

## 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	21/03/2019 13:59
Date Of Accident	20/03/2019 14:35
Exact Location Of Accident	PIE->CHANGI CLOSE TO PAYA LEBAR EXIT L/P NO 562F
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD6635J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FSL RENOVATION CONTRACTOR
Co Reg No	52983801W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN3018111903
Cover Note Number	

### Driver

Name of Driver	LIM POH CHOY(LIN BAOCAI)
NRIC No	S7504907B
Date Of Birth	18/02/1975
Occupation	OUTDOOR
Date Of Driving Pass	22/10/1996
Driving Experience	22 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97636829
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 714 PASIR RIS ST 72 #14-25
Postcode	510714
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 1 PASIR RIS DRIVE 4 , <b>POSTCODE:</b> 519457 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5852999 - <b>FAX NO:</b> 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190320/2203

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDY154K
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 2

Vehicle Registration Number GBD5283Y  
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 INJURED PERSON 1

Name LIM POH CHOY(LIN BAOCAI)  
Approximate Age  
Injuries Sustain MUSCLE STRAINS & SCRATCHES ON THE CHEST  
Injured person in which vehicle? GBD6635J  
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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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.:

# Accident Sketch Plan

## SKETCH PLAN

PIE -> CHANGI CLOSE TO PAYA LEBAR EXIT 4P 562F

A) GBD 66353

B) 98Y 154 K

C) GBD 52831

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report No: T20190320/2203

## DECLARATION

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

Policyholder's Signature  
Date & Time:

605MAC Sketch Plan Form\_V3

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

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

## Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20190320/2203

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457

Tel No: 1800-5852999

2 of 3

Report No. T/20190320/2203

### CONTINUATION OF REPORT

#### Brief Details.

On 20/3/2019 at about 2.35pm, I was driving along PIE towards Changi close to Paya Lebar exit. My vehicle number is GBD6635J. Suddenly, I heard two loud sounds of collisions between vehicles and I felt an impact onto my vehicle as well. I immediately went down to make a check and saw that the bottom right of my vehicle rear is dented. I exchange particulars with the other two vehicle drivers involved in the accident. The other two vehicles are SDY154K and GBD5283Y. The vehicle SDY154K was the vehicle that collided into my rear and the driver of this vehicle claimed that the vehicle behind his was the one that collided into him first which resulted in the chain of collision.

In car vehicle camera of the rear is downloaded and secured. I suffered muscles strains and scratches on my chest area and I am issued a three days Medical Certificate after visiting Well Medical Clinic and Surgery Pte Ltd.



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190320/2203

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852899

1 of 3

Report No: T/20190320/2203

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/03/2019 22:31	Video Report No.:	Station Diary No.: 105
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### Informant's Particulars

Name of Informant: LIM POH CHOY			Address: APT BLK 714 PASIR RIS STREET 72 #14-25 SINGAPORE 510714	
ID Type / ID No.: NRIC NO / S7504907B			Contact No.:	Mobile: 97636828
Nationality: SINGAPORE CITIZEN			Name/Office:	
			Email:	
Sex: Male	Age: 44	Date of Birth: 18/02/1975	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class:	

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/03/2019 14:35	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE TOWARDS CHANGI CLOSE TO PAYA LEBAR EXIT, LAMPOST NO. 562F				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD5293Y	Lorry					0
GBD6335J	Van	NISSAN	NV350 PANEL VAN 2.5 5MT 5DR EURO V	Brown	Slightly Damaged	0
SDY164K	Car					0

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180320/2203

Police Station Of Origin:  
Pasir Ris N.P.C

2 of 3

1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457

Report No. T/20180320/2203

Tel No: 1800-5852889

### CONTINUATION OF REPORT

#### Brief Details.

On 20/3/2018 at about 2.35pm, I was driving along PIE towards Changi close to Paya Lebar exit. My vehicle number is GBD6635J. Suddenly, I heard two loud sounds of collisions between vehicles and I felt an impact onto my vehicle as well. I immediately went down to make a check and saw that the bottom right of my vehicle rear is dented. I exchange particulars with the other two vehicle drivers involved in the accident. The other two vehicles are SDY154K and GBD5283Y. The vehicle SDY154K was the vehicle that collided into my rear and the driver of this vehicle claimed that the vehicle behind his was the one that collided into him first which resulted in the chain of collision.

In car vehicle camera of the rear is downloaded and secured. I suffered muscles strains and scratches on my chest area and I am issued a three days Medical Certificate after visiting Well Medical Clinic and Surgery Pte Ltd.



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20190320/2203

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

3 of 3

Report No: T/20190320/2203

### 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 OH JIA KAI JACKIE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/03/2019 22:31

Officer In Charge Of Case:

TP / AEIT /

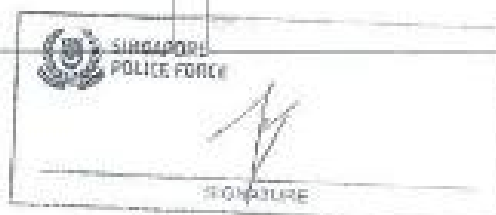
SIANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

Authentication Stamp

NP/03



## Identification Card

