

## 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	08/06/2018 17:40
Date Of Accident	08/06/2018 10:50
Exact Location Of Accident	HOUGANG AVE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY5531B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM YEW TEE EVEN
NRIC No	S1418062A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97351108
Alternative Phone No	OTHERS-83280925

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	TUCSON-2.0 (A)
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/0026204/02
Cover Note Number	

### Driver

Name of Driver	LIM ZHIWEN, CYRIL
NRIC No	S8902813B
Date Of Birth	23/01/1989
Occupation	INDOOR
Date Of Driving Pass	21/05/2009
Driving Experience	9 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83280925
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	26 SIMEI STREET 1 #05-01 SINGAPORE
Postcode	529947
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	DRIZZLING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 6741 5336

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB2223E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TOH KAI KEE
NRIC/Passport Number	S1171170G
Contact Number	97316287
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBB9969L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	PING AN
NRIC/Passport Number	
Contact Number	86483246
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	LIM ZHIWEN, CYRIL
Approximate Age	
Injuries Sustain	NECK & BACK PAIN
Injured person in which vehicle?	SJY5531B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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.

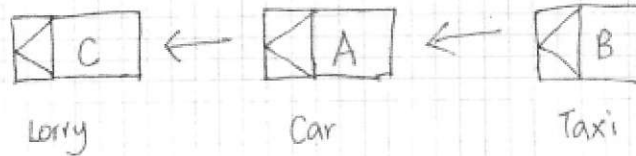
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

## Sketch Plan #2

### SKETCH PLAN



### Vehicle No

A - SJY5531B

B - SHB3333E

C - GBB9969L

### Legend



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer To Attach Police Report.

### DECLARATION

I/We declare the foregoing particulars are true in every respect.  
Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

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:



**SINGAPORE  
POLICE FORCE**



T/20180608/2104

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

1 of 3

Report No. T/20180608/2104

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/06/2018 15:49	Vide Report No.:	Station Diary No.:
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<b>Informant's Particulars</b>			
Name of Informant: LIM ZHIWEN, CYRIL		Address: APT BLK 26 SIMEI ST 1 #05-01 MELVILLE PARK SINGAPORE 529947	
ID Type / ID No.: NRIC NO / S8902813B		Contact No.: Home/Office: Mobile: 83280925	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 29	Date of Birth: 23/01/1989	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SELF EMPLOYED		Driving Licence Information: Class: 3 Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/06/2018 10:50	Type of Location: Straight Road
Location: Along Road 1 HOUGANG AVENUE 2				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB9969L	Lorry				Slightly Damaged	0
SHB2223E	Car				Seriously Damaged	0
SJY5531B	Car				Slightly Damaged	0



SINGAPORE  
POLICE FORCE



T/20180608/2104

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

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Report No. T/20180608/2104

CONTINUATION OF REPORT

**Brief Details.**

ON THE ABOVE MENTIONED DATE AND LOCATION

I WAS DRIVING ALONG HOUGANG AVE 2..THE ROAD CONSIST OF 3 LANES AND I WAS IN THE MIDDLE LANE..I WAS GOING STRAIGHT AND THERE WAS A LORRY IN THE FRONT OF ME.JUST AT A TRAFFIC JUNCTION,THE LORRY STOPPED AT THE RED LIGHT SIGNAL.I SLOWED DOWN AS WELL.BUT THE TAXI WHICH WAS BEHIND ME,I GUESS THE DRIVER WAS SPEEDING,COULDNT STOP OR BRAKE ON TIME .THE DRIVER SMASHED INTO MY VEHECLE VERY BADLY. DUE TO THE IMPACT,MY CAR MOVED FORWARD AND HIT THE LORRY.

AFTER THE HIT,I APPROACHED THE DRIVERS TO CHECK ON THEM IF THEY WERE DOING FINE.ONE OF THE PESSANGER WAS INJURED AND NEEDED MEDICAL ATTENTION.SO I CALLED THE AMBULLANCE.THE TOWING CREW WAS ACTIVATED TOO. AMBULLANCE ARRIVED AT SCENE AND THE PESSANGER WAS BROUGHT OVER TO THE HOSPITAL.. TOWING SERVICE WAS AT THE SCENE AND TOWED BOTH MY CAR AND THE TAXI TO THE WORKSHOP..

THATS ALL..



**SINGAPORE  
POLICE FORCE**



T/20180608/2104

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

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Report No. T/20180608/2104

**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:  
TP /  
YOGENDRAN S/O RAJASAKARAN

Signature Of Interpreter:  
Not applicable

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

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
08/06/2018 15:49

Classification Of Case:

Signature: \_\_\_\_\_