

## 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             | 12/11/2018 20:08                     |
| Date Of Accident           | 10/11/2018 19:30                     |
| Exact Location Of Accident | PIE (CHANGI) BEFORE ENG NEO AVE EXIT |
| Country/State of Loss      | SINGAPORE                            |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKA1959S             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | WONG TENG SAN        |
| NRIC No                     | S1243499E            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-96325715 |
| Alternative Phone No        | OFFICE-96325715      |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | TOYOTA             |
| Model  | ESTIMA AERAS 2.4 A |
| 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 | QBE INSURANCE (SINGAPORE) PTE LTD |
| Type Of Coverage          | COMPREHENSIVE                     |
| Fleet Policy              | NO                                |
| Policy Number             | 8-V0009575-MVA-R003               |
| Cover Note Number         |                                   |

### Driver

|                      |                           |
|----------------------|---------------------------|
| Name of Driver       | LIM AH GUAN (LIN HE YUAN) |
| NRIC No              | S1697104I                 |
| Date Of Birth        | 04/08/1965                |
| Occupation           | INDOOR                    |
| Date Of Driving Pass | 10/05/1985                |
| Driving Experience   | 33 YEARS AND 6 MONTHS     |
| Gender               | MALE                      |
| Mobile Number        | (LOCAL) +65-96325715      |
| Fax Number           |                           |
| Contact Number       | OFFICE-96325715           |
| Email Address        | NOEMAIL                   |

|   |                                     |
|---|-------------------------------------|
| Address   | BLK 138D YUAN CHING ROAD<br>#12-153 |
| Postcode  | 614138                              |
| Was driver an employee of the Insured's Company     | NO                                  |
| If No, Relationship of the Driver with the Insured  | OTHER - MANAGER                     |
| Vehicle Registration Number of Driver's Own Vehicle | -                                   |
|   | -                                   |
|   | -                                   |
| Insurance Company of Driver's Own Vehicle           | -                                   |
|   | -                                   |
|   | -                                   |

#### General Information of the Accident

|                    |            |
|--------------------|------------|
| Type Of Accident   | SIDE SWIPE |
| Weather Conditions | RAINING    |
| Road Surface       | WET        |

#### Other Information

|   |   |
|---|---|
| Was any foreign vehicle involved in this accident?  | YES                                     |
| Foreign Vehicle Registration Number   | WWH9682 (COMMERCIAL VEHICLE)            |
| Number of vehicles involved in the accident   | 2                                       |
| Was any body injured in the Accident?   | NO                                      |
| Was any injured conveyed to hospital by ambulance?  |   |
| 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: : LIM DING YANG<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                       | GEYLANG NEIGHBOURHOOD POLICE CENTRE  |
| Police Station Address                    | <b>ROAD:</b> 132 PAYA LEBAR ROAD , <b>POSTCODE:</b> 409014 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-8486999 - <b>FAX NO:</b> 68486799                                  |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20181110/2141.

#### 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 | WWH9682            |
| 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 BPQ3818  
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 3**

Vehicle Registration Number SKK6299C  
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)

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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:

12 NOV 2018

URGENT SPECIAL INFIRM, VI

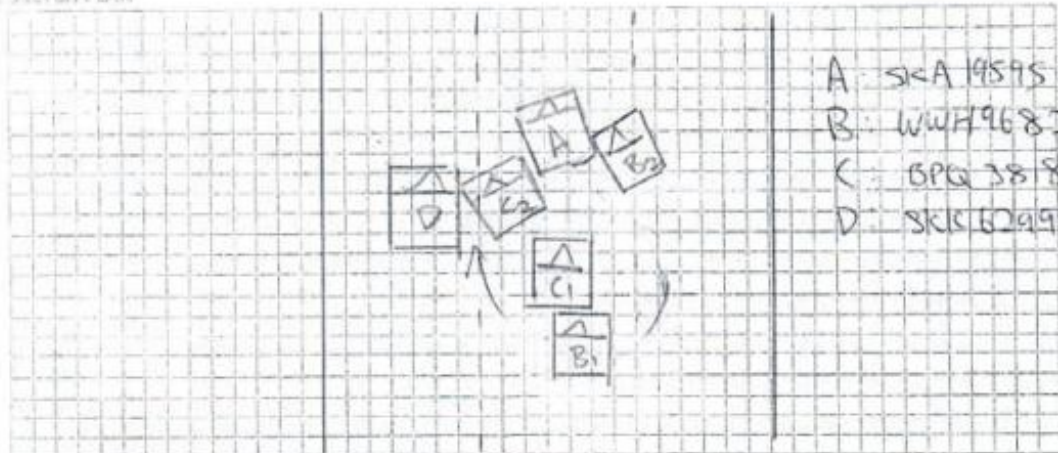
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

12 NOV 2018

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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refers to Police Report:  
T/2018/110/2141

## DECLARATION

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

Policyholder's Signature

Date & Time:

12 NOV 2018

QIP/ACC Sketch Plan Form\_V3

Driver's Signature  
(if driver is not the policyholder)

Date & Time:

12 NOV 2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20181110/2141

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

1 of 4

Report No: T/20181110/2141

## REPORT OF A TRAFFIC ACCIDENT

|  |            |                                     |  |                           |                            |
|--|------------|-------------------------------------|--|---------------------------|----------------------------|
| Date/Time Report Made:<br>10/11/2018 22:51 |            | Vide Report No.:<br>E/20181110/0166 |  | Station Diary No.:<br>107 |                            |
| <b>Informant's Particulars</b>             |            |                                     |  |                           |                            |
| Name of Informant:<br>LIM AH GUAN          |            |                                     | Address:<br>APT BLK 138D YUAN CHING ROAD #12-153 SINGAPORE<br>614138 |                           |                            |
| ID Type / ID No.:<br>NRIC NO / S16971041   |            |                                     | Contact No.:<br>Home/Office: Mobile: 96325715                        |                           |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                                     | Email:   |                           |                            |
| Sex:<br>Male                               | Age:<br>53 | Date of Birth:<br>04/08/1965        | Type of Informant:<br>Driver   |                           |                            |
| Race:<br>Chinese                           |            |                                     | Language:  |                           | Institution / School Name: |
| Occupation:<br>BUILDING MANAGER            |            |                                     | Driving Licence Information:<br>Class:                               |                           | Date of Expiry:            |

|  |                                  |                                    |  |                                     |
|--|----------------------------------|------------------------------------|--|-------------------------------------|
| <b>General Information of the Accident</b>                           |                                  |                                    |  |                                     |
| Type of Accident:  | Non-Injury<br>Attended by Police | Drink Drive:<br>No                 | Date/Time of Accident:<br>10/11/2018 19:00 | Type of Location:                   |
| Location:<br>Along Road 1<br>PAN ISLAND EXPRESSWAY<br>TOWARDS CHANGI |                                  |                                    |  |                                     |
| Weather:<br>Clear  |                                  | Road Surface:<br>Dry               | Road Speed Limit:                          |                                     |
| Traffic Flow:<br>One Way   |                                  | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Moderate                |                                     |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear         |                                  |                                    |  | Anyone conveyed by ambulance:<br>No |

| <b>Details of Vehicle Involved</b> |              |      |       |       |                   |                 |
|------------------------------------|--------------|------|-------|-------|-------------------|-----------------|
| Vehicle No.                        | Type         | Make | Model | Color | Condition         | No of Passenger |
| BPQ3818                            |              |      |       |       | Seriously Damaged | 0               |
| SKA1959S                           | Car          |      |       |       | Seriously Damaged | 0               |
| VVWH9682                           | PICKUP TRUCK |      |       |       | Seriously Damaged | 0               |



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20181110/2141

Police Station Of Origin:

2 of 4

Geylang N.P.C

Report No. T/20181110/2141

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

CONTINUATION OF REPORT

| Details of Person Involved        |                        |  |                                   |
|-----------------------------------|------------------------|--|-----------------------------------|
| Any Pedestrian Involved: No       |                        |  |                                   |
| No. of Pedestrians Injured: NIL   |                        | Use of Pedestrian Crossing: NA         |                                   |
| Driver                            |                        |  |                                   |
| Name                              | YAP CHIN BOON          | ID No.                                 | G2329862M                         |
| Related Vehicle                   | BPQ3818                | Contact No.                            | 0178769313                        |
| Hospital/Clinic                   | NIL                    | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                    | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                    | Degree of Injury                       | NIL                               |
| Driver                            |                        |  |                                   |
| Name                              | LIM AH GUAN            | ID No.                                 | S1697104I                         |
| Related Vehicle                   | SKA1959S (Car)         | Contact No.                            | 96325715                          |
| Hospital/Clinic                   | NIL                    | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                    | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                    | Degree of Injury                       | NIL                               |
| Driver                            |                        |  |                                   |
| Name                              | KHAN ATIQUUR RAHMAN    | ID No.                                 | G3013043Q                         |
| Related Vehicle                   | WWH9682 (PICKUP TRUCK) | Contact No.                            | NIL                               |
| Hospital/Clinic                   | NIL                    | Class of Driving Licence & Expiry Date | Class: NIL<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 the above mentioned date, time and location, I was travelling in my vehicle (SKA1959S) along PIE towards changi and I was headed to Bedok area. During that point of time, there was not much traffic, however I was travelling on lane two which was slightly congested. I came to a complete stop as there were traffic in front of me. I looked at my rear mirror and I also saw the vehicle (SKF7294K) that was behind me coming to a complete stop.

Moments later I felt a heavy impact on both the rear right and left side of my vehicle. I would like to state that both myself and my son whom was sitting beside me was not injured. When I came out to make a

## Police Report



SINGAPORE  
POLICE FORCE



T/20181110/2141

Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

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Report No. T/20181110/2141

CONTINUATION OF REPORT

check, I realized that (VVH9682) was on the rear right side of my vehicle while, (BPQ3818) was on the rear left side of my vehicle. I am not sure of exactly the specific events leading to an accident however this resulted in a massive chain collision involving a total of 4 vehicle.

Both ambulance and traffic at scene however no one was conveyed to any hospital. The rear left and right side of my vehicle is badly damaged as well, I am lodging this report for insurance claiming purposes.



# Police Report



SINGAPORE  
POLICE FORCE



T/20181110/2141

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

Report No. T/20181110/2141

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:

G /  
Sgt 2 CHANG JUN KAI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
10/11/2018 22:51

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt NOR FAIZAL BIN YAHYA  
Contact No: 65476202

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**



Accident Photo



Accident Photo

