

## 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	19/04/2018 10:50
Date Of Accident	19/04/2018 08:05
Exact Location Of Accident	DUNEARN ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE2530S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JOHN LIM WENG FAI
NRIC No	S1404564C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96826687
Alternative Phone No	OFFICE-96826687

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	SLK

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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA164970/1
Cover Note Number	

### Driver

Name of Driver	JOHN LIM WENG FAI
NRIC No	S1404564C
Date Of Birth	20/03/1960
Occupation	INDOOR
Date Of Driving Pass	15/01/1997
Driving Experience	21 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96826687
Fax Number	
Contact Number	OFFICE-96826687
Email Address	NOEMAIL

Address	36 ALMOND AVENUE
Postcode	677713
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	CHAIN COLLISION
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 42 FAJAR ROAD , <b>POSTCODE:</b> 679005 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8929999 - <b>FAX NO:</b> 67673650
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER POLICE REPORT NO: T/20180419/2072. AT APPROXIMATELY 0805 HRS ON 19 APR 2018, ALONG DUNEARN ROAD TRAFFIC WAS HEAVY AND SLOW. I WAS IN THE RIGHT LANE. ROAD SURFACE WAS DRY CLEAR VISION. TRAVELLING AT (60KM/HR). I HEARD A LOUD SOUND FROM THE FRONT, THEN I COLLIDED WITH THE CAR B (SLQ9887S) IN FRONT. NO PASSENGER INJURIES. WE EXCHANGED DETAILS. I GO TO CYCLE & CARRIAGE WORKSHOP FOR REPORTING. NO ROAD DAMAGED. AFTER I MAKE THE ACCIDENT CLAIM REPORT TO CNC PANDAN LOOP. I WENT BACK TO WORK. I ALSO RECEIVED CALL AT ABOUT 1241HRS FROM TP OFFICER WHO INFORMED ME THAT SOMEONE FROM THE 2ND CAR HAS BEEN HOSPITALIZED AND WAS ADVISED TO LODGE AN TRAFFIC ACCIDENT REPORT.

#### 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	SLQ9887S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG TING SOEN ALVIN
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                      SHB8895B  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category                                      TAXI  
Name of Driver                                         SEE GEE HUAT  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN

#### 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.
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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  
Name: Alan Quek  
NRIC/FIN No.:

# Sketch Plan #2

## SKETCH PLAN

(A) SKE 25305

(B) SLQ 98875

(C) SHB 8895B



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT APPROXIMATELY 0805 HRS, 19/4/18, ALONG SUNSHINE ROAD  
TRAFFIC WAS HEAVY/SLOW.  
I WAS IN THE RIGHT LANE. ROAD SURFACE WAS DRY.  
CLEAR VISION. TRAVELLING AT 60 km/hr. I HEARD  
A LOUD SOUND FROM THE FRONT. THEN I COLLIDED  
WITH THE CAR IN FRONT. (0805 HRS) - SLQ 98875  
AND A SECOND SOUND WAS HEARD.  
STOP ENGINE. GOT OUT OF CAR. ALL DRIVERS/  
PASSENGERS INVOLVED CALM. NO PHYSICAL  
INJURY. EXCHANGED DETAILS.  
DROVE TO CYCLE/CARWASH WORKSHOP FOR  
REPORTING.  
NO ROAD DAMAGE NOTED.

## DECLARATION

We declare the foregoing particulars are true in every respect.

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

Policyholder's Signature  
Date & Time

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

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

19/04/18



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

15 Jan 1997

FOR C&C USE ONLY

NP 428A





# Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



T/20180419/2072

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

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Report No. T/20180419/2072

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/04/2018 15:01		Vide Report No.:		Station Diary No.: 85
<b>Informant's Particulars</b>				
Name of Informant: JOHN LIM WENG FAI		Address: 36 ALMOND AVENUE SINGAPORE 677713		
ID Type / ID No.: NRIC NO / S1404564C		Contact No.: Home/Office: Mobile: 96826687		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 58	Date of Birth: 20/03/1960	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: DOCTOR		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: 19/04/2018 08:05	Type of Location: Straight Road
Location: Along Road 1 DUNEARN ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 40 Km/h		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
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
SHB8895B	Car				Slightly Damaged	4
SKE2530S	Car	MERCEDES BENZ	SLK 200	Grey	Slightly Damaged	0
SLQ9887S	Car				Seriously Damaged	1

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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# Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



T/20180419/2072

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

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Report No. T/20180419/2072

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKE2530S	AXA INSURANCE SINGAPORE PTE LTD	GA164970	20/02/2018	19/02/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JOHN LIM WENG FAI		ID No. S1404564C
Related Vehicle	SKE2530S (Car)		Contact No. 96826687
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

### Brief Details.

On 19 April 2018 at about 0805hrs, I was driving my vehicle (SKE2530S) along Dunearn Road and was on the extreme right lane. As I was driving I suddenly heard a loud sound coming from in front and I also had tried to apply my brake however did not manage to avoid the collision on the front car (SLQ9887S). It was a chain collision accident involving 3 cars. My vehicle (SKE2530S) was the 3rd car followed by the 2nd car (SLQ9887S) and lastly the first car (SHB8895B). Due to the accident, the 1st car suffered slight damages to the rear bumper while the 2nd car suffered serious damages to the back bumper area and also the front bumper had slight damage. On the other hand, my car suffered slight damages to the front bumper. At that moment of time no one had any known injuries and all parties agreed to go our separate ways after we have exchange particulars. I also wish to state that no TP nor ambulance at scene. I also did not have any inbuilt video recorder. On the same day, I also received call at about 1241hrs from TP officer who informed me that someone from the 2nd car has been hospitalized and was advised to lodge a traffic accident report.



Accident Sketch Plan



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999



T/20180419/2072

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Report No. T/20180419/2072

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/  
Staff Sgt NIAZ MOHAMED GHAZALI

Signature Of Interpreter:  
Not applicable

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

SN 117

Authentication Stamp

NP168

Singapore Police Force

Signature Of Informant:

Date/Time:  
19/04/2018 15:01

Classification Of Case:

Accident Photo



**Accident Photo**





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





## Driving License





Accident Photo





Accident Photo





# Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 - 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MCL418051712 Vehicle Registration No : SKE2530S  
Name (as shown in NRIC) : Dr John Lim Way Fai NRIC/FIN/Passport No : S1404564C  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 96826687  
Email Address : \_\_\_\_\_  
Date of Accident : 19/04/18 Time of Accident : 08:05 am  
Place of Accident : Dunearn Road  
Insurance Company : AXA Insurance

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1620 hrs AFTER I MADE THE ACCIDENT CLAIM REPORT TO CYBER/CAER 180 PANJAN HOSP. I WENT BACK TO WORK. SAW MY COLLEAGUE (DR ANGELENE WEE, FAMILY PHYSICIAN) FOR DECKACHE. OFFERED MC BUT DECIDED. AT 1241 HRS. A TRAFFIC POLICE OFFICER CALLED AND SAID SOMEONE IN THE CAR I HIT (SLO 8889S) HAS BEEN HOSPITALIZED AND I AM TO MAKE A POLICE REPORT. AT THE TIME OF ACCIDENT, NO ONE CLAIMED ANY INJURY AND ALL WAS WELL. I WAS ONLY INFORMED OF THE INJURY BY THE TRAFFIC POLICE. AT 1241 HRS.

Policyholder / Driver's Signature  
Date: 19/4/18

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

I AM LEAVING DECKACHE WORK AND GOING BACK TO RAFFLES HOSPITAL FOR ANOTHER CONSULTATION