

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	17/05/2018 19:24
Date Of Accident	17/05/2018 09:10
Exact Location Of Accident	EAST COAST PARK SERVICE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFR8068L
Insured/Policyholder	
Name Of Registered Owner	LAM HOI PENG(LIN KAI BIN)
NRIC No	S7697249D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94520666
Alternative Phone No	OFFICE-94520666

Vehicle Particulars

Manufacturer	AUDI
Model	Q5 3.2
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	LAM KAI JUN
NRIC No	S8136209B
Date Of Birth	30/10/1981
Occupation	INDOOR
Date Of Driving Pass	16/12/2000
Driving Experience	17 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94520666
Fax Number	
Contact Number	

Address
Postcode
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured SIBLING
Vehicle Registration Number of Driver's Own Vehicle -
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? 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 10 UBI AVENUE 3
Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN

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 GBE7515K
Vehicle Make/Model/Colour PEUGEOT
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver CHEONG YI MING EDMUND
NRIC/Passport Number S8023212H
Contact Number 81124048
Address
Postcode
Insurance Company Name
Nature Of Damage

No. Of Passenger (Including Driver)

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:

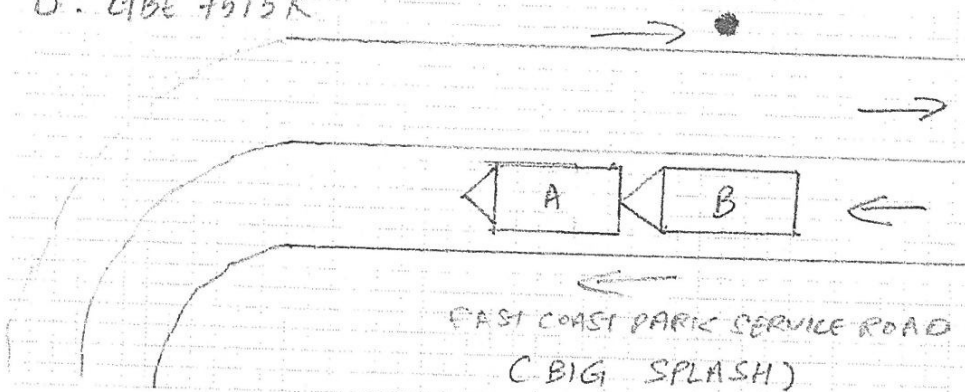
Reporting Centre Personnel's Signature
Name: M. S. S. S.
NRIC/FIN No.:

SKETCH PLAN

A: SFR 8068L

B: GBE 7515K

Lamp Post 63



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17th May 2018 at about 9-08am, my vehicle SFR 8068L was traveling at slow speed on East Coast Park Service Road due to heavy traffic conditions when I felt an impact on the rear of my vehicle. I proceed to disembark and saw that commercial vehicle GBE 7515K has hit the rear of my vehicle.

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: *[Signature]*
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**

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



T/20180517/7004

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Report No. T/20180517/7004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/05/2018 15:27		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: LAM KAIJUN		Address: 46 EASTWOOD DRIVE SINGAPORE 486141	
ID Type / ID No.: NRIC NO / S8136209B		Contact No.: Home/Office: Mobile: 94520666	
Nationality: SINGAPORE CITIZEN		Email: kaijunlam@gmail.com	
Sex: Male	Age: 36	Date of Birth: 30/10/1981	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Company director		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/05/2018 09:08	Type of Location: Straight Road
Location: EAST COAST PARK SERVICE ROAD East Coast Park Service Road, Lamp Post 63 near Big Splash Lamp Post Number: 63				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage 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
GBE7515K	Van	PEUGEOT		Silver		0
SFR8068L	Car	AUDI	Q5 3.2	Black	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SFR8068L	TENET SOMPO INSURANCE PTE. LTD.	D17MTPV0101129 3	31/07/2017	10/08/2018



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Tel No: 65470000



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Report No. T/20180517/7004

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver		Use of Pedestrian Crossing: NA	
Name	CHEONG YI-MING EDMUND	ID No.	S8023212H
Related Vehicle	GBE7515K (Van)	Contact No.	81124048
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	LAM KAIJUN	ID No.	S8136209B
Related Vehicle	SFR8068L (Car)	Contact No.	94520666
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	17/05/2018	Date Discharge	17/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	LO CHAN	ID No.	S8683924E
Related Vehicle	SFR8068L (Car)	Contact No.	85333191
Hospital/Clinic	FAMILY MEDICINE CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/05/2018	Date Discharge	17/05/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

On 17th May 2018 at about 9.08am, my vehicle SFR8068L was travelling at slow speed on east coast park service due to heavy traffic when I felt an impact on the rear of my vehicle. I proceed to disembark my vehicle and saw that commercial vehicle GBE7515K has hit the rear of my vehicle. I checked the damage, got the particulars for driver of GBE7515K and proceeded to move on with our journey. My passenger Lo Chan and I felt a little giddy shortly after the accident so we decided to individually see a general practitioner to make sure there are no late appearing injuries due to the accident. Doctors subsequently issued 3 days MC for me and 2 days MC for my passenger to rest. I have in-vehicle front and rear camera that capture the entire accident. My insurance require me to make lodge this report for



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T/20180517/7004

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Report No. T/20180517/7004

CONTINUATION OF REPORT

insurance purposes.



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Report No. T/20180517/7004

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/05/2018 15:27
Officer In Charge Of Case: TP / TPB / KASMAWATI BTE SAMIAN Contact No.: 65476179	Classification Of Case:
Authentication Stamp NP168	