# 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 witholding 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 | 11/06/2018 17:37 |
| Date Of Accident | 08/06/2018 09:30 |
| Exact Location Of Accident | SERANGOON ROAD TOWARDS POTONG PASIR |
| Country/State of Loss | SINGAPORE |
| **DETAILS OF OWN VEHICLE** | |
| Vehicle Registration Number | SGJ8781R |
| **Insured/Policyholder** | |
| Name Of Registered Owner | LIM CHUQIANG |
| NRIC No | S9124418G |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-81337057 |
| Alternative Phone No | OTHERS-81337057 |
| **Vehicle Particulars** | |
| Manufacturer | HONDA |
| Model | CIVIC |
| 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 | REPORTING ONLY |
| Vehicle Category | PRIVATE CAR |
| **Insurance Company** | |
| Name of Insurance Company | LONPAC INSURANCE BHD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | Z17VP05016593 |
| Cover Note Number | |
| **Driver** | |
| Name of Driver | LIM CHUQIANG |
| NRIC No | S9124418G |
| Date Of Birth | 15/07/1991 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 14/12/2010 |
| Driving Experience | 7 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-81337057 |
| Fax Number | |
| Contact Number | OTHERS-81337057 |
| EMail Address | NOEMAIL |

| | |
|---|---|
| Address | 50 SELETAR HILLS DRIVE |
| Postcode | 807065 |
| 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 | -<br>-<br>- |
| Insurance Company of Driver's Own Vehicle | -<br>-<br>- |

**General Information of the Accident**

| | |
|---|---|
| Type Of Accident | COLLISION - HEAD TO REAR |
| Weather Conditions | RAINING |
| Road Surface | WET |

**Other Information**

| | |
|---|---|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | 2 |
| Was any body injured in the Accident? | NO |
| 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 | TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY |
| Police Station Address | **ROAD**: 10 UBI AVENUE 3 , **POSTCODE:** 408865 , **COUNTRY**: SINGAPORE |
| Police Station Contact | **TEL NO**: 65470000 - **FAX NO**: |
| Was notice of intended Prosecution given? | NO |
| If Yes,against whom? | |

**Circumstances of Accident**

PLEASE REFER TO POLICE REPORT T/20180608/2087 AND T/20180611/2098

**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 | SGY7368D |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | CHONG SOO JIA, HAZEL |
| NRIC/Passport Number | S8324623E |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

| | |
|---|---|
| No. Of Passenger (Including Driver) | 2 |

Passenger 1

NAME: :

GENDER: :

## 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**.
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 liability**.
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.

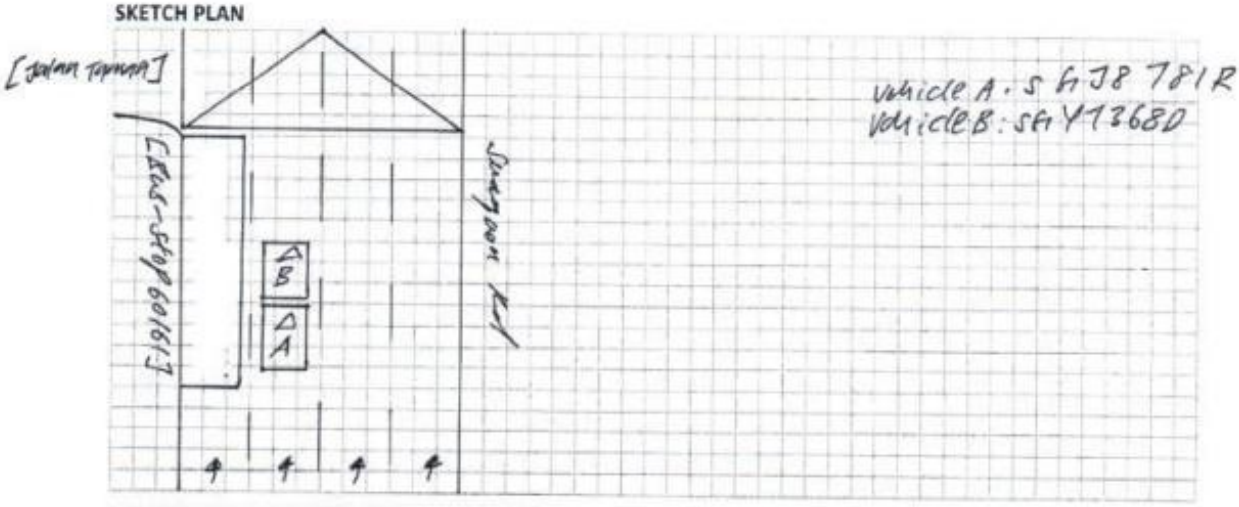
Policyholder's Signature
Date & Time:

