

## 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	06/07/2018 16:31
Date Of Accident	05/07/2018 10:15
Exact Location Of Accident	CTE TOWARDS CITY BEFORE BRADDELL RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GN8588L
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#### Insured/Policyholder

Name Of Registered Owner	BRIGHT IDEAS ELECTRICAL ENGINEERING PTE LTD
Co Reg No	200903540D
Email Address	BRIGHTIDEAS@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-84445858

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 D (M)

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
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If No, Please state action to be taken	THIRD PARTY
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Vehicle Category	COMMERCIAL VEHICLE
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#### Insurance Company

Name of Insurance Company	LONPAC INSURANCE BHD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	Z/18/VC00/101446
Cover Note Number	

#### Driver

Name of Driver	LIM JIA PING
NRIC No	F1615734K
Date Of Birth	06/11/1973
Occupation	INDOOR
Date Of Driving Pass	23/12/2008
Driving Experience	9 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86668851
Fax Number	
Contact Number	
Email Address	BRIGHTIDEAS@SINGNET.COM.SG

Address	C/O BLK 138 SERANGOON NORTH AVE 2 #01-96
Postcode	550138
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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)	3
Passenger 1	NAME: : CHONG CHIN HUAT GENDER: : MALE
Passenger 2	NAME: : ISLAM MOHAMMAD AMINUL GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	THOMSON NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 25 SIN MING ROAD , <b>POSTCODE:</b> 570025 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4529999 - <b>FAX NO:</b> 6 5535740
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

#### 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	GY4135D
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 YP1820M  
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 3

Vehicle Registration Number GBG9505R  
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 4

Vehicle Registration Number GBA3962A  
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 INJURED PERSON 1

Name LIM JIA PING  
Approximate Age

Injuries Sustain	PAIN ON MY BODY
Injured person in which vehicle?	GN8588L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	CHONG CHIN HUAT
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	GN8588L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

#### DETAILS OF INJURED PERSON 3

Name	DRIVER VEHICLE D
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	GBG9505R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	


**SKETCH PLAN**


**IMPORTANT NOTICE**

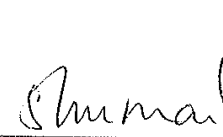
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver.**
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5. **Any false reporting may be referred to the Police for investigation.**
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:

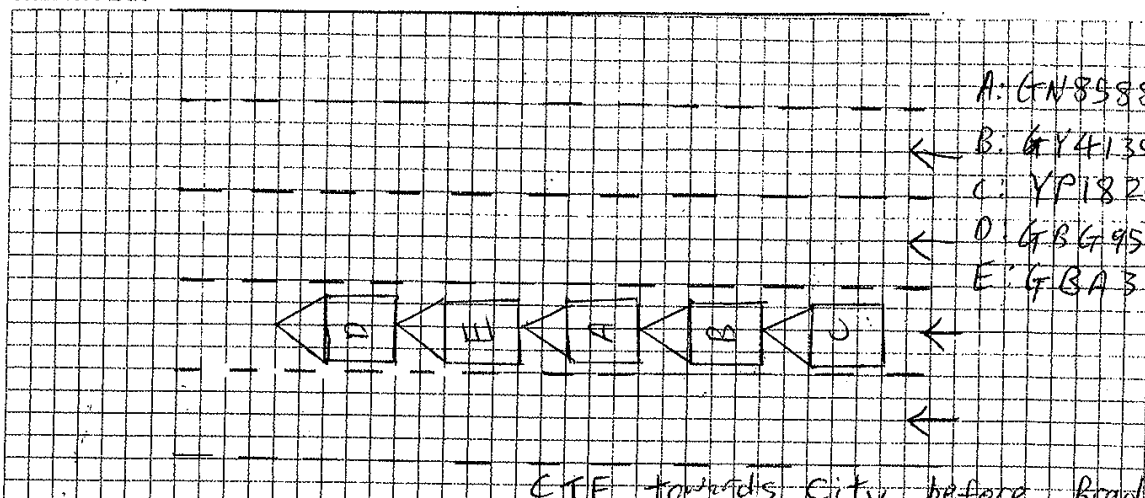
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:  
 NRIC/FIN No.: 6/7/2018

