

## 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	22/06/2018 20:52
Date Of Accident	22/06/2018 16:20
Exact Location Of Accident	ALONG SOPHIA ROAD INFRONT OF PEACE CENTRE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ6217X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86565789
Alternative Phone No	OFFICE-86565789

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER EX
Exact Purpose for which vehicle was being used at time of accident	HIRE & REWARD
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995047
Cover Note Number	

### Driver

Name of Driver	LIM HOCK LYE
NRIC No	S1527624Z
Date Of Birth	21/05/1962
Occupation	OUTDOOR
Date Of Driving Pass	24/03/1984
Driving Experience	34 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86565789
Fax Number	
Contact Number	
Email Address	PETERLESTERLIM08@GMAIL.COM

Address	NA
Postcode	
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?	YES
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 [OTHER]	MARINE PARADE NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180622/2161 LODGED AT MARINE PARADE NPC. ON 22/06/2018 AT ABOUT 1620HRS, I WAS DRIVING MY PRIVATE-HIRE CAR, SLQ6217X, ALONG WILKIE ROAD TOWARDS MIDDLE ROAD. I APPROACHED THE JUNCTION OF SELEGIE ROAD AND THE TRAFFIC LIGHT WAS RED. THUS I STOPPED MY CAR BEHIND THE FIRST CAR, SKR6263T. ABOUT FOUR TO FIVE SECONDS LATER, I FELT AN IMPACT FROM THE BACK. MY CAR JERKED FORWARD AND HIT ONTO THE FIRST CAR. I ALIGHTED AND I SAW A VAN CB7553D, HAD COLLIDED ONTO THE BACK OF MY CAR. I SAW THE FEMALE DRIVER OF THE VAN LOOKED INJURED AND AS SUCH I CALLED FOR AMBULANCE AND THE POLICE. THE AMBULANCE CAME AND CONVEYED THE FEMALE DRIVER TO HOSPITAL. BOTH THE FRONT CAR DRIVER AND I ARE NOT INJURED. THE TRAFFIC POLICE CAME AND I WAS INFORMED TO LODGE A TRAFFIC ACCIDENT REPORT VIDE E/20180622/0088. MY CAR WAS TOWED BY TRAFFIC POLICE AND I HAVE REPORTED THE ACCIDENT TO MY CAR RENTAL COMPANY.

#### 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	CB7553D
Vehicle Make/Model/Colour	TOYOTA/HIACE MANUAL/SLIVER
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	INJURED AND WAS CONVEYED BEFORE REPORT WAS MADE
NRIC/Passport Number	
Contact Number	
Address	

Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKR6263T  
Vehicle Make/Model/Colour HONDA/STREAM 1.8 A  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver NG WEE LIANG  
NRIC/Passport Number  
Contact Number 94309243  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

1

#### DETAILS OF INJURED PERSON 1

Name UNKNOWN DRIVER  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? CB7553D  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of 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 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.
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.