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

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

**Accident Sketch Plan**

**SKETCH PLAN**




**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to police report. T/20180608/2087 & T/20180611/2098

**DECLARATION**

I/We declare that 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:
11/06/2018
Name:
NRIC/FIN No.:

GIARS-E SketchPlanForm_V2

**POLICE REPORT**

SINGAPORE POLICE FORCE

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 68470000

1 of 4

Report No. T20180608/2067

REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: | Vide Report No.: | Station Diary No.: |
|---|---|---|
| 08/06/2018 14:50 | | |

**Informant's Particulars**

| | | | |
|---|---|---|---|
| Name of Informant:<br>LIM CHUQIANG | | | Address:<br>APT BLK 50 SELETAR HILLS DR SELETAR HILLS ESTATE SINGAPORE 807065 |
| ID Type / ID No.:<br>NRIC NO / S9124418G | | | Contact No.:<br>Home/Office: Mobile: 81337057 |
| Nationality:<br>SINGAPORE CITIZEN | | | Email: |
| Sex:<br>Male | Age:<br>26 | Date of Birth:<br>15/07/1991 | Type of Informant:<br>Driver |
| Race:<br>Chinese | | | Language: Institution / School Name: |
| Occupation:<br>Interior designer | | | Driving Licence Information:<br>Class: 3 Date of Expiry: |

**General Information of the Accident**

| Type of Accident: | Non-Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 08/06/2018 09:30 | Type of Location: Straight Road |
|---|---|---|---|---|
| Location:<br>Along Road 1<br>UPPER SERANGOON ROAD<br>TOWARDS POTONG PASIR | | | | |
| Weather:<br>Raining | | Road Surface:<br>Wet | | Road Speed Limit: |
| Traffic Flow:<br>One Way | | Traffic Control:<br>Not Controlled | | Traffic Volume:<br>Moderate |
| Type of Collision: | | | | Anyone conveyed by ambulance:<br>Yes |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|---|---|---|---|---|---|---|
| SGJ8781R | Car | HONDA | CIVIC 1.8L A | Silver | Seriously Damaged | 0 |
| SGY7368D | Car | | | | Slightly Damaged | 1 |

**Details of Vehicle Insurance**

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|---|---|---|---|---|
| SGJ8781R | LONPAC INSURANCE BHD. | Z17VP05016593 | 15/12/2017 | 14/12/2018 |

**POLICE REPORT**

SINGAPORE POLICE FORCE

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

T/20180808/2087



Report No. T/20180808/2087

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|---|---|---|---|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | LIM CHUQIANG | ID No. | S9124418G |
| Related Vehicle | NIL | Contact No. | 81337057 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| | | | |
| Name | CHONG SOO JIA ,HAZEL | ID No. | S8324623E |
| Related Vehicle | NIL | Contact No. | NIL |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

