is going to make a report. Furthermore, the front portion of the taxi was inside the yellow box and he even indicate to me to pass through and caused an accident. No one was injured. I did not take down the details of the taxi driver and the plate number.

9K  
9T  
2C  
4C



**SINGAPORE  
POLICE FORCE**



T/20180315/2147

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

3 of 3

Report No. T/20180315/2147

**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 /  
Staff Sgt MUHAMMAD SHAMIR BIN ZAINAL

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
15/03/2018 18:13

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

Classification Of Case:

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

SIGNATURE

REPUBLIC OF SINGAPORE DRIVING LICENCE

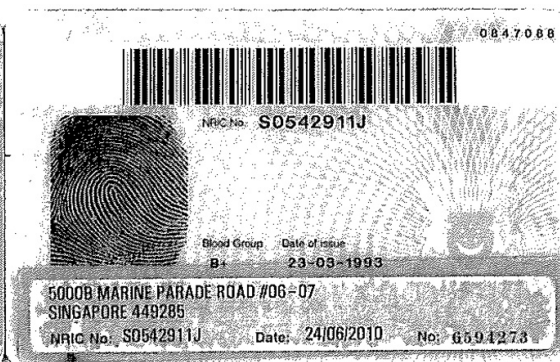
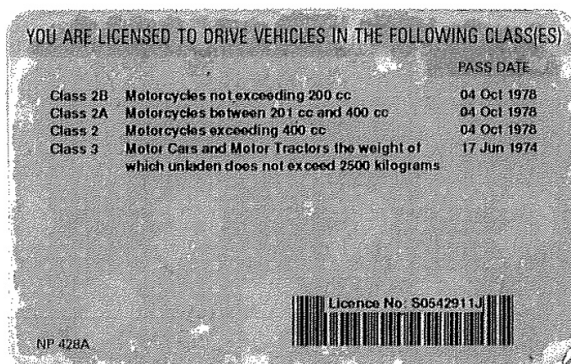
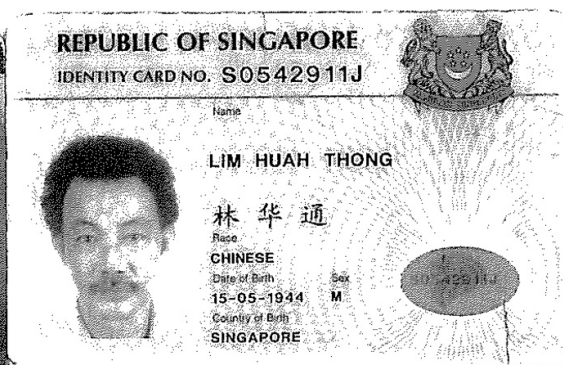
License Number: S0542911J

Name: LIM HUAH THONG

Birth Date: 15 May 1944

Issue Date: 26 May 2003

000510211H



Accident Photo



Accident Photo



Accident Photo





Accident Photo

