

## 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	16/03/2019 16:40
Date Of Accident	15/03/2019 17:15
Exact Location Of Accident	PIE TOWARDS TUAS ALJUNIED FLYOVER B/F EXIT 12
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM7670J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LAM KWEK KIONG (LAN GUOQIANG)
NRIC No	S7109666A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97106015
Alternative Phone No	OTHERS-97106015

### Vehicle Particulars

Manufacturer	CHEVROLET
Model	ORLANDO
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090575451-01
Cover Note Number	

### Driver

Name of Driver	LAM KWEK KIONG (LAN GUOQIANG)
NRIC No	S7109666A
Date Of Birth	26/03/1971
Occupation	INDOOR
Date Of Driving Pass	17/11/1997
Driving Experience	21 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97106015
Fax Number	
Contact Number	OTHERS-97106015
EEmail Address	NOEMAIL

Address	BLK 503 JELAPANG ROAD #07-364
Postcode	670503
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	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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG
Police Station Address	<b>ROAD:</b> 1 SEGAR ROAD , <b>POSTCODE:</b> 677738 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8929999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### 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	GBF2477P
Vehicle Make/Model/Colour	NISSAN PICKUP
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	JEZREEL SARMIENTO RUBIA
NRIC/Passport Number	G2831750L
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SKX1349G  
Vehicle Make/Model/Colour LEXUS  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver LIM KIM CHENG  
NRIC/Passport Number S1523833Z  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name LAM KWEK KIONG (LAN GUOQIANG)  
Approximate Age  
Injuries Sustain NECK AND BACK  
Injured person in which vehicle? SLM7670J  
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.
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:

 16/03/2019  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Josh Ho/Tan  
NRIC/FIN No.:





POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190315/2195

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Police Station Of Origin:  
Bukit Panjang N.P.C  
1-Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

Report No. T/20190315/2195

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLM7670J	NTUC Income Insurance Co-Operative Limited	5090575451-01	10/04/2018	09/04/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	JEZREEL SARMIENTO RUBIA		ID No.	G2831750L
Related Vehicle	GBF2477P (PICKUP)		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	LIM KIM CHENG		ID No.	S1523833Z
Related Vehicle	SKX1349G (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	LAM KWEK KIONG		ID No.	S7109666A
Related Vehicle	SLM7670J (Car)		Contact No.	97106015
Hospital/Clinic	PROHEALTH 24-HOUR MEDICAL CLINIC		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	15/03/2019		Date Discharge	15/03/2019
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

POLICE REPORT



SINGAPORE  
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T/20190315/2195

Police Station Of Origin:  
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1 Segar Road #01-05 SINGAPORE 677738  
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Report No: T/20190315/2195

CONTINUATION OF REPORT

**Brief Details.**

On 15/03/19 at about 1715hrs I was driving my vehicle bearing SLM7670J along Ajunied Flyover on lane 2 before exit 12. While I was driving, a vehicle bearing GBF2477P driving on lane 3, filtered onto lane 2, behind my vehicle. As the traffic in front of me was heavy and the traffic was slow, I slow down too. The vehicle GBF2477P could not stop in time, hence collided onto the rear end portion of my vehicle. My vehicle surged forward and collided onto a vehicle, SKX1349G in front of my vehicle.

Upon collision, all parties came out to make a check. There were no visible injuries to any parties to my knowledge. From what I know, there was another vehicle involved in the collision, the vehicle had collided onto the rear end portion of GBF2477P however the said vehicle had drove off. Only The driver if GBF2477P, the driver of SKX1349G and myself remain at scene to exchange particulars, photo of the scene taken. Subsequently, all parties left the scene.

My vehicle suffered damaged on the front and the rear portion of my vehicle Dented on the rear bumper and the boot door. Dented on the front portion of my vehicle. I have an in car video camera and had recorded the incident. After the incident, I subsequently felt pain on the back of my neck hence I proceed to seek medical assistance at prohealth 24-hour medical clinic and I was given 3days MC. I was later advice to lodge a police report.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190315/2195

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

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Report No: T/20190315/2195

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:

J/

Sgt 3 YIM ZI KUEI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
15/03/2019 22:19

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt MOHAMAD ZULFAZDLI BIN  
ABDULLAH  
Contact No.: 65476204

Classification Of Case:

Authentication Stamp

NP198

Accident Photo



Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

