

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	07/02/2019 20:18
Date Of Accident	05/02/2019 15:00
Exact Location Of Accident	TPE TOWARDS SLE (11KM) LAMPOST 586F
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6643A
Insured/Policyholder	
Name Of Registered Owner	VIKAR TRANSPORT SERVICES
Co Reg No	53346871W
Email Address	TRISTONLYZ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96178697
Alternative Phone No	OFFICE-96178697

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 D GL HIGH-ROOF COMMUTER (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?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SN1766031801
Cover Note Number	

Driver

Name of Driver	LIM YU ZHUANG (LIN YUZHANG)
NRIC No	S8320023F
Date Of Birth	10/06/1983
Occupation	INDOOR
Date Of Driving Pass	11/05/2004
Driving Experience	14 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96178697
Fax Number	
Contact Number	OFFICE-96178697
Email Address	TRISTONLYZ@GMAIL.COM

Address	BLK 281A SENGKANG EAST AVENUE #14-619
Postcode	541281
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 (including own vehicle) involved in the accident	3
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)	5
Passenger 1	NAME: : POON PEI YAN, CLARA GENDER: : FEMALE
Passenger 2	NAME: : DAUGHTER GENDER: : FEMALE
Passenger 3	NAME: : DAUGHTER GENDER: : FEMALE
Passenger 4	NAME: : SON GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/2190206/2000

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	SME3176B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM CHEE ANG
NRIC/Passport Number	S7630374F
Contact Number	81894867
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3
Passenger 1	NAME: : GENDER: :
Passenger 2	NAME: : GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGN4911M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH HOCK MENG
NRIC/Passport Number	
Contact Number	92277277
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LIM YU ZHUANG (LIN YUZHUANG)
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	PC6643A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	POON PEI YAN, CLARA
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	PC6643A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	UNKNOWN SON
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	PC6643A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 4

Name	UNKNOWN DAUGHTER
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	PC6643A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 5

Name	UNKNOWN DAUGHTER
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	PC6643A
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.
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. 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:

07 Feb 2019.

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

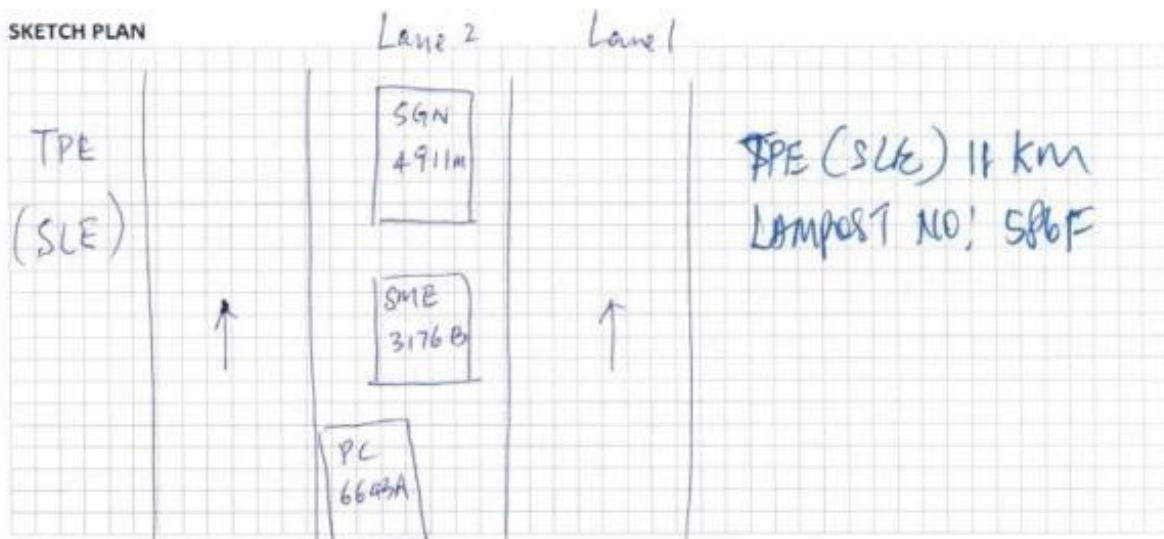
07 Feb 2019

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

07/01/2019
Roshan

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ms REF to Police Report
7/20190206/2000

DECLARATION

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

Policyholder's Signature
Date & Time: 7/2/2019.

GIARME SketchPlanForm_V3

Driver's Signature
(If driver is not the policyholder)
Date & Time: 7/2/2019

Reporting Centre Personnel's Signature
Name: Rashid
NRIC/FIN No.: 07/09/2019

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190206/2000

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 5

Report No. T/20190206/2000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/02/2019 00:00		Vide Report No.: F/20190205/0140	Station Diary No.: 1
Informant's Particulars			
Name of Informant: LIM YU ZHUANG		Address: APT BLK 281A SENGKANG EAST AVENUE #14-619 SINGAPORE 541281	
ID Type / ID No.: NRIC NO / S8320023E		Contact No.: Home/Office: Mobile: 96178697	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 35	Date of Birth: 10/06/1983	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Bus driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/02/2019 14:45	Type of Location: Straight Road
Location: Along Road 1 TAMPINES EXPRESSWAY TPE(SLE) 11KM Lamp Post Number: 586F				
Weather: Sunny		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
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
PC6643A	Bus/Coach/Mi nibus				Slightly Damaged	4
SGN4911M	Car					0
SME3176B	Car				Seriously Damaged	2

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190206/2000

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 5

Report No. T/20190206/2000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM YU ZHUANG	ID No.	S8320023E
Related Vehicle	PC6643A (Bus/Coach/Minibus)	Contact No.	96178697
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
Passenger			
Name	Poon Pei Yan, Clara	ID No.	S8826943H
Related Vehicle	PC6643A (Bus/Coach/Minibus)	Contact No.	81265676
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/02/2019	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Name	Goh Hock Meng	ID No.	S1578236E
Related Vehicle	SGN4911M (Car)	Contact No.	92277277
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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190206/2000

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 5

Report No. T/20190206/2000

CONTINUATION OF REPORT

Driver			
Name	Lim Chee Ang	ID No.	S7630374F
Related Vehicle	SME3176B (Car)	Contact No.	81894867
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

Brief Details.

On 5/2/2019 as I was driving on the second lane of TPE(SLE), I met into an accident. The accident happened as the vehicles in front of me had stepped on the brakes suddenly and I could not react in time. To my knowledge, there were a total of six vehicles involved, four 4 wheelers, 1 minivan and 1 motorist.

After the accident happened, I made a check with my family to check if anybody was injured and I understood from my wife that she had sustained cuts in her mouth due to her knocking into a metal pole in the minivan. My 3 kids also complained of aches and discomfort at their neck. My wife then called for an ambulance.

I then went to check with the other drivers involved in the accident. From them, I understood that the first vehicle had an accident with a motorist at the front due to the motorist wobbling and thus it hit the right side of the first vehicle. Afterwards, the first car stepped on the brakes and the driver behind him (second vehicle involved) could not react in time and hit onto his rear.

Afterwards, the third vehicle (SGN4911M) was able to step on the brake in time and did not hit the vehicle in front.

The fourth vehicle (SME3176B) was unable to react in time and hit onto the third vehicle's rear.

Afterwards, I was unable to stop my vehicle (PC6643A) in time and hit onto the fourth vehicle's rear.

I also observed that there was an accident on the first lane however I do not know what is going on over at their end.

When the ambulance arrived, they made a check on all the parties involved subsequently, my wife was conveyed to Sengkang General Hospital. My wife was given a 2 days MC due to the cuts in her mouth.

I was not injured in the accident.

There was a female passenger from the fourth vehicle (SME3176B) that got conveyed to Sengkang General Hospital as well, however I do not have her particulars. I observe that she had sustained injuries at the back of her head. However there was no blood.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190206/2000

Police Station Of Origin;
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

4 of 5

Report No. T/20190206/2000

CONTINUATION OF REPORT

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190206/2000

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

5 of 5

Report No. T/20190206/2000

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 ANG JUN WEI JAMES	
Signature Of Interpreter: Not applicable	SN 085
Officer In Charge Of Case: TP / GIT Staff Sgt YAN MINGSHENG DANIEL Contact No.: 65476252	

Signature Of Informant:
Date/Time: 06/02/2019 00:00
Classification Of Case:

Authentication Stamp
NP168

ID

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8320023E**



Name
LIM YU ZHUANG
(LIN YUZHANG)
林育庄

Race
CHINESE

Date of birth
10-06-1983

Country/Place of birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number **S8320023E**
Name
LIM YU ZHUANG
(LIN YUZHANG)

Birth Date **10 Jun 1983**
Issue Date **11 May 2004**

001215261K

5518211



NRIC No. **S8320023E**



Date of issue
26-08-2015

Address
APT BLK 281A SENGKANG EAST AVENUE
#14-619
SINGAPORE 541281

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
11 May 2004

NP 428A

License No: **S8320023E**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

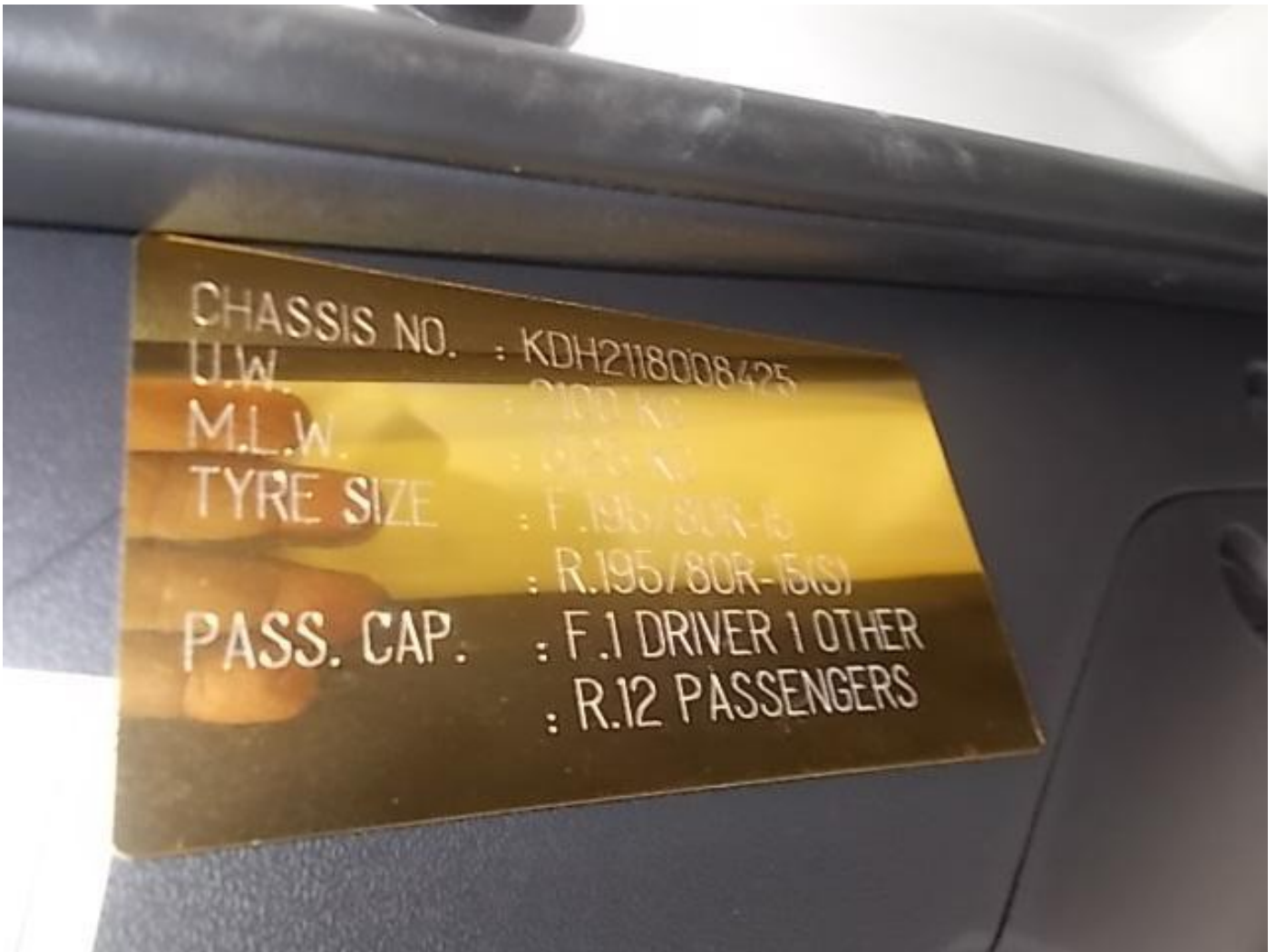


Accident Photo



Accident Photo





Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S66550020 / GST Reg. No: M40001773

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: P7NA419017144 Vehicle Registration No: PC 6643A
Name (as shown in NRIC): Lim Yu Zhen (Lim YZhen) NRIC/FIN/Passport No: _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 96178697
Email Address: _____
Date of Accident: 05/02/2019 Time of Accident: 15:00
Place of Accident: TPE TOWARDS SUE (11km) Camp Road 588F
Insurance Company: China Tower

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

NEW POLICY NUMBER DMBISN176631801

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rohi Lim
NRIC/FIN No.: 19/02/2019
Date: