

## 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             | 16/05/2019 12:02                     |
| Date Of Accident           | 15/05/2019 08:35                     |
| Exact Location Of Accident | KIM KEAT LINK SLIP ROAD (NEAR SAFRA) |
| Country/State of Loss      | SINGAPORE                            |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLA5935Y             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | LYE PUAY ENG         |
| NRIC No                     | S0077123F            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-97380793 |
| Alternative Phone No        | OTHERS-97380793      |

### Vehicle Particulars

|  |                       |
|--|-----------------------|
| Manufacturer   | TOYOTA                |
| Model  | COROLLA ALTIS-1.6 (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? | NO                    |
| If No, Please state action to be taken                                       | THIRD PARTY           |
| Vehicle Category   | PRIVATE CAR           |

### Insurance Company

|                           |   |
|---------------------------|---|
| Name of Insurance Company | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE                                 |
| Fleet Policy              | NO  |
| Policy Number             | DMPCSN1716361902                              |
| Cover Note Number         |   |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | SIM SIEW SAN          |
| NRIC No              | S7046186B             |
| Date Of Birth        | 30/12/1970            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 30/07/1992            |
| Driving Experience   | 26 YEARS AND 9 MONTHS |
| Gender               | FEMALE                |
| Mobile Number        | (LOCAL) +65-97380793  |
| Fax Number           |                       |
| Contact Number       | OTHERS-97380793       |
| Email Address        | NOEMAIL               |

|   |                                       |
|---|---------------------------------------|
| Address   | BLK 152 LORONG 2 TOA PAYOH<br>#23-326 |
| Postcode  | 310152                                |
| Was driver an employee of the Insured's Company     | NO                                    |
| If No, Relationship of the Driver with the Insured  | RELATIVE                              |
| Vehicle Registration Number of Driver's Own Vehicle | -<br>-<br>-                           |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                           |

#### General Information of the Accident

|                    |                          |
|--------------------|--------------------------|
| Type Of Accident   | COLLISION - HEAD TO REAR |
| 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?  | 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                       | TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY  |
| Police Station Address                    | <b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 65470000 - <b>FAX NO:</b>   |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20190515/7019

#### 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 | SKP2833K       |
| Vehicle Make/Model/Colour   |                |
| Details Of Properties       |                |
| Vehicle Category            | PRIVATE CAR    |
| Name of Driver              | LEO HWA CHIANG |
| NRIC/Passport Number        | S1811271Z      |
| Contact Number              | 97969628       |
| Address                     |                |
| Postcode                    |                |
| Insurance Company Name      |                |

Nature Of Damage  
No. Of Passenger (Including Driver)

| DETAILS OF INJURED PERSON 1                         |               |
|---|---------------|
| Name  | SIM SIEW SAN  |
| Approximate Age                                     |               |
| Injuries Sustain                                    | SLIGHT INJURY |
| Injured person in which vehicle?                    | SLA5935Y      |
| 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.

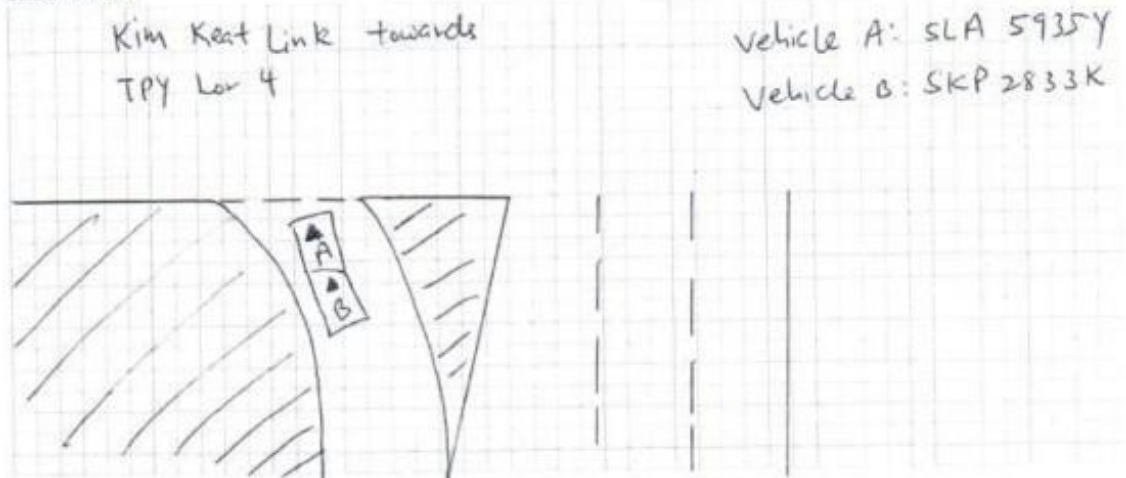
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle A was stationary waiting for main road traffic to pass. Few seconds later, Vehicle B hit onto my stationary Vehicle rear portion.

