

## 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	14/05/2018 13:43
Date Of Accident	11/05/2018 21:55
Exact Location Of Accident	PIE (CHANGI) AT JALAN EUNOS EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL2890R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LU YIWEI
NRIC No	S7885618A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93862809
Alternative Phone No	OFFICE-93862809

### Vehicle Particulars

Manufacturer	AUDI
Model	Q5 2.0 TFSI QUATTRO (EU6)
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	DMPCSN1673681701
Cover Note Number	

### Driver

Name of Driver	YU JINHUA
NRIC No	S7979669G
Date Of Birth	21/12/1979
Occupation	INDOOR
Date Of Driving Pass	13/11/2008
Driving Experience	9 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90886056
Fax Number	
Contact Number	OFFICE-90886056
EEmail Address	NOEMAIL

Address	766 BEDOK RESERVOIR ROAD #13-20
Postcode	479248
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	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	4
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	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 30 BEDOK NORTH ROAD , <b>POSTCODE:</b> 469676 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2449999 - <b>FAX NO:</b> 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180512/2042.

#### 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	SLH6740Z
Vehicle Make/Model/Colour	HONDA
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 SHC6218P  
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 SKX2179Z  
Vehicle Make/Model/Colour TOYOTA  
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 YU JINHUA  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SKL2890R  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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:  
NRIC/FIN No.:

## Accident Sketch Plan

### SKETCH PLAN

↑

C

B

A

D

A = SKL 2890R

B = SLH 6740Z

C = SHC 6218P

D = SKX 2179Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

NO. 7/20180512/2042

## 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: \_\_\_\_\_

Date & Time: 12 May 2018 12:30 pm.

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

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180512/2042

1 of 4

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

Report No: T/20180512/2042

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/05/2018 11:03		Vide Report No.: G/20180511/0240		Station Diary No.: 46	
<b>Informant's Particulars</b>					
Name of Informant: YU JINHUA			Address: 766 BEDOK RESERVOIR ROAD #13-20 SINGAPORE 479248		
ID Type / ID No.: NRIC NO / S7979669G			Contact No.: Home/Office: Mobile: 9088 6056		
Nationality: CHINESE			Email:		
Sex: Female	Age: 38	Date of Birth: 21/12/1979	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: ENGINEERING MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/05/2018 21:55	Type of Location: EXPRESSWAY
Location: Along Road 1 PAN ISLAND EXPRESSWAY TOWARDS CHANGI AT EUNOS EXIT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC6218P	TAXI	KIA		Silver		0
SKL2890R	Car	AUDI		Black	Seriously Damaged	0
SKX2179Z	Car	TOYOTA		Grey		0
SLH6740Z	Car	HONDA	/	Blue		1

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180512/2042

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

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Report No. T/20180512/2042

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	FOO KUEK CHONG	ID No.	S6910333B
Related Vehicle	SHC6218P (TAXI)	Contact No.	9657 1863
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	YU JINHUA	ID No.	S7979669G
Related Vehicle	SKL2890R (Car)	Contact No.	9088 6056
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	LIM JUN WEI	ID No.	S9119904A
Related Vehicle	SKX2179Z (Car)	Contact No.	8222 8242
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/20180512/2042

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Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

Report No. T/20180512/2042

### CONTINUATION OF REPORT

Driver			
Name	YEAP CHOON LEONG	ID No.	S9079989D
Related Vehicle	SLH6740Z (Car)	Contact No.	9488 2952
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 11/05/2018 at about 2155hrs, I was driving my black Audi car bearing registration number SKL2890R along PIE heading towards Changi Airport along lane 1 and I had no passenger onboard. As I was approaching Eunus exit, the vehicle in front of mine, one grey Toyota car bearing registration number SKX2179Z, suddenly jammed brake. I applied on my brakes immediately and was able to avoid collision with SKX2179Z however the vehicle behind mine, one blue Honda car bearing registration number SLH6740Z, was not able to brake in time and hit the rear of my car. The impact of the collision from the 3rd car, SLH6740Z, on my car was strong which caused my car to move forward and hit the 1st car, SKX2179Z. Shortly after, another vehicle, one silver Kia taxi bearing registration number, SHC6218P, hit the 3rd car and the impact from that collision also caused my car to move forward again.

All the drivers of the vehicles involved in the accident alighted from own vehicles and communicated with one another. We exchanged particulars and took photographs of the damages on our vehicles. As nobody complained of any serious injury, ambulance was not called. One LTA officer came to accident scene and assisted to manage the accident. My car as well as the 3rd car were towed to a nearby carpark at Blk 110 Bedok North Road before Traffic Police came to the scene.

The driver of the 1st car and the taxi driver left the accident scene after we exchanged particulars.

I will be seeing a doctor later in the afternoon after this Police report.

Police Report



SINGAPORE  
POLICE FORCE



T/20180512/2042

Police Station Of Origin:  
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30 Bedok North Road SINGAPORE 469676  
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Report No. T/20180512/2042

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 /

Sr Staff Sgt NADIYAH BINTE BASA

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/05/2018 11:03

Officer In Charge Of Case:

TP / GIT /

Sgt 3 RASHIDAH BINTE AZMAN

Contact No.: 65476216

Classification Of Case:



SINGAPORE  
POLICE FORCE

Authentication Stamp

NP168

SIGNATURE

Accident Photo



**Accident Photo**



Accident Photo



Accident Photo



**Accident Photo**



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