

## 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 liability.
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	02/11/2018 18:53
Date Of Accident	01/11/2018 20:30
Exact Location Of Accident	UPP THOMSON RD TWDS LORNIE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ717Z
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#### Insured/Policyholder

Name Of Registered Owner	EMILE LIONEL LEICESTER
NRIC No	S6832788A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90916669
Alternative Phone No	OFFICE-90916669

#### Vehicle Particulars

Manufacturer	VOLVO
Model	XC90 3.2 R-DESIGN AT ABS D/AB HID AWD
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3124221801
Cover Note Number	

#### Driver

Name of Driver	EMILE LIONEL LEICESTER
NRIC No	S6832788A
Date Of Birth	10/08/1968
Occupation	INDOOR
Date Of Driving Pass	13/03/1995
Driving Experience	23 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90916669
Fax Number	
Contact Number	OFFICE-90916669
Email Address	NOEMAIL

Address	BLK 1 QUEEN'S ROAD #02-191
Postcode	260001
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	COLLISION - CROSS JUNCTION
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: : EMMA LEICESTER GENDER: : FEMALE
Passenger 2	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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20181102/2029.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKE7758U
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 EMILE LIONEL LEICESTER  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SKZ717Z  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name EMMA LEICESTER  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SKZ717Z  
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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#### **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.

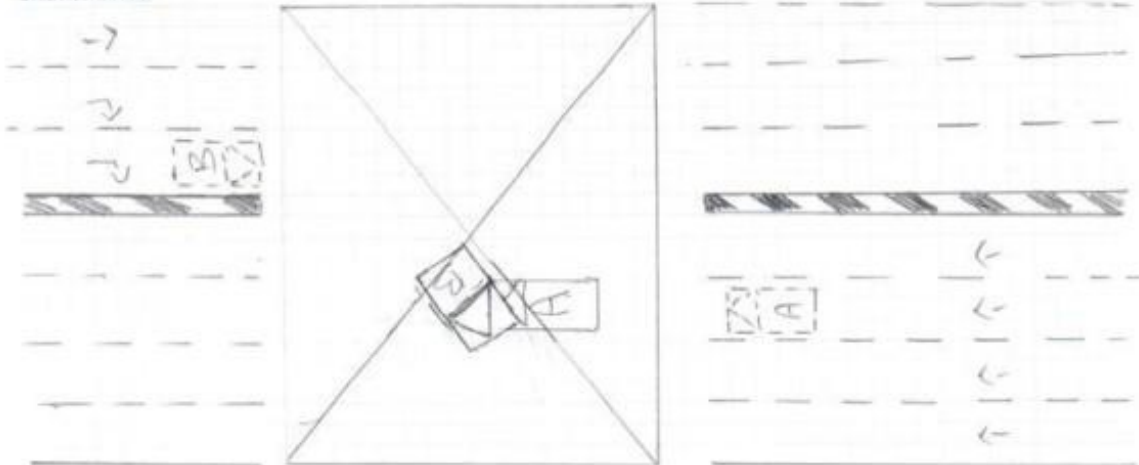
Policyholder's Signature  
Date & Time:

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

AS STATED ON POLICE REPORT NO: T/20181102/2029

PASSENGER: WIFE & DAUGHTER  
2 FEMALE

### 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/20181102/2029

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20181102/2029

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/11/2018 11:13	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: EMILE LIONEL LEICESTER		Address: APT BLK 1 QUEEN'S ROAD #02-191 FARRER GARDENS SINGAPORE 260001	
ID Type / ID No.: NRIC NO / S6832788A		Contact No.: Home/Office: Mobile: 90916669	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 50	Date of Birth: 10/08/1968	Type of Informant: Driver
Race: Eurasian		Language:	Institution / School Name:
Occupation: REGIONAL MANAGER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/11/2018 20:30	Type of Location:
Location: Junction of Road 1 and Road 2 THOMSON ROAD MARYMOUNT ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKE7758U	Car	TOYOTA	LEXUS GS250 AUTO STANDARD	Grey		2
SKZ717Z	Car	VOLVO	XC90 3.2 R-DESIGN AT ABS D/AB HID AWD	Grey		2



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20181102/2029

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20181102/2029

### CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKZ717Z	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN31242218 01	07/03/2018	06/03/2019

### **Brief Details.**

ON 1/11/2018 AT ABOUT 2030HRS AT THOMSON ROAD,

I WAS TRAVELLING TOWARDS LORNIE ROAD AND WAS CROSSING THE JUNCTION WITH MARYMOUNT ROAD. AS THE TRAFFIC LIGHT WAS GREEN IN MY FAVOR, I CONTINUED DRIVING STRAIGHT. SUDDENLY, A CAR FROM THE OPPOSITE DIRECTION TURNED FROM THOMSON ROAD INTO MARYMOUNT ROAD. AS A RESULT, I COULD NOT STOP IN TIME AND COLLIDED INTO THE FRONT PASSENGER DOOR OF THE CAR. AFTER THE ACCIDENT, AMBULANCE AND TRAFFIC POLICE ARRIVED AT SCENE. I ALSO HAVE AN IN CAR CAMERA THAT CAPTURED THE ENTIRE ACCIDENT. MY PASSENGERS AND I WERE INJURED BUT HAVE YET TO SEEK MEDICAL TREATMENT.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20181102/2029