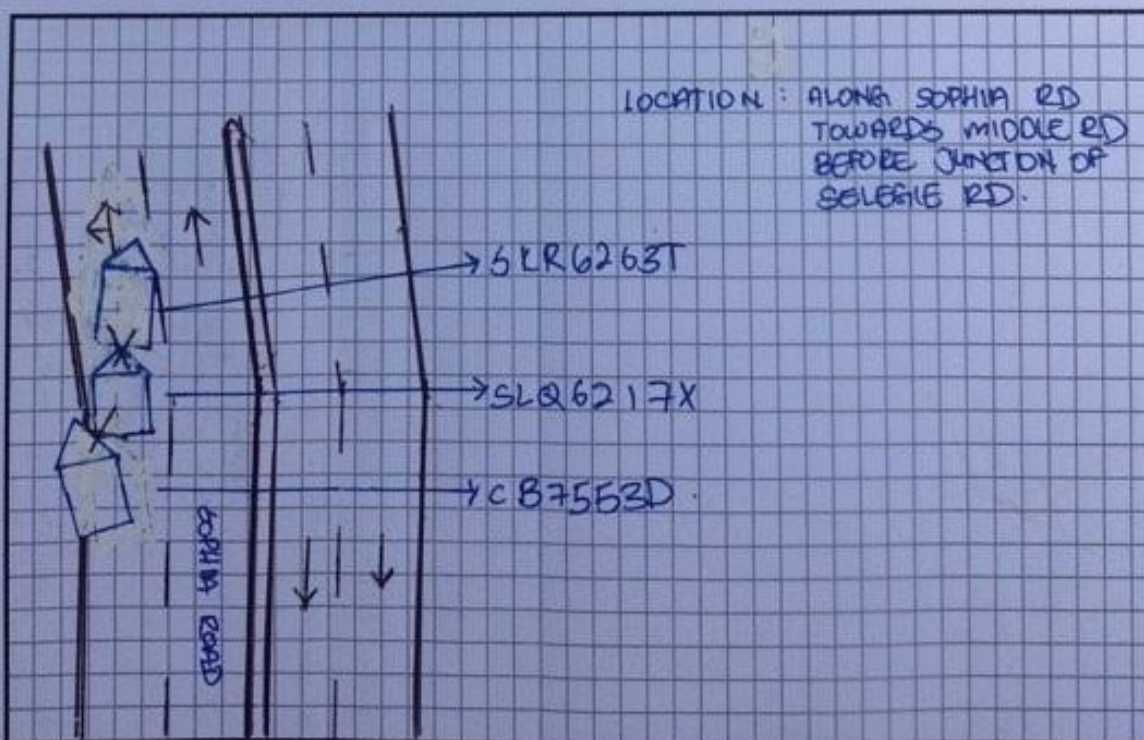
**VERIFIED BY AJAX MARS**  
**REPORTING OFFICER**  
Ammar Hamizan Bin  
Khairudin

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel

#### Sketch Plan



**ACCIDENT STATEMENT (2000 characters)**

I WAS STATIONARY ON THE EXTREME LEFT LANE AT THE SAID LOCATION DUE TO THE RED LIGHT AT THE JUNCTION AHEAD. SKR6263T WAS IN FRONT OF ME. WE WERE WAITING FOR THE LIGHT TO TURN GREEN AND PROCEED ON. SUDDENLY I FELT AN IMPACT FROM THE REAR OF MY VEHICLE FOLLOWED BY AN IMPACT FROM THE FRONT OF MY VEHICLE. CB7553D HAD COLLIDED ONTO THE REAR LEFT PORTION OF MY VEHICLE AND THE IMPACT HAD PUSHED MY VEHICLE FORWARD TO COLLIDE ONTO THE REAR PORTION OF SKR6263T. THE DRIVER OF CB7553D WAS INJURED AND CONVEYED TO THE HOSPITAL.

Taxi Voucher No.:

**DECLARATION**

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -  
AMMAR HAMIZAN

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

22 June 2018 6:34 pm

Date/Time:

**Elizabeth Lee**

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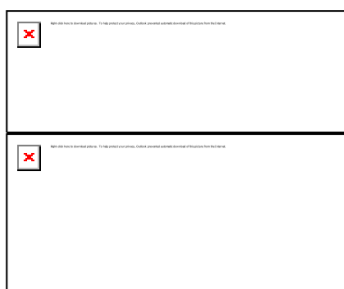
**From:** Yira Rahman <yira@vermogen-group.com>  
**Sent:** Tuesday, 26 June 2018 2:55 PM  
**To:** Elizabeth Lee  
**Cc:** Edmond Lim; Tezano Exequiel Dawal; Vermogen Ace; Insurance LCR SG  
**Subject:** Re: SLQ6217X DOA 22JUNE2018  
**Attachments:** SLQ6217X ACCIDENT VIDEO.mp4; SLQ6217X POLICE REPORT.pdf

Dear Elizabeth,

As attached please assist to do addendum for SLQ6217X,

- from Reporting Only to "Third Party"
- police report "yes" (as attached)
- video (as attached)

Best Regards,



Vermogen Ace Pte Ltd

Operation Address:  
6 Benoi Sector Singapore 629904  
Tel: 6694 4919  
Fax: 6694 4929

Mailing Address:  
1 Bukit Batok Crescent #04-54  
Wcega Plaza Singapore 658064

On Mon, Jun 25, 2018 at 9:13 AM, Vermogen Ace <[ace@vermogen-group.com](mailto:ace@vermogen-group.com)> wrote:  
Hi all,

kindly refer to above attach GIA report.

