

## 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	25/05/2018 11:55
Date Of Accident	24/05/2018 15:40
Exact Location Of Accident	JOHOR CAUSEWAY TWDS JB CHECKPOINT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY790M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR TAN LIAN WHATT
NRIC No	S1551057I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91711622
Alternative Phone No	OFFICE-91711622

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PICNIC AUTO W/O ROOF RACK
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	DMPCSN3072511700
Cover Note Number	-

### Driver

Name of Driver	LEE BEE LIAN ANNA
NRIC No	S6836292Z
Date Of Birth	24/10/1968
Occupation	INDOOR
Date Of Driving Pass	08/12/1986
Driving Experience	31 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90223935
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 544 AMK AVE 10 #06-2282
Postcode	560544
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?	YES
Foreign Vehicle Registration Number	JSK7324 (BUS)
Number of vehicles involved in the accident	3
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	KAMPONG GLAM NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> 17A BEACH ROAD , <b>POSTCODE:</b> 199596 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2989999 - <b>FAX NO:</b> 62936498
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AFTER PASS THE WOODLANDS CUSTOM, I WAS DRIVING ON THE JOHOR CAUSEWAY TWDS JB CHECKPOINT ON THE EXTREME LEFT LANE. WHILE ALL VEH SLOWLY MOVING DUE TO TRAFFIC CONGESTED, ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AWHILE LATER, I FELT SECOND IMPACT AGAIN. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED I WAS INVOLVED IN A 3 CAR CHAIN COLLISION ACCIDENT, VEH B (SJK6629X) HIT ONTO MY VEH REAR PORTION. THERE WAS ANOTHER THIRD VEH WHICH WAS A MALAYSIA BUS (JSK7324) HIT ONTO VEH B REAR PORTION.

#### 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	SJK6629X
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 JSK7324  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category BUS  
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 LEE BEE LIAN ANNA  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SGY790M  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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 Signature  
Name:  
NRIC/FIN No.:

## Accident Sketch Plan

### SKETCH PLAN

Diagram illustrating the accident sketch plan on a grid. The plan shows a vertical line with three points labeled A, B, and C. To the right of the grid, the following information is written:

A = SGY 790 M  
B = SJX 6629 X  
C = JSK 7324

Johor Causeway twds JB checkpoint.

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

### 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/20180525/2082

1 of 4

Police Station Of Origin:  
Kampong Glam NPP  
17A Beach Road SINGAPORE 199596  
Tel No: 1800-2989999

Report No: T/20180525/2082

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/05/2018 14:23	Vide Report No.:	Station Diary No.: 36
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### Informant's Particulars

Name of Informant: LEE BEE LIAN ANNA			Address: APT BLK 544 ANG MO KIO AVENUE 10 #06-2282 SINGAPORE 560544	
ID Type / ID No.: NRIC NO / S6836292Z			Contact No.: Home/Office:	Mobile: 90223935
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 49	Date of Birth: 24/10/1968	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: PROJECT RELATION MANAGER			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: 24/05/2018 15:50	Type of Location: Straight Road
Location: Along Road 1 BUKIT TIMAH EXPRESSWAY				
Along Johor Causeway before Johor Bahru Checkpoint on extreme left lane				
Weather:		Road Surface: Dry	Road Speed Limit: 50 Km/h	
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
JSK7324	Bus/Coach/Minibus	YUTONG	ZK6126HG	Yellow	Slightly Damaged	20
SGY790M	Car	TOYOTA	PICNIC AUTO W/O ROOF RACK	Blue	Slightly Damaged	0
SJK6629X	Car	MERCEDES BENZ	S300L	Black	Slightly Damaged	0

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180525/2082

2 of 4

Police Station Of Origin:  
Kampong Glam NPP  
17A Beach Road SINGAPORE 199596  
Tel No: 1800-2989999

Report No. T/20180525/2082

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	MOK THIN LOY	ID No.	F1488105X
Related Vehicle	JSK7324 (Bus/Coach/Minibus)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	LEE BEE LIAN ANNA	ID No.	S6836292Z
Related Vehicle	SGY790M (Car)	Contact No.	90223935
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
<b>Driver</b>			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SJK6629X (Car)	Contact No.	81253636
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 abovementioned date, time and location, while driving along the Johor Causeway on the extreme left lane, while driving very slowly, I had to brake my vehicle (SGY790M) as I was in a jam. Suddenly, I felt an impact to the rear of my vehicle, and subsequently a second impact. I exited the vehicle and discovered that two subsequent vehicles behind me had collided into my car. The first vehicle behind me is SJK6629X and the second vehicle is JSK7324.

The rear bumper of my vehicle was shifted out of position and the rear door was knocked out.

