

## 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             | 20/08/2018 12:28                   |
| Date Of Accident           | 17/08/2018 17:15                   |
| Exact Location Of Accident | CTE (CITY) BEFORE BRADDELL RD EXIT |
| Country/State of Loss      | SINGAPORE                          |

### DETAILS OF OWN VEHICLE

|                             |                                   |
|-----------------------------|-----------------------------------|
| Vehicle Registration Number | SJK2233E                          |
| <b>Insured/Policyholder</b> |                                   |
| Name Of Registered Owner    | THE LOCAL LEASING COMPANY PTE LTD |
| Co Reg No                   | 201632096M                        |
| Email Address               | NOEMAIL                           |
| Mobile Phone No             | (LOCAL) +65-81288649              |
| Alternative Phone No        | OFFICE-81288649                   |

### Vehicle Particulars

|  |                             |
|--|-----------------------------|
| Manufacturer   | MITSUBISHI                  |
| Model  | LANCER 2.0L MIVEC GLS 6-CVT |
| Exact Purpose for which vehicle was being used at time of accident           | COMMERCIAL 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   | COMMERCIAL VEHICLE          |

### Insurance Company

|                           |   |
|---------------------------|---|
| Name of Insurance Company | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage          | THIRD PARTY                                   |
| Fleet Policy              | NO  |
| Policy Number             | DMHCSN1815461800                              |
| Cover Note Number         |   |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | LEE JEROME           |
| NRIC No              | S9901345A            |
| Date Of Birth        | 02/01/1999           |
| Occupation           | OUTDOOR              |
| Date Of Driving Pass | 11/04/2017           |
| Driving Experience   | 1 YEAR AND 4 MONTHS  |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-91072102 |
| Fax Number           |                      |
| Contact Number       | OFFICE-91072102      |
| Email Address        | NOEMAIL              |

|   |   |
|---|---|
| Address   | BLK 667B JURONG WEST STREET 65<br>#03-161 |
| Postcode  | 642667                                    |
| 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   | COLLISION - HEAD TO REAR |
| Weather Conditions | CLEAR                    |
| Road Surface       | DRY                      |

#### Other Information

|   |   |
|---|---|
| Was any foreign vehicle involved in this accident?  | NO  |
| Number of vehicles involved in the accident   | 2   |
| 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)   | 3   |
| Passenger 1   | NAME: : LOKE MEI WAN, PETRINA<br>GENDER: : FEMALE |
| Passenger 2   | NAME: : -<br>GENDER: : MALE                       |

#### Details of Police Action

|   |   |
|---|---|
| Was the accident reported to the police?  | YES   |
| If Yes, Please state which Police Station |   |
| Police Station Name                       | BUKIT MERAH WEST NPC  |
| Police Station Address                    | <b>ROAD:</b> 500 BUKIT MERAH VIEW #01-01 , <b>POSTCODE:</b> 159682 ,<br><b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> - <b>FAX NO:</b>   |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180820/2045.

#### 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 | SJV4149U         |
| Vehicle Make/Model/Colour   |                  |
| Details Of Properties       |                  |
| Vehicle Category            | PRIVATE CAR      |
| Name of Driver              | EDMUND DU ZIJIAN |

|                                     |               |
|-------------------------------------|---------------|
| NRIC/Passport Number                | S8415809G     |
| Contact Number                      | 82006940      |
| Address                             |               |
| Postcode                            |               |
| Insurance Company Name              |               |
| Nature Of Damage                    |               |
| No. Of Passenger (Including Driver) | 2             |
| Passenger 1                         | NAME:       : |
|                                     | GENDER:     : |

#### DETAILS OF INJURED PERSON 1

|   |                   |
|---|-------------------|
| Name  | LEE JEROME        |
| Approximate Age                                     |                   |
| Injuries Sustain                                    | NECK & LOWER BACK |
| Injured person in which vehicle?                    | SJK2233E          |
| Were seat belts worn?                               | YES               |
| Was this injured conveyed to hospital by ambulance? | NO                |
| Address   |                   |
| Postcode  |                   |

#### DETAILS OF INJURED PERSON 2

|   |                       |
|---|-----------------------|
| Name  | LOKE MEI WAN, PETRINA |
| Approximate Age                                     |                       |
| Injuries Sustain                                    | NECK & LOWER BACK     |
| Injured person in which vehicle?                    | SJK2233E              |
| Were seat belts worn?                               | YES                   |
| Was this injured conveyed to hospital by ambulance? | NO                    |
| Address   |                       |
| Postcode  |                       |

## Accident Sketch Plan

### SKETCH PLAN


#### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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 the 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 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.

