

## 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	08/04/2019 15:04
Date Of Accident	07/04/2019 16:45
Exact Location Of Accident	TAMPINES ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKS6915R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIN JERH YUEN DEBBIE
NRIC No	S1551257A
Email Address	CHINDEBBIE@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-97935107
Alternative Phone No	Others-97935107
<b>Vehicle Particulars</b>	
Manufacturer	AUDI
Model	A6 C7 2.0 TFSI MU
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	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100411170-03
Cover Note Number	
<b>Driver</b>	
Name of Driver	LIM JIT TING
NRIC No	S2570000G
Date Of Birth	06/12/1960
Occupation	INDOOR
Date Of Driving Pass	24/11/1988
Driving Experience	30 YEARS AND 4 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-96975608
Fax Number	
Contact Number	
E-Mail Address	LIMJITING@SINGNET.COM.SG
Address	23 KEPPEL BAY VIEW #20-73
Postcode	098414
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	4
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)	3
Passenger 1	Name: : CHIN KIM FOOK DAVID Gender: : Male
Passenger 2	Name: : IRENE CHIN Gender: : Female

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 60 HOUGANG AVE 9 , <b>POSTCODE:</b> 538775 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4890999 - <b>FAX NO:</b> 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### 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	SKA7901T
Vehicle Make/Model/Colour	TOYOTA ALTIS BLUE

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	FOO WEI KANG
NRIC/Passport Number	S9413058A

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SHC3603E
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category	TAXI
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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	SHD9798G
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category	TAXI
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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	CHIN KIM FOOK DAVID
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Approximate Age

Injuries Sustain

Injured person in which vehicle?	SKS6915R
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Were seat belts worn?

Was this injured conveyed to hospital by ambulance?	YES
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Address

Postcode

**DETAILS OF INJURED PERSON 2**

Name	IRENE CHIN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKS6915R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

**DETAILS OF INJURED PERSON 3**

Name	FOO WEI KANG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKA7901T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

**DETAILS OF INJURED PERSON 4**

Name	ZE JIANG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKA7901T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Sketch Plan

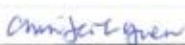
### SKETCH PLAN

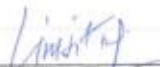
#### IMPORTANT NOTICE

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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:

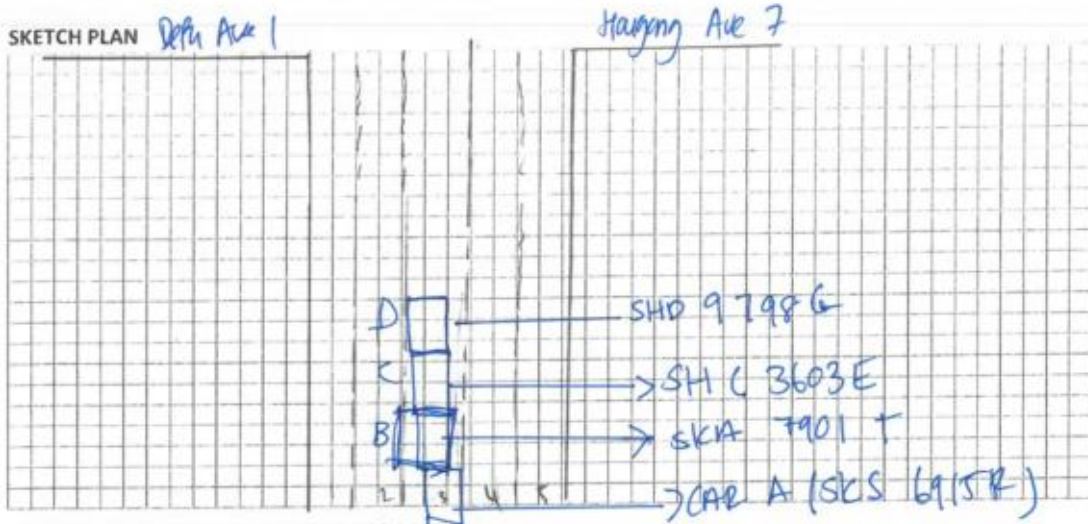
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: Sch Maslin  
NRIC/FIN No.: 989102602