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20181102/2029

### 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:  
TP /  
LEE KWANG HONG KENDRICK

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt YUS MASTARI I KHAZALI  
Contact No.: 65476214

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
02/11/2018 11:13

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Signature: \_\_\_\_\_



Accident Photo



Accident Photo



Accident Photo





Accident Photo



**Accident Photo**





**Accident Photo**



Accident Photo



Accident Photo



Accident Photo



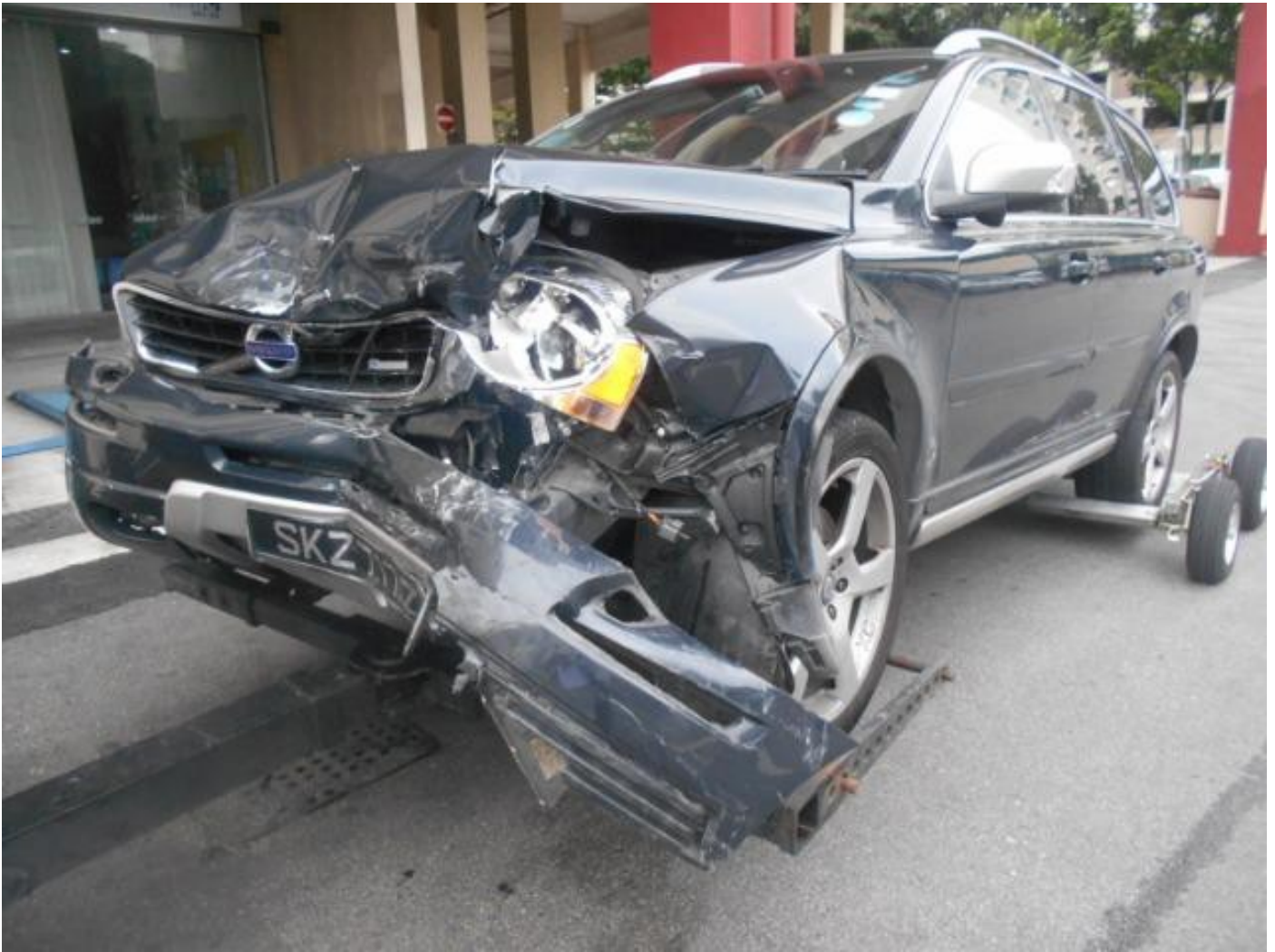


**Accident Photo**





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