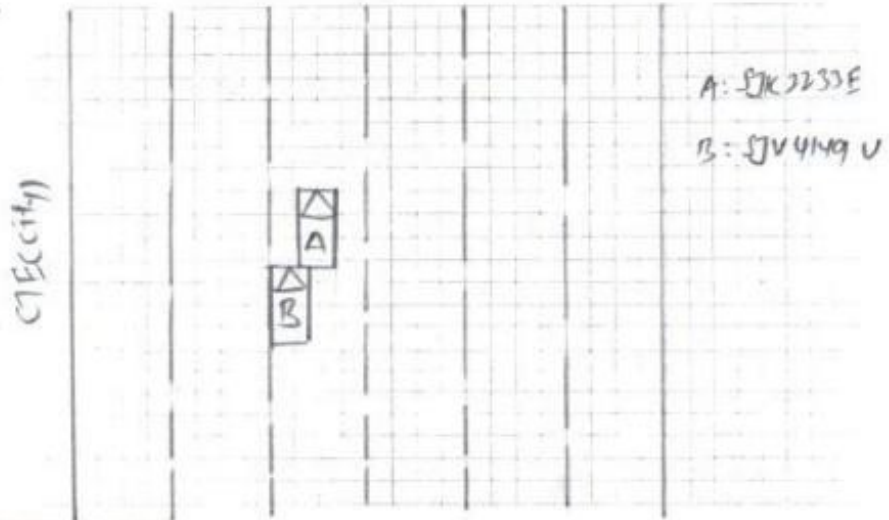
  
Policyholder's Signature  
Date & Time: \_\_\_\_\_

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

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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

## 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:

*[Handwritten signature]*

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

*[Handwritten signature]*



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180820/2045

1 of 4

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

Report No. T/20180820/2045

## REPORT OF A TRAFFIC ACCIDENT

|  |                  |                          |
|--|------------------|--------------------------|
| Date/Time Report Made:<br>20/08/2018 11:53 | Vide Report No.: | Station Diary No.:<br>24 |
|--|------------------|--------------------------|

### Informant's Particulars

|   |            |                              |   |  |                            |
|---|------------|------------------------------|---|--|----------------------------|
| Name of Informant:<br>LOKE MEI WAN, PETRINA |            |                              | Address:<br>APT BLK 44 TELOK BLANGAH DRIVE #03-57 SINGAPORE<br>100044 |  |                            |
| ID Type / ID No.:<br>NRIC NO / S9801588D    |            |                              | Contact No.:<br>Home/Office: Mobile: 88669409                         |  |                            |
| Nationality:<br>SINGAPORE CITIZEN           |            |                              | Email:  |  |                            |
| Sex:<br>Female                              | Age:<br>20 | Date of Birth:<br>16/01/1998 | Type of Informant:<br>Passenger                                       |  |                            |
| Race:<br>Chinese                            |            |                              | Language:   |  | Institution / School Name: |
| Occupation:<br>UNEMPLOYED                   |            |                              | Driving Licence Information:<br>Class: Date of Expiry:                |  |                            |

### General Information of the Accident

|  |                  |                                    |   |                                    |
|--|------------------|------------------------------------|---|------------------------------------|
| General Information of the Accident                          |                  |                                    |   |                                    |
| Type of Accident:  | Injury<br>Others | Drink<br>Drive:<br>No              | Date/Time of<br>Accident:<br>17/08/2018 17:15 | Type of Location:<br>Straight Road |
| Location:<br>Along Road 1<br>CENTRAL EXPRESSWAY              |                  |                                    |   |                                    |
| CENTRAL EXPRESSWAY BEFORE UPPER SERANGOON ROAD EXIT          |                  |                                    |   |                                    |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry               | Road Speed Limit:<br>90 Km/h                  |                                    |
| Traffic Flow:<br>One Way                                     |                  | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Heavy                      |                                    |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                  |                                    | Anyone conveyed by<br>ambulance:<br>No        |                                    |

### Details of Vehicle Involved

| Vehicle No. | Type | Make       | Model                                   | Color  | Condition           | No of Passenger |
|-------------|------|------------|---|--------|---------------------|-----------------|
| SJK2233E    | Car  | MITSUBISHI | LANCER<br>2.0L MIVEC<br>GLS 6-CVT       | Black  | Slightly<br>Damaged | 2               |
| SJV4149U    | Car  | HYUNDAI    | AVANTE 1.6<br>AT ABS<br>D/AB 2WD<br>4DR | Silver | Slightly<br>Damaged | 1               |

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180820/2045

Police Station Of Origin:  
Bukit Merah West N.P.C.  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

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Report No. T/20180820/2045

## CONTINUATION OF REPORT

| Details of Person Involved        |                         |  |                                   |
|-----------------------------------|-------------------------|--|-----------------------------------|
| Any Pedestrian Involved: No       |                         |  |                                   |
| No. of Pedestrians Injured: NIL   |                         | Use of Pedestrian Crossing: NA         |                                   |
| Driver                            |                         |  |                                   |
| Name                              | LEE JEROME              | ID No.                                 | S9901345A                         |
| Related Vehicle                   | SJK2233E (Car)          | Contact No.                            | 91917299                          |
| Hospital/Clinic                   | NIL                     | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL   |
| Date Treatment                    | NIL                     | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                     | Degree of Injury                       | NIL                               |
| Passenger                         |                         |  |                                   |
| Name                              | LOKE MEI WAN, PETRINA   | ID No.                                 | S9801588D                         |
| Related Vehicle                   | SJK2233E (Car)          | Contact No.                            | 88669409                          |
| Hospital/Clinic                   | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | 17/08/2018              | Date Discharge                         | 17/08/2018                        |
| No. of Days granted Medical Leave | 03                      | Degree of Injury                       | Slight                            |
| Driver                            |                         |  |                                   |
| Name                              | EDMUND DU ZIJIAN        | ID No.                                 | S8415809G                         |
| Related Vehicle                   | SJV4149U (Car)          | Contact No.                            | 82006940                          |
| Hospital/Clinic                   | NIL                     | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL   |
| Date Treatment                    | NIL                     | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                     | Degree of Injury                       | NIL                               |

### Brief Details.

On 17/8/2018 at about 1715 hrs, I was in the vehicle bearing registration number SJK2233E and my boyfriend namely LEE JEROME was driving the said rental vehicle. I was carrying my 18-month old baby in my arms at that time. Our vehicle was travelling along the Central Expressway (CTE) and the traffic was very heavy at that time. We were travelling along lane 4 at that time. At one point in time a vehicle which I am unsure of its vehicle number tried to enter my lane from lane 5. The said vehicle cut into my lane in an abrupt manner and hence my boyfriend performed an emergency brake. As a result, another vehicle bearing registration number SJV4149U (Hyundai) which was behind us from lane 3 hit into the rear of our vehicle when it tried to enter our lane 4 when the brake was done.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180820/2045

3 of 4

Police Station Of Origin:  
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Report No. T/20180820/2045

### CONTINUATION OF REPORT

We felt the impact and proceeded to stop our vehicle along the said lane along with the Hyundai car. We exchanged particulars and I have informed the car rental company about it. Subsequently I went to a clinic at Mount Alvernia Hospital for a medical check up and I was given 3 day medical leave for neck and lower back injury.



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180820/2045

Police Station Of Origin:  
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500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

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Report No. T/20180820/2045

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:

D /

Sgt 2 CHUA JUN QIAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Signature Of Informant:

Date/Time:

20/08/2018 11:53

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