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report

## DECLARATION

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

*Amir J. [Signature]*

Policyholder's Signature

Date & Time:

*Amir J. [Signature]*

Driver's Signature

(If driver is not the policyholder)

Date & Time:

*[Signature]*

Reporting Centre Personnel's Signature

Name: *Sgt Marshall*

NRIC/FIN No.: *889102602*

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190407/2101

1 of 3

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20190407/2101

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/04/2019 19:35		Vide Report No.:		Station Diary No.: 111	
<b>Informant's Particulars</b>					
Name of Informant: LIM JIT TING			Address: 23 KEPPEL BAY VIEW #20-73 SINGAPORE 098414		
ID Type / ID No.: NRIC NO / S2570000G			Contact No.: Home/Office: Mobile: 96975608		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 58	Date of Birth: 06/12/1960	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Retiree			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: 07/04/2019 16:45	Type of Location: Straight Road
Location: Along Road 1 TAMPINES ROAD  Along Tampines Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
SHC3603E	Car				Slightly Damaged	2
SHD9798G	Car				Slightly Damaged	1
SKA7901T	Car				Seriously Damaged	2
SKS6915R	Car				Seriously Damaged	2

POLICE REPORT





**SINGAPORE  
POLICE FORCE**



T/20190407/2101

2 of 3

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20190407/2101

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	Foo Wei Kang	ID No.	S9413058A
Related Vehicle	SKA7901T (Car)	Contact No.	NIL
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	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
<b>Driver</b>			
Name	LIM JIT TING	ID No.	S2570000G
Related Vehicle	SKS6915R (Car)	Contact No.	96975608
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

**Brief Details.**

On 07/04/2019 at about 1645hrs, I was driving my car SKS6915R along Tampines Road. While driving, I dozed off without realizing. Suddenly I felt an impact and my airbags were activated. Until the car came to a stop, I went out to check. I had collided onto a car SKA7901T. The impact caused that car to hit onto 2 other taxis SHC3603E and SHD9798G.

I called for police. Police and ambulance came. 4 people was being conveyed to hospital. I was advised by the traffic police officer to lodge an accident report. The traffic police gave me an incident number F/20190407/0137

**POLICE REPORT**





**SINGAPORE  
POLICE FORCE**



T/20190407/2101

3 of 3

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20190407/2101

**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 /  
Staff Sgt MUHAMMAD SABRI AMIN BIN  
SURAMIN

Signature Of Informant:

*Lim Jit Kp*

Signature Of Interpreter:  
Not applicable

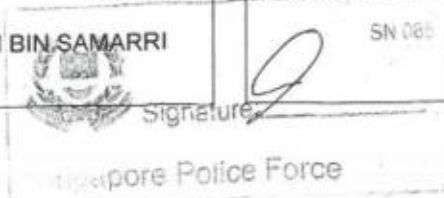
Date/Time:  
07/04/2019 19:35

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI  
Contact No.: 65476904

Classification Of Case:

SN 065

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



Accident Photo



Accident Photo



Accident Photo





Audi



	bar	psi	bar	psi
Front	2,1	30	2,1	30
Rear	2,3	33	2,6	38

225/60 R16 98Y  
225/60 R16 98H M+S  
225/65 R17 97Y  
225/65 R17 97H M+S  
245/45 R18 100Y XL

	2,3	33	2,1	30
Front	2,5	36	2,9	42

225/65 R17 101V XL M+S  
225/60 R16 99H XL M+S

**T145/60 R20 4,2 61**

EURO RSCG





Accident Photo



Accident Photo





Accident Photo



Accident Photo



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