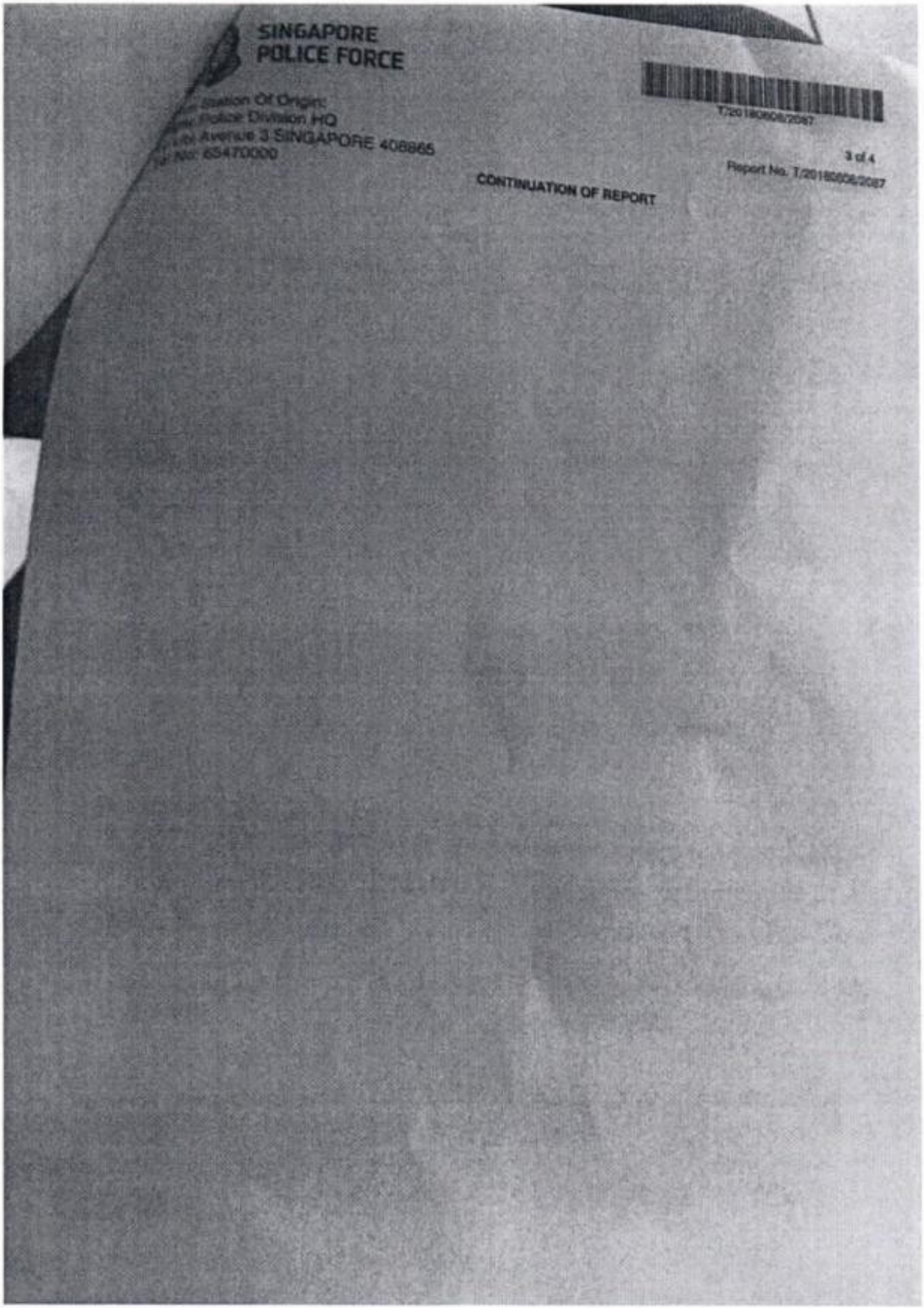
**Brief Details.**

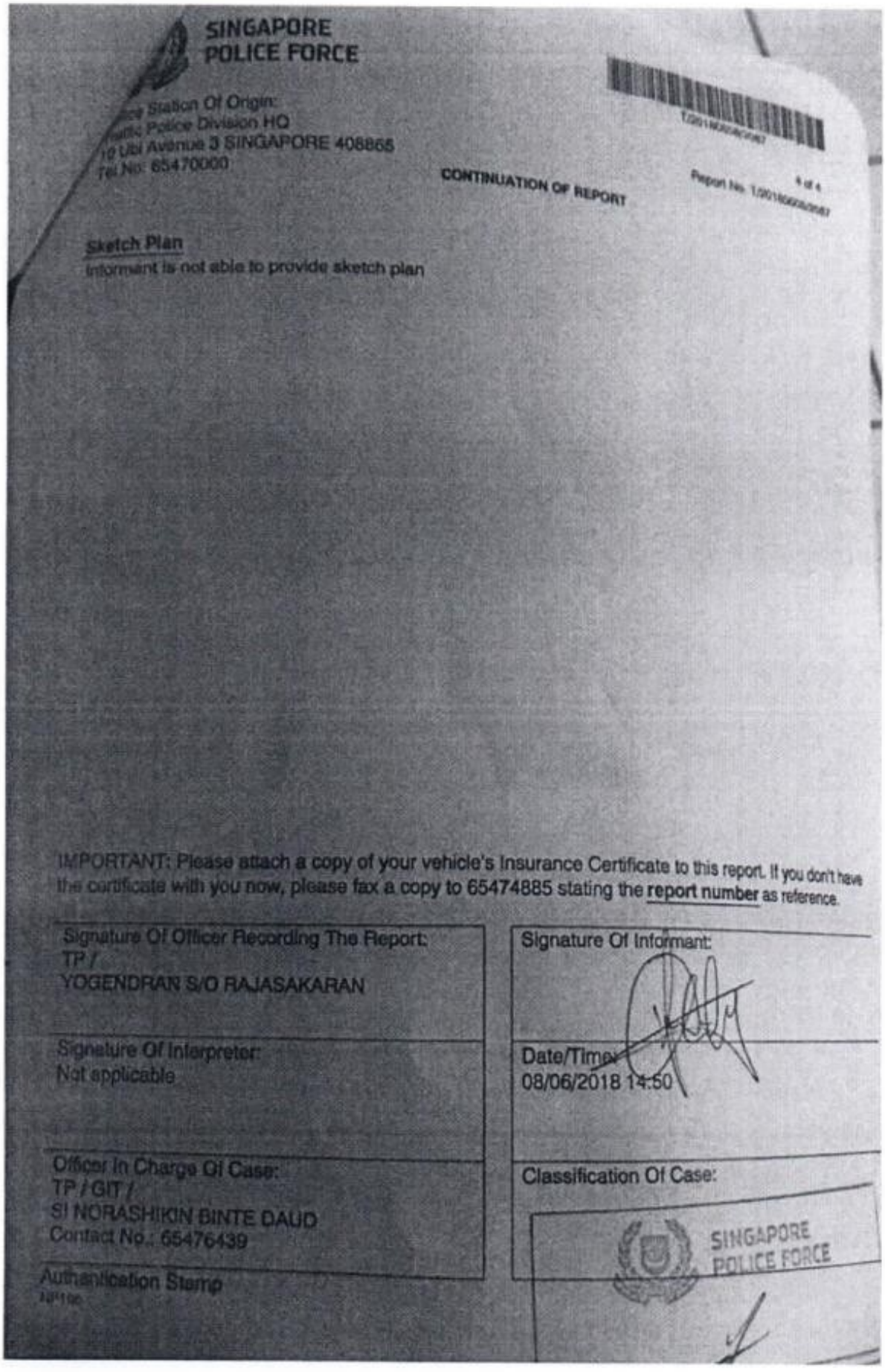
ON THE ABOVE MENTIONED DATE AND LOCATION AT ABOUT 0930HRS,

I WAS DRIVING MY CAR (SGJ8781R) ALONG ~~UPP~~ SERANGOON RD,THE ROAD CONSIST OF 4 LANES AND I WAS DRIVING AT THE THIRD LANE FROM THE RIGHT.IT WAS RAINING HEAVILY AND THE VISION WASNT CLEAR ENOUGH
I WAS GOING STRAIGHT,THERE WAS A WHITE CAR INFRONT OF ME,THE DRIVER JAM BRAKEDE SUDDENLY AND STOPPED .I NEVER EXPECT IT,AND IT WAS TO FAST TO REACT.I TRIED TO BRAKE BUT I COULDNT.SO UNFORTUANATLY I HIT INTO THE CAR.THAT JAM BRAKE WAS DUE TO A TAXI IN THE FRONT OF THE WHITE CAR.THE LANE THAT THE TAXI DRIVER WAS DRIVING IS TO GO STRAIGHT BUT THE DRIVER TURNED WRONGLY TO THE LEFT,SO IT WAS A RECKLESS TURN

THE LADY DRIVER CALLED THE AMBULLANCE
