

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	02/06/2018 10:03
Date Of Accident	01/06/2018 21:45
Exact Location Of Accident	PIE TWDS CHANGI AIRPORT B4 EUNOS EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM9304C
Insured/Policyholder	
Name Of Registered Owner	CARSONRENT
Co Reg No	53320759B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93897018
Alternative Phone No	OFFICE-93897018

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 2.0L MIVEC GT 5M/T
Exact Purpose for which vehicle was being used at time of accident	WORK
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095398310
Cover Note Number	

Driver

Name of Driver	LIM JIAN LONG
NRIC No	S8712826A
Date Of Birth	13/05/1987
Occupation	OUTDOOR
Date Of Driving Pass	24/09/2013
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93897018
Fax Number	
Contact Number	OTHERS-93897018
EEmail Address	NOEMAIL

Address	BLK 170 LORONG 1 TOA PAYOH #07-1124
Postcode	310170
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180602/2005

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	SHD9760P
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 SKN1613X
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 INJURED PERSON 1

Name LIM JIAN LONG
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SJM9304C
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address
Postcode

Sketch Plan

SKETCH PLAN

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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.:

20180606/0606/0606_V2

Sketch Plan #2

SKETCH PLAN

A → SJM9304c
 B → SHD9760P
 C → SEN1613X



PIE TOWARDS CHANAI BEFORE EVINOS EXIT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
 1/20180602/2005

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.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180602/2005

2 of 4

Report No. T/20180602/2005

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LER SAY SHING	ID No.	S7615240C
Related Vehicle	SHD9760P (Taxi)	Contact No.	91713038
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	LIM JIAN LONG	ID No.	S8712826A
Related Vehicle	SJM9304C (Car)	Contact No.	93897018
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	02/06/2018	Date Discharge	02/06/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	ZHANG DENGKE	ID No.	S8809616I
Related Vehicle	SKN1613X (Car)	Contact No.	97555219
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 01/06/2018 at about 2145hrs, I was driving my vehicle bearing registration no.SJM9304C along PIE towards Changi Airport before Eunos exit. I was driving on the first lane. Subsequently, the vehicle bearing registration no.SKN1613X which was travelling in front of me applied his brake. As such, I applied my brakes. Suddenly, the vehicle bearing registration no.SHD9760P which was travelling behind me collided with the rear portion of my car. The impact caused my car to jerk forward and collide with the car in front of me. All parties alighted our vehicles and exchanged particulars.

My two passenger informed that they were not injured. My vehicle suffered damages to the front and rear



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Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

portion of my car. My in-vehicle camera was not in recording mode at the point of time. I felt pain on my neck and shoulder as such I went to Mount Alvernia Hospital seek medical attention and I was given 5 days of MC.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