**POLICE REPORT**



**SINGAPORE  
POLICE FORCE**



T/20180525/2082

3 of 4

Police Station Of Origin:  
Kampong Glam NPP  
17A Beach Road SINGAPORE 199596  
Tel No: 1800-2989999

Report No. T/20180525/2082

CONTINUATION OF REPORT

I am lodging this report for insurance purposes.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180525/2082

4 of 4

Police Station Of Origin:  
Kampong Glam NPP  
17A Beach Road SINGAPORE 199596  
Tel No: 1800-2989999

Report No. T/20180525/2082

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:

A /

Sgt 2 POON HONG PIN JAMES *JHP*

Signature Of Informant:

*[Handwritten signature]*

Signature Of Interpreter:

Not applicable

Date/Time:

25/05/2018 14:23

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65475430

Classification Of Case:

Authentication Stamp

NP165

*JHP*

DRIVING DOC

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6836292Z



Name  
LEE BEE LIAN ANNA



李美蓮

CHINESE  
Date of Birth: 24-10-1968 Sex: F  
Country of Birth: SINGAPORE

S6836292Z

0249338



NRIC No: S6836292Z

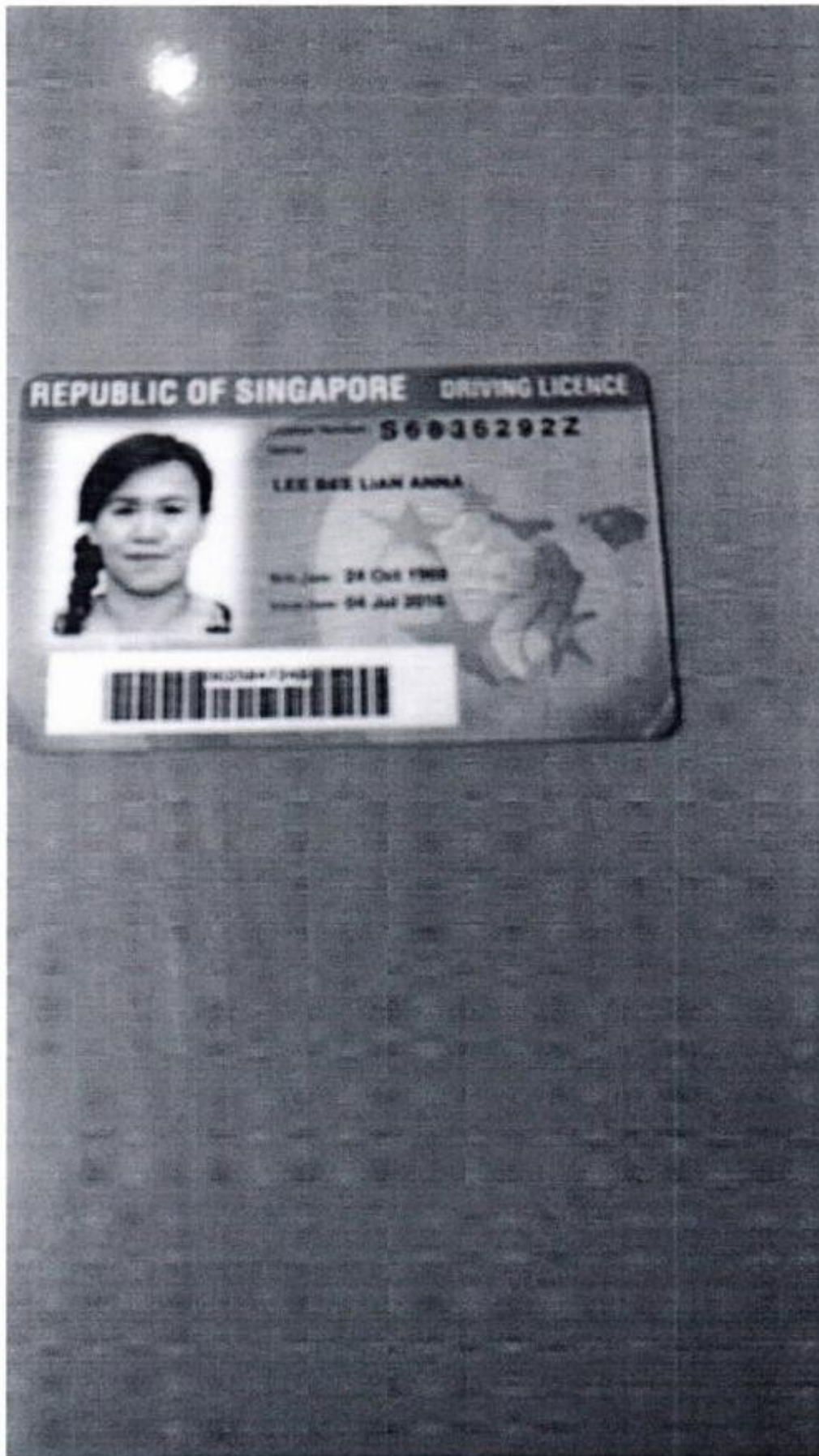


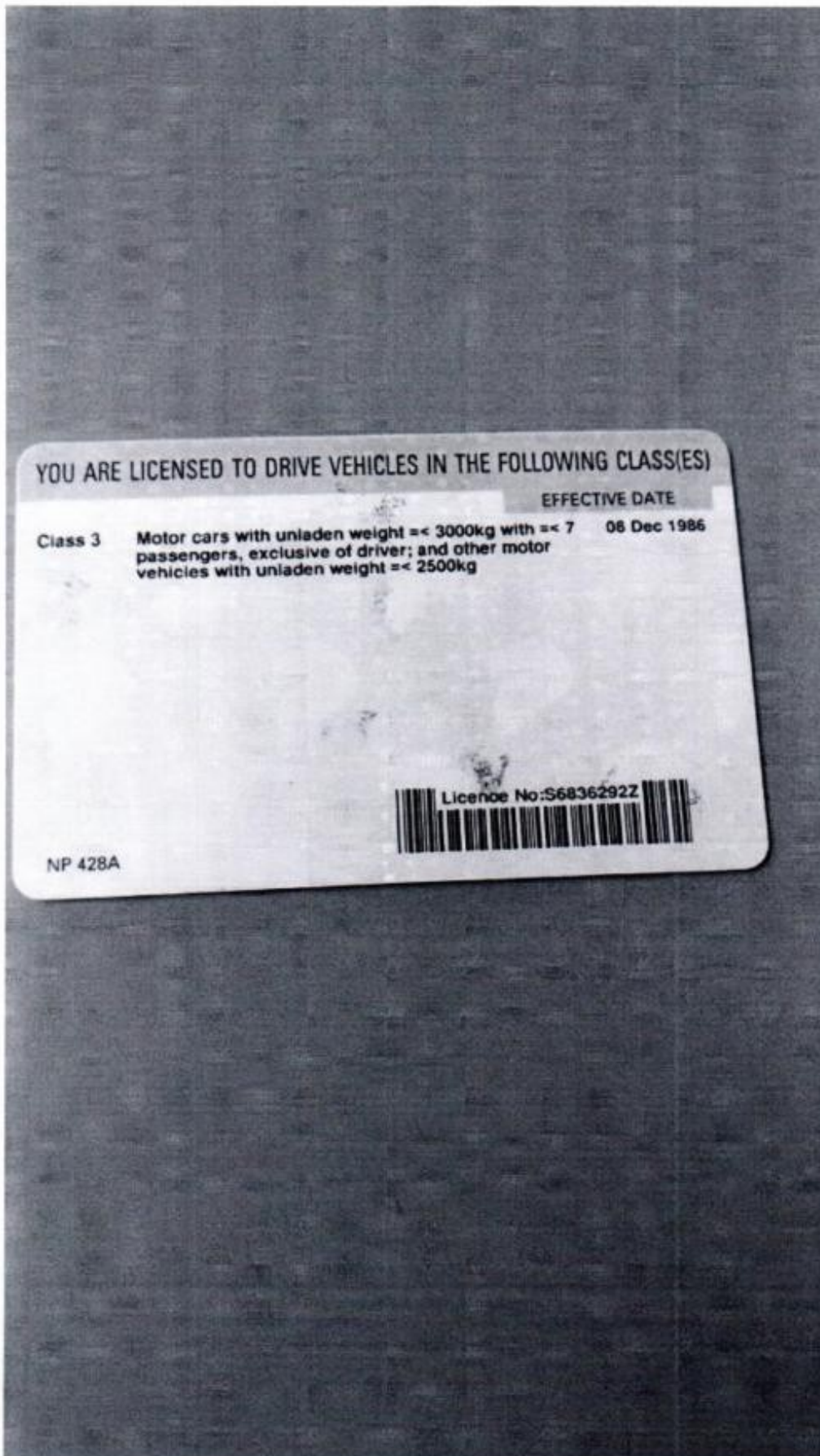
Blood Group: O+ Date of issue: 12-02-1992

APT BLK 544 ANG MO KIO AVENUE 10 #08-2282  
SINGAPORE 560544

NRIC No: S6836292Z Date: 19-07-2002 No: 4338770

DRIVING DOC





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

