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 <u>truthful and accurate</u> 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

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 CHLIQIANG

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

50 SELETAR HILLS DRIVE Address

807065 Postcode

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

Insurance Company of Driver's Own Vehicle

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 NO ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

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

NO

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

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)

Passenger 1 NAME:

GENDER: :

2

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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- 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.
- 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.
- 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:
 - 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:
 - 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: Oriver's Signature (if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

Accident Sketch Plan

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DECLARATION	1	
We declare the foregoing	particulars are true in overview	ect.
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	ID Type / ID No.: NRIC NO / S9124418G		AP	T BUK 50 SF	LETAR HILLS	DR SE	LETAR	HEI	SESTATE	
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Male				Type of Informant Driver						
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Type of Accident:	No	n-Injury nveyed By Ambu	Transfer of	Drink	Date/Time	of	District S	Type	of Location	
Location:	RIPLAN SE	- Things	marice	Drive: No	Accident: 08/06/201	800 2	GROUGE SEC	Strai	ght Road	
Along Ros	d t						100			
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TOWARDS Weather:	POTONG	PASIR					The state of			
Raining	Raining		Road	Road Surface:				Road Speed Limit:		
One Way	Traffic Flow:		Traff	Traffic Control:						
Type of Collision:			Not C	Not Controlled				Traffic Volume: Moderate Anyone conveyed by ambulance:		
			DATE OF							
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Details of V	ehicle Invo	lved					THE PARTY	C=1		
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Vehicle No. SGJ8781R	Car Car	Make HONDA		Marin Service Service Contract		Se Da Sli	riously maged	0	of Passenc	

SINGAPORE POLICE FORCE tation Of Origina Police Division HQ Report No. T/20180608/2007 65470000 CONTINUATION OF REPORT Details of Person Involved Any Pedestrian Involved: No No. of Pedestrians Injured: NIL Use of Pedestrian Crossing: NA Name LIM CHUQIANG ID No. S9124418G Related Vehicle NII Contact No. | 81337057 Hospital/Clinic NIL Class of Class: 3 Driving Date of Expiry, NIL Licence & Expiry Date Date Treatment | NIL Date Discharge | NIL No. of Days granted Medical Leave Degree of Injury | NIL Name CHONG SOO JIA HAZEL ID No. S8324623E Related Vehicle NIL Contact No. NH. Hospital/Clinic NIL Class of Class: NIL Driving Date of Expiry: NIL Licence & Expiry Date Date Discharge | NIL Date Treatment | NIL Degree of Injury | NIL No. of Days granted Medical Leave NIL

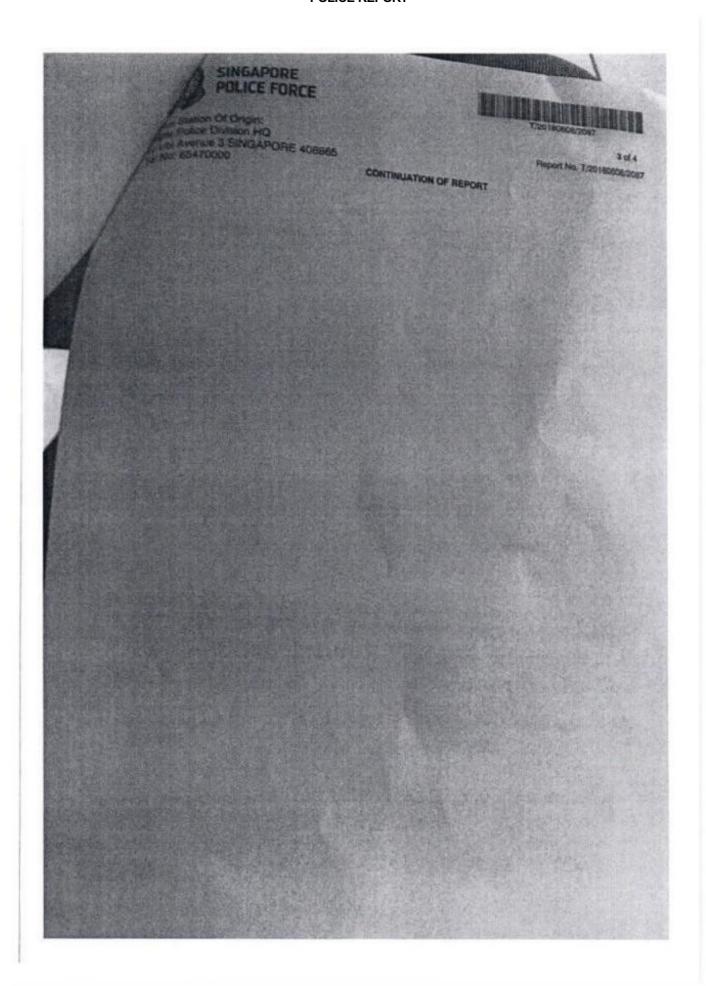
Brief Details.