POLICE REPORT 7/20090515/2019

## DECLARATION

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

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.:

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190515/7019

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20190515/7019

## REPORT OF A TRAFFIC ACCIDENT

|  |            |   |                              |                            |  |
|--|------------|---|------------------------------|----------------------------|--|
| Date/Time Report Made:<br>15/05/2019 17:10 |            | Vide Report No.:  |                              | Station Diary No.:         |  |
| <b>Informant's Particulars</b>             |            |   |                              |                            |  |
| Name of Informant:<br>SIM SIEW SAN         |            | Address:<br>APT BLK 152 LORONG 2 TOA PAYOH #23-326 SINGAPORE 310152 |                              |                            |  |
| ID Type / ID No.:<br>NRIC NO / S7046186B   |            | Contact No.:<br>Home/Office:  |                              | Mobile: 97380793           |  |
| Nationality:<br>SINGAPORE CITIZEN          |            | Email:<br>susansim30@yahoo.com                                      |                              |                            |  |
| Sex:<br>Female                             | Age:<br>48 | Date of Birth:<br>30/12/1970  | Type of Informant:<br>Driver |                            |  |
| Race:<br>Chinese                           |            | Language:<br>English  |                              | Institution / School Name: |  |
| Occupation:<br>Service                     |            | Driving Licence Information:<br>Class:                              |                              | Date of Expiry:            |  |

## General Information of the Accident

|  |                  |                                    |   |  |
|--|------------------|------------------------------------|---|--|
| Type of Accident:  | Injury<br>Others | Drink<br>Drive:<br>No              | Date/Time of<br>Accident:<br>15/05/2019 08:35 | Type of Location:<br>Slip road         |
| Location:<br><br>KIM KEAT LINK                               |                  |                                    |   |  |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry               |   | Road Speed Limit:                      |
| Traffic Flow:<br>One Way                                     |                  | Traffic Control:<br>Not Controlled |   | Traffic Volume:<br>Moderate            |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                  |                                    |   | Anyone conveyed by<br>ambulance:<br>No |

## Details of Vehicle Involved

| Vehicle No. | Type | Make   | Model | Color | Condition | No of Passenger |
|-------------|------|--------|-------|-------|-----------|-----------------|
| SKP2833K    | Car  |        |       |       |           | 0               |
| SLA5935Y    | Car  | TOYOTA | Altis |       |           | 1               |

## Details of Person Involved

|                                 |                                |
|---------------------------------|--------------------------------|
| Details of Person Involved      |                                |
| Any Pedestrian Involved: No     |                                |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190515/7019

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20190515/7019

### CONTINUATION OF REPORT

| Driver                            |                     |  |                                   |
|-----------------------------------|---------------------|--|-----------------------------------|
| Name                              | SIM SIEW SAN        | ID No.                                 | S7046186B                         |
| Related Vehicle                   | SLA5935Y (Car)      | Contact No.                            | 97380793                          |
| Hospital/Clinic                   | CARE MEDICAL CLINIC | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | 15/05/2019          | Date Discharge                         | 15/05/2019                        |
| No. of Days granted Medical Leave | 05                  | Degree of Injury                       | Serious                           |

#### Brief Details.

On the stated date & time, I Vehicle A (SLA 5935 Y) was stationary waiting for main road traffic to clear before proceeding. Few seconds later, vehicle B (SKP 2833 K) hit onto my stationary vehicle rear portion. I was given 5days MC. For insurance purposes

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190515/7019

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20190515/7019

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
15/05/2019 17:10

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo







Accident Photo



## Identification Card

