#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Mobile Number

Fax Number
Contact Number

**EMail Address** 

- 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

	ACCIDENT STATEMENT
Date Of Report	16/07/2018 14:57
Date Of Accident	14/07/2018 16:15
Exact Location Of Accident	SLIP RD FROM PASIR RIS DR 8 TO TPE TWDS SLE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKQ3127D
Insured/Policyholder	
Name Of Registered Owner	LIM DAO WEI JOHNATHON
NRIC No	S9242481B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94576690
Alternative Phone No	OFFICE-94576690
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	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MU012225
Cover Note Number	-
Driver	
Name of Driver	LIM DAO WEI JOHNATHON
NRIC No	S9242481B
Date Of Birth	16/11/1992
Occupation	INDOOR
Date Of Driving Pass	12/07/2012
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE

(LOCAL) +65-94576690

OFFICE-94576690

**NOEMAIL** 

Address BLK 418B FERNVALE LINK #13-156

Postcode 792418

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? YES

Foreign Vehicle Registration Number JHE1322 (COMMERCIAL VEHICLE)

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

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.

NO

2

Number of Passengers (Including Driver)

Passenger 1 NAME: : ADONIS

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name SENGKANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE, POSTCODE:

545025, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800 - 3438999 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### **Circumstances of Accident**

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH DRIVER

Was there any audio recorded? NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number JHE1322

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

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

**SJR3576Y** 

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR

Vehicle Category 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 SGM6288X

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 SJK8715S

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 5**

Vehicle Registration Number SLS8758C

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 6**

Vehicle Registration Number SKR8297H

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 7**

Vehicle Registration Number SJE7817U

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 INJURED PERSON 1**

Name LIM DAO WEI JOHNATHON

Approximate Age

Injuries Sustain NECK & LOWER BACK

Injured person in which vehicle? SKQ3127D

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

## **DETAILS OF INJURED PERSON 2**

Name ADONIS

Approximate Age

Injuries Sustain NECK & SHOULDER & KNEE

Injured person in which vehicle? SKQ3127D

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- Please report <u>correctly</u> 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.
- 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.
- 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:
  - (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.:

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GIABARC Sketichtflandgen, V3

SKETCH PLAN	A: 5kQ 81070 B: 7146 1822 C: 57R 8576 Y O: 86M 6288X E: 01 B: 918 87580 E: 03 B: 918 87580 E: 03 B: 918 87580
DESCRIBE CIRCUMSTA	NCES OF THE ACCIDENT
lefe.	to Traffic Police Repart.
	T 1 2018 0715 1 2050
DECLARATION	
I/We declare the foregoing part	culars are true in every respect.
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)  Reporting Centre Personnel's Signature Name:





T/20180715/2050

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Report No. T/20180715/2050

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

REPORT OF A	TRAFFIC	ACCIDENT
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Date/Time Report Made: 15/07/2018 13:27		Made:	Vide Report No.: Station D G/20180714/0169 61		
Informa	nt's Partic	ulars			
LIM DAO WEI, JOHNATHON APT			Address: APT BLK 418B FERNVALE L 792418	INK #13-156 SINGAPORE	
ID Type / ID No.: NRIC: NO / S9242481B			Contact No.: Home/Office: Mobile: 94576690		
National SINGAP	lity: PORE CITIZ	ΈN	Email:		
Sec Mae	Age: 25	Date of Birth: 16/11/1992	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: SAF OFFICER			Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/07/2018 16:15	Type of Location Slip road
Slip road fron Weather:		Road Surface:		Road Speed Limit:
1.20T1945(2077)1111				
Traffic Flow:		Traffic Control: Not Controlled	100	Fraffic Volume: Moderate

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKQ3127D	Car	HONDA	CIVIC 1.6L VTI AUTO	White	Seriously Damaged	1077

Details of Vehicle Insurance					
Venicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SKQ3127D	TOKIO MARINE INSURANCE SINGAPORE LTD.	MU012225	20/11/2017	23/12/2018	





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Report No. T/20180715/2050

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE

Tel No: 1800-343 8999

CONTINUATION OF REPORT

<b>Details of Perso</b>	n Involved			242		THE THE REAL PROPERTY.
Any Pedestrian In	nvolved: No					
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA			ing: NA	
Driver				les TE		
Name	LIM DAO WEI, JOHNATHON		ID No		S9242481B	
Related Vehicle	SKQ3127D (Car)		Conta	ct No.	94576690	
Hospital/Clinic	SHENTON MEDICAL GROUP			Class Drivin Licens Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	15/07/2018 Date D		Date Disc	harge	15/07	7/2018
No. of Days granted Medical Leave 02		Degree of	fInjury	Sligh		

#### Brief Details.

On 14/0718 at about 1613hrs, I was driving one white coloured Honda Civic with bearing registration number SKQ3127D consisting of one passenger (Adonis Ang Yi, S9301166Z, DOB: 15/01/1993, Blk 110 Pasir Ris Street 11 #09-611, Hp: 81860829) who was seated at the front passenger seat, travelling along Pasir Ris Dr 8 heading towards the slip road of TPE towards SLE.

While was at the slip road leading to TPE, the road volume was a little congested due to the merging lane at a slow speed when vehicle in front of me jam brake.

As I did not have any sufficient time to react and brake, I collide on the said vehicle (blue coloured Toyota Altis bearing SJE7817U) despite pressing the brake pedal hard and unfortunately, my car had been collided by a vehicle (white coloured Nissan van bearing JHE1322) from the rear,

I then felt another 3 impacts which was coming from the rear and caused my car to inch forward.

Fortunately, none of me and my passenger were injured. I then alighted from my vehicle and discovered that there were a vehicle chain accident involving 08 vehicles. I'm on the fourth vehicle that was involved.

I make a check on all the drivers and none of them were injured.

The affected 1st and 2nd driver had left before Traffic Police came and I had taken down all the affected driver's particulars as listed:

- 1) Lim Kheng Hong, S7012927B, bearing SLS8758C, Hp: 96898864
- 2) Lim Yiak Sian, S1347306D, bearing SKR8297H, Hp: 97310775
- 3) Goh Chin Hian, S7310865I, bearing SJE7817U, Hp. 93857351
- 5) Chong Kok Shong, 780406-08-5439, bearing JHE1322, Hp: 83029880
- 6) Aw Yong Thian Seng, S1679244F, bearing SJR3576Y, Hp: 84281573
- Jurani Bin Naim, S0238428J, bearing SGM6288X, Hp: 96570589
- 8) Teo Yin Fern, S7737206G, bearing SJK8715S, Hp: 97222768

I make a check on my vehicle and there were damages found as listed:

- 1) Front bumper was dislodged
- 2) Front side fenders protrude out





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Report No. T/20180715/2050

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 Tel No: 1800-343 8999

CONTINUATION OF REPORT

- 3) Front grill dislodged
- 4) Front bonnet
- 5) Plate number
- 6) Cooling fans dented in
- 7) Aircon compressor
- 8) Radiator burst/leak
- 9) Front protection bar dented in
- 10) Rear bumper dislodged
- 11) Rear boot dislodge

Traffic Police had come and took my SD card from my front and rear in-car camera that had captured the whole accident.

My car had been sent for damage inspection however I am unsure of any further damages at a current state.

I felt slight pain on my back neck and back body while my passenger felt slight pain on her shoulder, back neck and both knee. Both me and my passenger had gone to Shenton Medical Group for medical check-up and given 02 days of MC dated from 16/07/18 - 17/07/18 and both of us are being called for an X-Ray examination on 16/07/18.





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Report No. T/20180715/2050

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 Tel No: 1800-343 8999

# 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: F / Sgt 2 MOHAMAD ADAM BIN ROSLAN	Signature Of Informant:			
Signature Of Interpreter: Not applicable	Date/Time: 15/07/2018 13:27			
Officer In Charge Of Case:	Classification Of Case:			
TP / GIT / Staff Sgt MOHAMED SUFIAN BIN MOHAMED JUNID Contact No.: 65476247	SN 151			
Authentication Stamp NP168 Singapore Police F				



