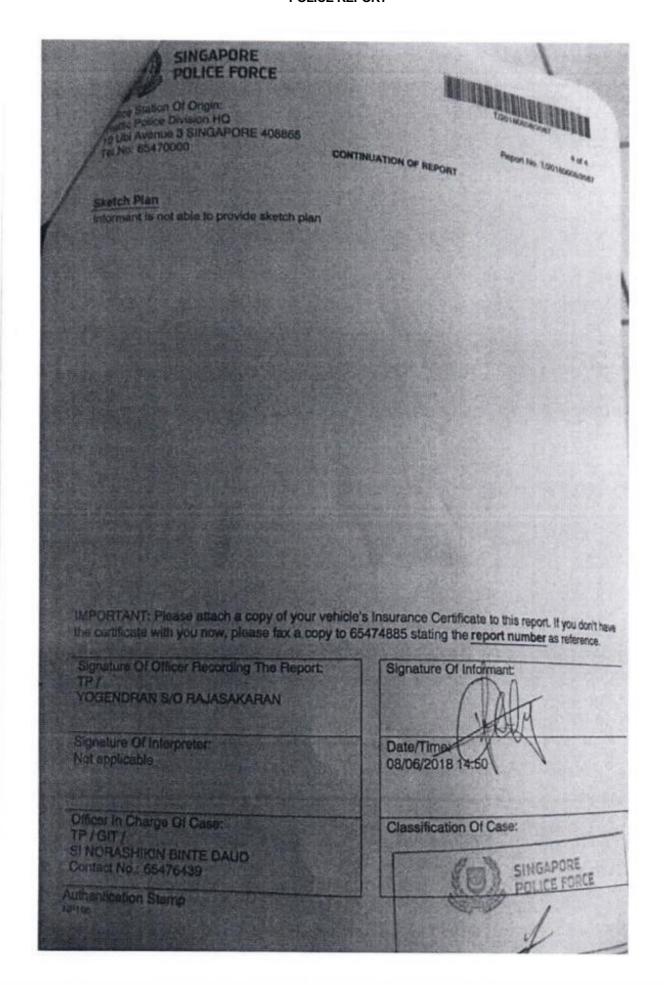
ON THE ABOVE MENTIONED DATE AND LOCATION AT ABOUT 0930HRS,

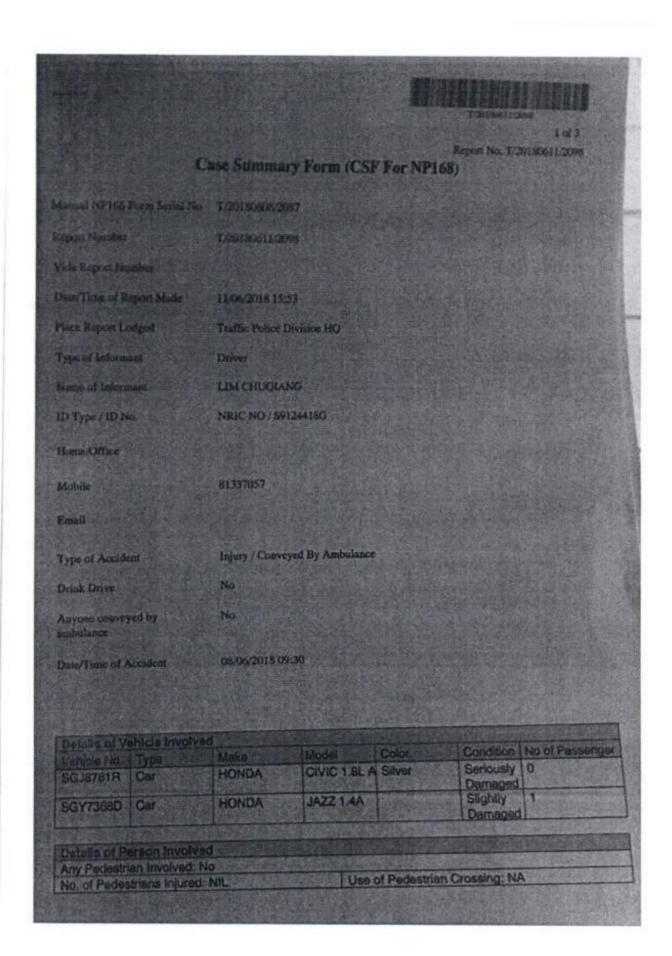
I WAS DRIVING MY CAR (SGJ8781R) ALONG LEPP SERANGOON RD, THE ROAD CONSIST OF 4 LANES AND I WAS DRIVING AT THE THIRD LANE FROM THE RIGHT. IT WAS RAINING HEAVILY AND THE VISION WASN'T CLEAR ENOUGH I WAS GOING STRAIGHT, THERE WAS A WHITE CAR INFRONT OF ME, THE DRIVER JAM BRAKEDE SUDDENLY AND STOPPED I NEVER EXPECT IT, AND IT WAS TO FAST TO REACT. I TRIED TO SUDDENLY AND STOPPED INEVER EXPECT IT, AND IT WAS TO FAST TO REACT. I TRIED TO SUDDENLY AND STOPPED IN NEVER EXPECT IT, AND IT WAS TO FAST TO REACT. I TRIED TO SUDDENLY AND STOPPED IN NEVER EXPECT IT, AND IT WAS TO FAST TO REACT. I TRIED TO A TAXI IN THE FRONT OF THE WHITE CAR. THE LANE THAT THE TAXI DRIVER WAS DRIVING TO A TAXI IN THE FRONT OF THE WHITE CAR. THE LANE THAT THE LEFT SO IT WAS A 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 WASN'T 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







Report No. T/20180611/2 Continuation of CSF For NP168 S9124418G ID No. LIM CHUDIANG Name Contact No. 81337057 SGJ8781R (Car) Related Vehicle Class: NIL Class of NIL Hospital/Glinic Driving Licence & Explry Date Date of Expiry: NIL Date Discharge NIL Degree of Injury NIL Date Treatment NIL No. of Days granted Medical Leave BINIE S8324623E ID No. CHONG SOO JIA HAZEL NIL Contact No. SGY7368D (Car) Reinted Vehicle Class: NIL Class of NIL Hospital/Clinic Date of Expiry: NIL Driving Licence & Expiry Date Date Discharge NIL Degree of Injury NIL Date Treatment | NIL No. of Days granted Medical Leave | 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.