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report No. T/20180705/2132

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

GIARMC SketchPlanForm\_V3

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

Reporting Centre Personnel's Signature  
Name:  
NRJC/FIN No.:



**Police Report Pg. 1**



**SINGAPORE  
POLICE FORCE**



T/20180705/2132

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

1 of 4  
Report No. T/20180705/2132

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/07/2018 18:14		Vide Report No.:		Station Diary No.: 43
<b>Informant's Particulars</b>				
Name of Informant: LIM JIA PING		Address: C/O 138 Serangoon North Avenue 2 #01-96 SINGAPORE 550138		
ID Type / ID No.: FIN NO / F1615734K		Contact No.: Home/Office: Mobile: 86668851		
Nationality: MALAYSIAN		Email:		
Sex: Male	Age: 44	Date of Birth: 06/11/1973	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Other electrical line installers and repairers		Driving Licence Information: Class: 2B,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: 05/07/2018 10:15	Type of Location: Flyover
Location: Along Road 1 CENTRAL EXPRESSWAY  CTE towards City before Braddell Road exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
GBA3962A	Van	TOYOTA	HIACE MANUAL	Silver		0
GBG9505R	Lorry	TOYOTA	DYNA 150 5MT	Silver		0
GN8588L	Van	TOYOTA	DYNA 150 5MT	Green	Seriously Damaged	2
GY4135D	Lorry	ISUZU	HR69E	White		0

**Police Report Pg. 2**



**SINGAPORE  
POLICE FORCE**



T/20180705/2132

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

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Report No. T/20180705/2132

**CONTINUATION OF REPORT**

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
YP1820M	Lorry	ISUZU	FVR34SUQ DC	White		0

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	LIM JIA PING			ID No.	F1615734K
Related Vehicle	GN8588L (Van)			Contact No.	86668851
Hospital/Clinic	TAN TOCK SENG HOSPITAL			Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	05/07/2018		Date Discharge	05/07/2018	
No. of Days granted Medical Leave	03		Degree of Injury	NIL	
Driver					
Name	CHONG CHIN HUAT			ID No.	NIL
Related Vehicle	GN8588L (Van)			Contact No.	NIL
Hospital/Clinic	TAN TOCK SENG HOSPITAL			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/07/2018		Date Discharge	05/07/2018	
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL	

**Brief Details.**

On 05th July 2018 at 10.15am, I was driving my vehicle registration number: GN8588L along CTE towards City before Braddell Road exit with 2 passengers. I was driving at the 4th lane (from right). As I was driving, there was vehicle registration number: GBA3962A (V2) ahead of me slow down and stopped. I managed to slow down and stop on time and was in the stationary position. Then, there was an impact from my rear vehicle and due to the strong impact my vehicle moved forward and hit the rear portion of V2.

I alighted and realised that it was chain collision. There were total of 5 vehicles involved. I affirmed that there was another vehicle registration number: GY4135D (V3) had collided to my rear portion of the vehicle. Due to the impact, I felt pain on my bodies and SCDF was being activated. My passenger and I were being conveyed to TTSH.

There was no CCTV install in my vehicle. I was given 3 days MC and I am lodging this claiming purposes.



**SINGAPORE  
POLICE FORCE**



T/20180705/2132

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

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Report No. T/20180705/2132

CONTINUATION OF REPORT

GBG9505R (V4)  
GBA3962A (V2)  
GN8588L (V1)  
GY4135D(V3)  
YP1820M (V5)



**SINGAPORE  
POLICE FORCE**



T/20180705/2132

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

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Report No. T/20180705/2132

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:  
E /  
Sr Staff Sgt MOHAMAD FARID BIN JAMAL

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
05/07/2018 18/14

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt YAN MINGSHENG, DANIEL  
Contact No.: 65476252

Classification Of Case:

SN 070

Authentication Stamp  
NP168



SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

