

## 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	24/09/2018 11:36
Date Of Accident	22/09/2018 13:45
Exact Location Of Accident	PIE (TUAS)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ7164H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BLAZE MOTORING PTE LTD
Co Reg No	201531362N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91449265
Alternative Phone No	OFFICE-91449265

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.5EX MIVEC A/T ELEGANCE 2WD 4DR
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	PRIVATE HIRE

### 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	18-MJ000999-R00
Cover Note Number	

### Driver

Name of Driver	LANGE JOSEPH
NRIC No	S7443438Z
Date Of Birth	25/12/1974
Occupation	OUTDOOR
Date Of Driving Pass	10/10/2014
Driving Experience	3 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90062574
Fax Number	
Contact Number	OFFICE-90062574
Email Address	NOEMAIL

Address	BLK 428 WOODLANDS STREET 41 #04-234
Postcode	730428
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	5
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SERANGOON NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 50 SERANGOON AVE 2 #01-02 , <b>POSTCODE:</b> 556129 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4880999 - <b>FAX NO:</b> 64883561
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180923/2058.

#### 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	SLC4561M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SIM KOK BENG (SHEN GUOMING)
NRIC/Passport Number	S7530087E
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 SJY9149X  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver GOH KHENG SIONG, JASON (WU QINGXIONG)  
NRIC/Passport Number S8533329A  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

1

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SFG757S  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver QUEK YI XUAN, CLAUDIA  
NRIC/Passport Number S9616572B  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

1

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number UNKNOWN  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver NIZAMDEEN  
NRIC/Passport Number S8070816E  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

1

#### DETAILS OF INJURED PERSON 1

Name LANGE JOSEPH  
Approximate Age  
Injuries Sustain LOWER BACK & SHOULDER  
Injured person in which vehicle? SLQ7164H  
Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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5. **Any false reporting may be referred to the Police for investigation.**
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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

A: SLA 716W

B: SLC 436M

C: SJY 9149X

D: SFG 757S

E: Unknown

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/10180923/2058.

## 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.:



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180923/2058

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

1 of 3

Report No: T/20180923/2058

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/09/2018 14:47	Vide Report No.:	Station Diary No.: 47
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### Informant's Particulars

Name of Informant: LANGE JOSEPH			Address: APT BLK 428 WOODLANDS STREET 41 #04-234 SINGAPORE 730428	
ID Type / ID No.: NRIC NO / S7443438Z			Contact No.: Home/Office:	Mobile: 90062574
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 43	Date of Birth: 25/12/1974	Type of Informant: Driver	
Race: Eurasian			Language: English	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:	

### General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 22/09/2018 13:45	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
LOCATION GIVEN BY TRAFFIC POLICE (11.3 PIE LANE 1)				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Chain collision			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJY9149X	Car			Silver		0
SLC4561M	Car			White		0
SLQ7164H	Car			Black		0

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180923/2058

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

2 of 3

Report No. T/20180923/2058

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOH KHENG SIONG JASON	ID No.	S8533329A
Related Vehicle	SLC4561M (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LANGE JOSEPH	ID No.	S7443438Z
Related Vehicle	SLQ7164H (Car)	Contact No.	90062574
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 22.09.2018 at 1345hrs, I was driving along PIE towards Tuas. I was driving on the first lane. Subsequently, vehicle (SJY 9147 X) make a stop. I managed to stop in time and did not hit the front vehicle. However, the other vehicle (SLC 4561 M) from behind hit my vehicle. My vehicle move forward and hit the front vehicle (SJY 9147 X). I alighted from my vehicle and make a check on the drivers. I make a check on my vehicle both front and back bumper were dent and scratches. Traffic police came and asked me to take down all the particulars that involved in accident. During the accident nobody is injured but there was a passenger a lady inside my vehicle. No in car camera installed.

On 23.09.2018 at about 1000hrs, I went to DOCTORS Clinic & Surgery as I felt pain on my lower back and shoulder. I was given 3 days of MC's.



## Police Report



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POLICE FORCE**



T/20180923/2058

Police Station Of Origin:  
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50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

3 of 3

Report No: T/20180923/2058

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 DEWI SYARIMAH BINTE HASSAN

Signature Of Interpreter:

Not applicable

Singapore Police Force

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

23/09/2018 14:47

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



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