Thanks.

----- Forwarded message -----

From: **Elizabeth Lee** <[elizabeth@ajaxmars.com](mailto:elizabeth@ajaxmars.com)>





**SINGAPORE  
POLICE FORCE**



T/20180622/2161

1 of 3

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

Report No. T/20180622/2161

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/06/2018 20:40	Vide Report No.: E/20180622/0088	Station Diary No.: 102
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**Informant's Particulars**

Name of Informant: LIM HOCK LYE			Address: APT BLK 16 MARINE TERRACE #08-58 SINGAPORE 440016		
ID Type / ID No.: NRIC NO / S1527624Z			Contact No.: Home/Office:                      Mobile: i		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 21/05/1962	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3                      Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/06/2018 16:20	Type of Location: Straight Road
Location: Junction of Road 1 and Road 2 WILKIE ROAD SELEGIE ROAD TRAFFIC LIGHT. TOWARDS MIDDLE ROAD				
Weather:		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	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	Condition	No of Passenger
CB7553D	Van				Slightly Damaged	4
SKR6263T	Car				Slightly Damaged	0
SLQ6217X	Car				Seriously Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20180622/2161

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

2 of 3

Report No. T/20180622/2161

**CONTINUATION OF REPORT**

Driver			
Name	LIM HOCK LYE	ID No.	S1527624Z
Related Vehicle	SLQ6217X (Car)	Contact No.	
Hospital/Clinic	NIL	Class of	Class: 3
		Driving Licence & Expiry Date	Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 22/06/2018 at about 1620hrs, I was driving my private-hire car, SLQ6217X, along Wilkie Road towards Middle Road. I approached the junction of Selegie Road and the traffic light was red. Thus I stopped my car behind the first car, SKR6263T. About four to five seconds later, I felt an impact from the back. My car jerked forward and hit onto the first car. I alighted and I saw a van, CB7553D, had collided onto the back of my car. I saw the female driver of the van looked injured and as such I called for ambulance and the police. The ambulance came and conveyed the female driver to hospital. Both the front car driver and I are not injured. The traffic police came and I was informed to lodge a traffic accident report vide E/20180622/0088. My car was towed by Traffic Police and I have reported the accident to my car rental company.





SINGAPORE  
POLICE FORCE



T/20180622/2161

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

3 of 3

Report No. T/20180622/2161

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:

G /

Sr Staff Sgt MAZLAN BIN MIAT

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI NG CHWEE THENG

Contact No: 65476397



SIGNATURE

Signature Of Informant:

Date/Time:

22/06/2018 20:40

Classification Of Case:

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Driving License





Driving License

YOU ARE PERMITTED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE



24 Mar 1984

NP 428A



Identification Card

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S1527624Z**





Name  
**LIM HOCK LYE**  
**林 福 来**

Race  
**CHINESE**

Date of birth  
**21-05-1962**

Sex  
**M**

Country/Place of birth  
**SINGAPORE**



Identification Card



**Addendum Sheet Pg. 1**



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66S0020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MBHH18080824 Vehicle Registration No: SLQ6217X  
Name(as shown in NRIC) : LIM HOCK LYE NRIC/FIN/Passport No : S1527624Z  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 86565789  
Email Address : \_\_\_\_\_  
Date of Accident : 22/06/2018 Time of Accident : 16:20 HRS  
Place of Accident : ALONG SOPHIA ROAD TOWARDS MIDDLE ROAD INFRONT OF PEACE CENTRE  
Insurance Company: AIG ASIA PACIFIC - LION CITY RENTALS

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:


ATTACHED POLICE REPORT AND VIDEO FOOTAGE.

AMENDED ACCIDENT STATEMENT.

ADD ON INJURY DETAILS.

AMENDED REPORT TO THIRD PARTY CLAIM.

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Lee Wan Qi  
NRIC/FIN No.: S9245801F  
Date: 28/06/2018