AFTER THAT ,I DIRECTED THE LADY DRIVER TO A PLACE WHERE THERE WASNT MUCH CARS.WE TALKED AND EXCHANGED CONTACT DETAILS.
AMBULLANCE AND TP OFFICERS ARRIVED AT SCENE.THE DRIVER AND PESSANGER WAS BROUGHT OVER TO HOSPITAL

THATS ALL


SINGAPORE
POLICE FORCE
Station Of Origin:
Police Division HQ
Avenue 3 SINGAPORE 408865
No: 65470000
T/20180808/2087
3 of 4
Report No. T/20180808/2087
CONTINUATION OF REPORT



SINGAPORE
POLICE FORCE

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

CONTINUATION OF REPORT

Report No: T/2018/[illegible]

4 of 4

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:
TP /
YOGENDRAN S/O RAJASAKARAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
08/06/2018 14:50

Officer In Charge Of Case:
TP / GIT /
SI NORASHIKIN BINTE DAUD
Contact No.: 65476439

Classification Of Case:

Authentication Stamp

SINGAPORE
POLICE FORCE

Report No. T/2018061 1/2098

## Case Summary Form (CSF For NP168)

| | |
|---|---|
| Manual NP168 Form Serial No | T/2015060E/2057 |
| Report Number | T/2018061 1/2098 |
| Vida Report Number | |
| Date/Time of Report Made | 11/06/2018 15:53 |
| Place Report Lodged | Traffic Police Division HQ |
| Type of Informant | Driver |
| Name of Informant | LIM CHUQIANG |
| ID Type / ID No. | NRIC NO / S9124416G |
| Home/Office | |
| Mobile | 81337057 |
| Email | |
| Type of Accident | Injury / Conveyed By Ambulance |
| Drink Drive | No |
| Anyone conveyed by ambulance | No |
| Date/Time of Accident | 08/06/2018 09:30 |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|---|---|---|---|---|---|---|
| SGJ8781R | Car | HONDA | CIVIC 1.8L A | Silver | Seriously Damaged | 0 |
| SGY7368D | Car | HONDA | JAZZ 1.4A | | Slightly Damaged | 1 |

**Details of Person Involved**

| | |
|---|---|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |

T/20180611/2098

Report No. T/20180611/2

## Continuation of CSF For NP168

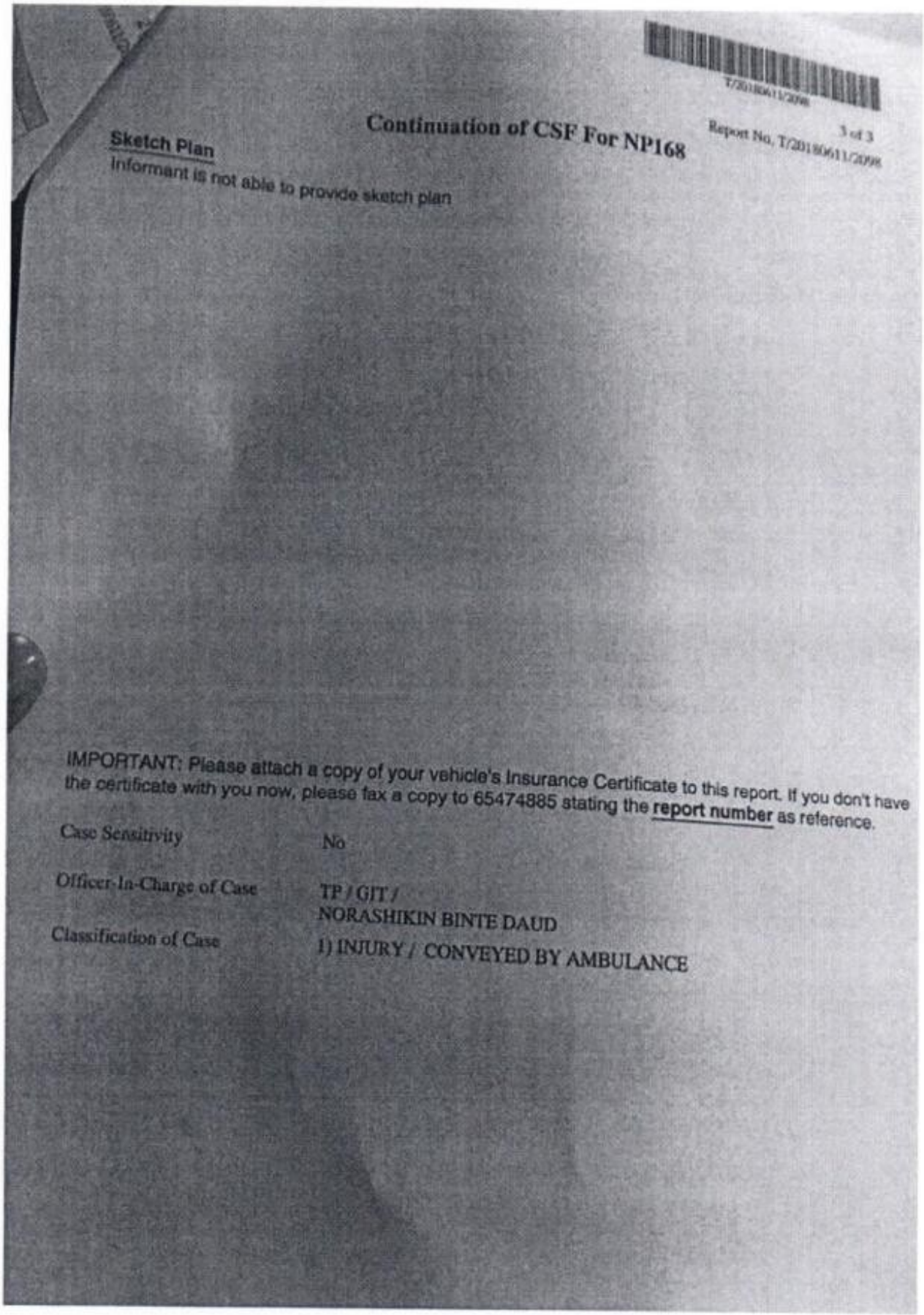
| Driver | | | |
|---|---|---|---|
| Name | LIM CHUQIANG | ID No. | S9124418G |
| Related Vehicle | SGJ8781R (Car) | Contact No. | 81337057 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

| Driver | | | |
|---|---|---|---|
| Name | CHONG SOO JIA HAZEL | ID No. | S8324623E |
| Related Vehicle | SGY7368D (Car) | Contact No. | NIL |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

***Brief Facts.***

*I would like to amend the location as Serangoon Road as opposed to Upper Serangoon Road in the previous report.*

*Would also like to make clear that it was because of a taxi in front making an illegal left turn on a straight lane that caused the accident.*



T/20180611/2098

## Continuation of CSF For NP168



**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.

| | |
|---|---|
| Case Sensitivity | No |
| Officer-In-Charge of Case | TP / GIT / NORASHIKIN BINTE DAUD |
| Classification of Case | 1) INJURY / CONVEYED BY AMBULANCE |

**Accident Photo**

**Accident Photo**

**Accident Photo**

**Accident Photo**

**Accident Photo**

**Accident Photo**

**Accident Photo**