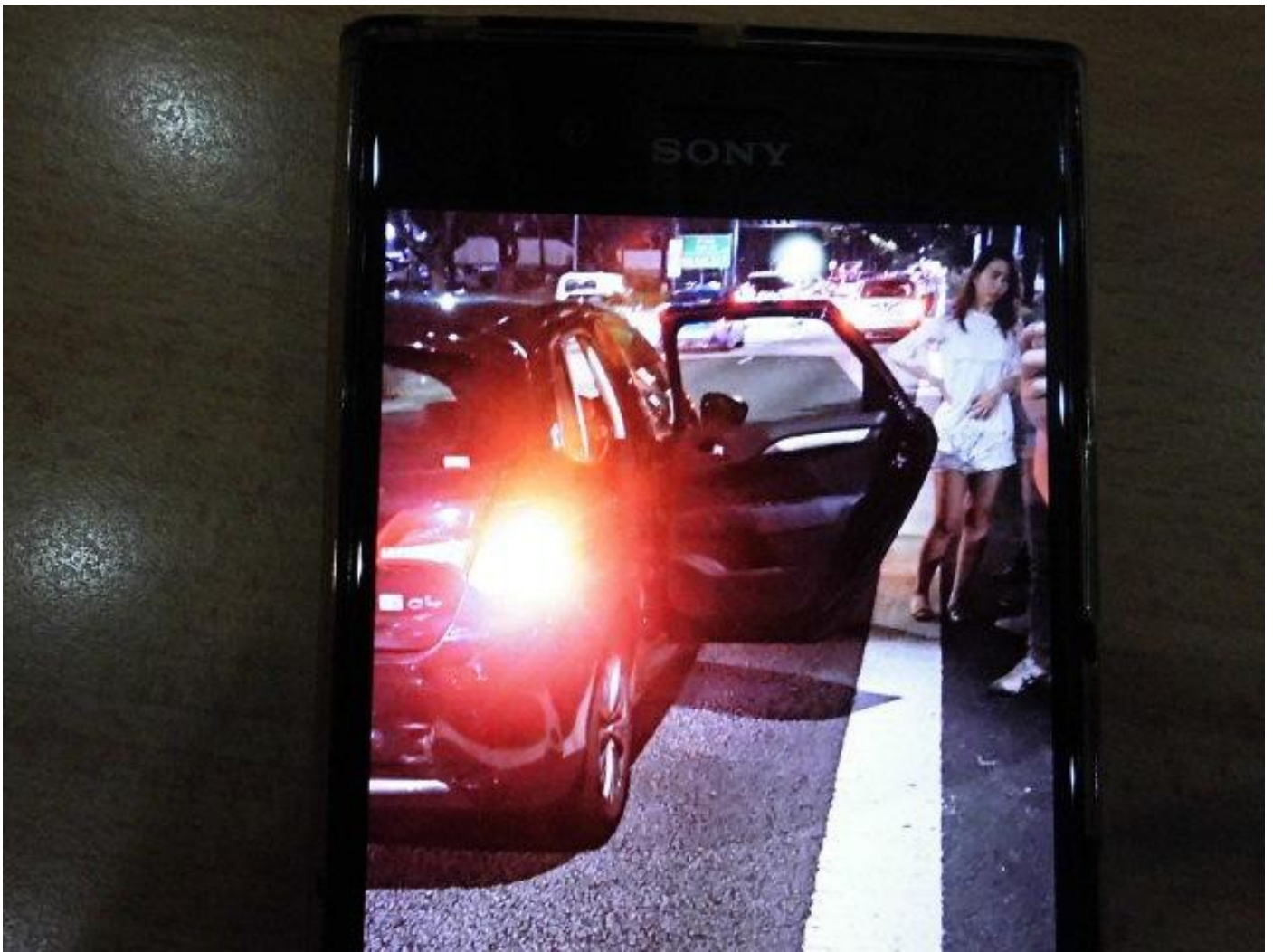
Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180602/2005

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93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20180602/2005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/06/2018 02:10	Vide Report No.:	Station Diary No.: 25
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Informant's Particulars			
Name of Informant: LIM JIAN LONG		Address: APT BLK 170 LORONG 1 TOA PAYOH #07-1124 SINGAPORE 310170	
ID Type / ID No.: NRIC NO / S8712826A		Contact No.: Home/Office: Mobile: 93897018	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 31	Date of Birth: 13/05/1987	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/06/2018 21:45	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
Along PIE towards Changi Airport, before Eunos exit.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage 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
SHD9760P	Taxi	RENAULT		Red	Slightly Damaged	0
SJM9304C	Car	MITSUBISHI	Lancer	Grey	Slightly Damaged	2
SKN1613X	Car	CITROEN		Black	Slightly Damaged	4

Police Report



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Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
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Related Vehicle	SHD9760P (Taxi)	Contact No.	91713038
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	LIM JIAN LONG	ID No.	S8712826A
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Date Treatment	02/06/2018	Date Discharge	02/06/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	ZHANG DENGKE	ID No.	S8809616I
Related Vehicle	SKN1613X (Car)	Contact No.	97555219
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

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Police Report



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Report No. T/20180602/2005

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:

E /

Staff Sgt MUHAMMAD AFIQ BIN SAIFUL
BAHRY

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/06/2018 02:10

Officer In Charge Of Case:

TP / AEIT /

SSI KASMAWATI BTE SAMIAN

Contact No.: 65476179

Classification Of Case:

Authentication Stamp

NP168