

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	02/07/2018 14:28
Date Of Accident	30/06/2018 15:50
Exact Location Of Accident	PIE TWDS CHANGI B4 LORNIE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX1267J
Insured/Policyholder	
Name Of Registered Owner	LIO AH KOOI
NRIC No	S1468386J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94568048
Alternative Phone No	OTHERS-94568048

Vehicle Particulars

Manufacturer	PEUGEOT
Model	-
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00339981/01
Cover Note Number	

Driver

Name of Driver	LIO AH KOOI
NRIC No	S1468386J
Date Of Birth	13/04/1950
Occupation	INDOOR
Date Of Driving Pass	23/12/1972
Driving Experience	45 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94568048
Fax Number	
Contact Number	OTHERS-94568048
EEmail Address	NOEMAIL

Address	1 JALAN MANIS
Postcode	329236
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	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?	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)	3
Passenger 1	NAME: : MR MANI GENDER: : MALE
Passenger 2	NAME: : MRS MANI GENDER: : FEMALE

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
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

PLS REFER TO THE POLICE REPORT:T/20180630/7009.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKT3048H
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 SKV3966Y
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 3

Vehicle Registration Number SHF696R
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 4

Vehicle Registration Number SJW9617Y
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)

Accident Sketch Plan

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

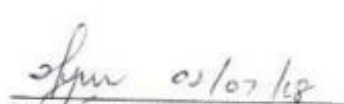
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

Vehicle A: SKX 1267 J

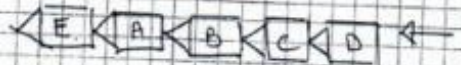
Vehicle B: SKT 3048 H

Vehicle C: SKV 3966 Y

Vehicle D: SHP 696 R

Vehicle E: SJW 9617 Y

PIE TWO'S CHANGE
BY LORNIC EXIT



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/2018 0630 / 7009

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.:

GIARMC SketchPlanForm_V3

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180630/7009

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

2 of 3
Report No. T/20180630/7009

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SKX1267J	Car	PEUGEOT	5008 (A) 1.6 E-HDI ETG ACTIVE MPV	Grey		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SKX1267J	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/00339981/01	27/11/2016	26/11/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIO AH KOOI	ID No.	S1468386J
Related Vehicle	SKX1267J (Car)	Contact No.	94568048
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	30/06/2018	Date Discharge	30/06/2018
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 30/6/2018 at 3.50pm, I was driving on PIE towards Changi Before Lornie Exit. The Traffic in front of me was slow and when the front vehicle stopped & I followed suit. Suddenly, I felt the great impact from the back of my car and followed by a few more impacts from the rear portion. The great impacts pushed my vehicle forward & hit onto the rear portion of the front vehicle (SJM9617Y). After which I stopped & alighted from my car & I realized I was involved in a 5 cars chain collision. I was the 2nd vehicle in this chain collision.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T20180630/7009

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

1 of 3

Report No: T20180630/7009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/06/2018 19:16		Vide Report No.: E/20180630/0144		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIO AH KOOI			Address: 1 JALAN MANIS SINGAPORE 329236		
ID Type / ID No.: NRIC NO / S1468388J			Contact No.: Home/Office: Mobile: 94568048		
Nationality: SINGAPORE CITIZEN			Email: sumanale@gmail.com		
Sex: Male	Age: 68	Date of Birth: 13/04/1950	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Real estate agent			Driving Licence Information: Class: 3 Date of Expiry:		

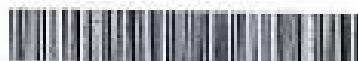
General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/06/2018 15:50	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY PIE towards Changi before Lornie exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Registration	No of Passenger
SHF696R	Car	RENAULT		Red		0
SJW9617Y	Car	VOLKSWAGO	N	Silver		0
SKT3048H	Car	MAZDA		Brown		0
SKV3988Y	Car	HYUNDAI		Grey		0

Police Report



**SINGAPORE
POLICE FORCE**



1/201806307009

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 35470000

2 of 3
Report No: T/201806307009

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SKX1267J	Car	PEUGEOT	5008 (A) 1.6 E-HDI ETG ACTIVE MPV	Grey		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SKX1267J	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/00339681/01	27/11/2018	28/11/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LID AH KOOI	ID No.	S1458396J
Related Vehicle	SKX1267J (Car)	Contact No.	94568048
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	30/08/2018	Date Discharge	30/08/2018
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details

On 30/8/2018 at 3.53pm, I was driving on PIE towards Changi Before Lomle Exit. The Traffic in front of me was slow and when the front vehicle stopped & I followed suit. Suddenly, I felt the great impact from the back of my car and followed by a few more impacts from the rear portion. The great impacts pushed my vehicle forward & hit onto the rear portion of the front vehicle (SJM9517Y). After which I stopped & alighted from my car & I realized I was involved in a 5 cars chain collision. I was the 2nd vehicle in this chain collision.

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408855
Tel No: 65470000



T/20180630/7000

3 of 3

Report No. T/20180630/7000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP-HQ /
YAN MINGSHENG DANIEL
Contact No.: 65476262

Authentication Stamp:
N/A

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
30/06/2018 19:16

Classification Of Case: