

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	11/02/2019 13:20
Date Of Accident	05/02/2019 16:10
Exact Location Of Accident	PIE TO CHANGI LAMP POST NO.1053
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW8179L
Insured/Policyholder	
Name Of Registered Owner	LIM THIAN KWUI
NRIC No	S1444105J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83043698
Alternative Phone No	OFFICE-93702269

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.6 (M)
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA380580
Cover Note Number	

Driver

Name of Driver	JOSEPH LIM THIAN TING
NRIC No	S9616904C
Date Of Birth	20/05/1996
Occupation	INDOOR
Date Of Driving Pass	10/01/2018
Driving Experience	1 YEAR AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98506671
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 160 LORONG 1 TOA PAYOH #11-1568
Postcode	310160
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : LAI HUI LING GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO: T/20190205/2079. STATEMENT RECORDED BY SOO - PROGRESSIVE CAR CARE PTE LTD (6741 5336)

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJQ9040S
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 JOSEPH LIM THIAN TING

Approximate Age

Injuries Sustain BODY PAIN

Injured person in which vehicle? SGW8179L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name LAI HUI LING

Approximate Age

Injuries Sustain BACK PAIN

Injured person in which vehicle? SGW8179L

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Sketch Plan

SKETCH PLAN


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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:


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


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

Sketch Plan #2

SKETCH PLAN

Pie towards Change before Lornix Erit

Vehicle No.

A - 35 SGW
B - 55 GAO
C - 35 CB

Legend

Vehicle
Bike

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

Policyholder's Signature _____

Date & Times:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190205/2079

1 of 4

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20190205/2079

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/02/2019 21:09	Vide Report No.: E/20190205/0114	Station Diary No.: 63
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Informant's Particulars			
Name of Informant: JOSEPH LIM TIAN TING		Address: APT BLK 160 LORONG 1 TOA PAYOH #11-1568 SINGAPORE 310160	
ID Type / ID No.: NRIC NO / S9616904C		Contact No.: Home/Office: Mobile: 98506671	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 22	Date of Birth: 20/05/1996	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: ST LOGISTIC PERSONNEL		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 05/02/2019 16:10	Type of Location: Straight Road
Location: Along Road 1 PAN-ISLAND EXPRESSWAY PIE(AP), 21.6km - Lamp post number 1053/1 towards Changi Airport. Lamp Post Number: 1053				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	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
SGW8179L	Car	MITSUBISHI	LANCER 1.6 M		Seriously Damaged	1
SJQ9040S	Car	RENAULT	MEGANE 1.6 AUTO 4DR ABS AIRBAG			0

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190205/2079

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Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20190205/2079

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLC82E	Car	TOYOTA	LEXUS ES300H LUXURY CVT S/R			0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JOSEPH LIM TIAN TING		ID No. S9616904C
Related Vehicle	SGW8179L (Car)		Contact No. 98506671
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	05/02/2019	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Passenger			
Name	LAI HUI LING		ID No. S9617030J
Related Vehicle	SGW8179L (Car)		Contact No. 91513897
Hospital/Clinic	TAN TOCK SENG HOSPITAL		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	03	Degree of Injury	Serious
Driver			
Name	URSHULA JOEY SPEMANN		ID No. S9206086A
Related Vehicle	SJQ9040S (Car)		Contact No. 97895996
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



**SINGAPORE
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T/20190205/2079

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Report No. T/20190205/2079

CONTINUATION OF REPORT

Driver			
Name	PHUA THIAM YEONG	ID No.	S8273690E
Related Vehicle	SLC82E (Car)	Contact No.	91862590
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 05/02/2019 at about 4.13.p.m, I was driving my car bearing vehicle registration number, SGW8179L along PIE, lane 1 (Most right lane) and my girlfriend, Lai Hui Ling was my passenger seated on the front. Whilst travelling, there was a car ahead bearing vehicle registration number, SLC82E (Referring to V2) applied braking so as I applied brake as well for the purpose of slowing down. Suddenly a impact and loud sound came from my rear that I realized a car bearing vehicle registration number, SJQ9040S (Referring to V3) had collided onto my car rear portion. Thus my car moved forward and collided onto V2.

Due to the chain accident, my girlfriend was conveyed via ambulance to Tan Tock Seng Hospital. There was traffic police attended to the accident as well. I also went to see a doctor later and I was granted with 2 days of medical leave. I am lodging a traffic police report as advised by the traffic police office at scene.



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Report No. T/20190205/2079

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: E / Sgt 3 TEOH PREECHA	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 05/02/2019 21:09
Officer In Charge Of Case: TP / GIT / Staff Sgt YAN MINGSHENG DANIEL Contact No.: 65476252 SN 168	Classification Of Case:
Authentication Stamp NP168 SIGNATURE	