#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

alorodala.	
	ACCIDENT STATEMENT
Date Of Report	28/05/2019 12:52
Date Of Accident	27/05/2019 20:00
Exact Location Of Accident	JUNCTION OF BAYFRONT AVE AND MARINA BOULEVARD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLP5542T
Insured/Policyholder	
Name Of Registered Owner	LIM CHOO LEONG (LIN ZHULONG)
NRIC No	S7426689D
Email Address	BRANDANLIM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92955529
Alternative Phone No	OTHERS-92955529
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE-1.5 G (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	DMPCSN30474218011
Cover Note Number	
Driver	

Name of Driver LIM CHOO LEONG (LIN ZHULONG)

NRIC No S7426689D

Date Of Birth 03/08/1974

Occupation INDOOR

Date Of Driving Pass 22/07/1994

Driving Experience 24 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92955529

Fax Number

Contact Number OTHERS-92955529

EMail Address BRANDANLIM@GMAIL.COM

**BLK 2 KITCHENER LINK** Address

#04-06 207229

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

2

NO

2

**General Information of the Accident** 

COLLISION - CHANGE/CROSS LANE Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by NO

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : FAHRUNG CHATCHAMINI

**GENDER:** : FEMALE

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes.Please state which Police Station

Police Station Name CENTRAL POLICE DIVISIONAL HQ (A DIVISION)

NO

ROAD: 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT Police Station Address

COMPLEX BLOCK A, POSTCODE: 088762, COUNTRY: SINGAPORE

TEL NO: 1800-2240000 - FAX NO: 62200877 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

## **Circumstances of Accident**

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT: A/20190528/7013.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera?

SD CARD WITH TRAFFIC POLICE Remarks/ Reasons:

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SHF362D Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

#### **SKETCH PLAN**

#### **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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. 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.

P Date Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/PIN No.: N Kwee Choo S6840583A

## Sketch Plan Pg. 2

KETCH PLAN		Bayfron
	) I I	iant
	SLP5542]	worthe light & marin
		E SW
	SHE 36	20
	Box Re R	• 1
ESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT	
	e report: A/20190528	/7013.
<u> </u>		
		-
-		
• • • • • • • • • • • • • • • • • • • •		
		:
-		
DECLARATION /We declare the foregoing pa	articylars are true in every respect.	
, we declare the love of	n/dara	•
Policyno Signature Date & Time	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature  Name: Choo
2 8 1947 2619	Date & Time:	Name: Yon Kwee Choo NRIC/FIN No.:Pon Kwee Choo S6840583A

## POLICE REPORT Pg. 1





1 of 3

# **POLICE REPORT (NP299)**

Police Station Of Origin Central Division HQ A 391 New Bridge Road #03-112 Police Cantonment Complex SINGAPORE 088762 Tel No:1800-2240000 Report No. A/20190528/7013

Date/Time Report Made	Vide Report No.			Station Diary No.
28/05/2019 11:20	· ·			
Name Of Informant	Address			
LIM CHOO LEONG	BLK 2 KITCHENER LINK #04-06 SINGAPORE 207229			
ID Type / ID No. NRIC NO / S7426689D	Contact No. Home/Office: Mobile: 92955529			
Nationality SINGAPORE CITIZEN	Email Address brandanlim@gmail.com			
Occupation	Sex Age Date of Birth Race			
Property Management	Male	44	03/08/1974	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 27/05/2019 20:00 - 27/05/2019 21:30	Location Of Incident REPORT NO: A120190527/104			
	BAYFRONT AVENUE ROAD TURNING TOWARDS MARINA BOULEVARD			

## Brief details.

My car SLP5542T

The car who hit me is Taxi driver who number plate SHF362D.

What led to the incident - i was driving along the Bay Front ave heading to turn right to marina boulevard, it was green light so i drive out a bit and keep a look out for any blind spot. I have totally no intention to turn yet at the moment. My car was stationary at that moment, only the taxi car SHF362D incoming

Signature Of Officer Recording The Report:  Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 28/05/2019 11:20
Officer In-Charge Of Case:	Classification Of Case:

**Authentication Stamp** 

#### POLICE REPORT Pg. 2





2 of 3

**POLICE REPORT (NP299)** 

**CONTINUATION OF REPORT** 

Report No. A/20190528/7013

vehicle from opposite direction. The taxi car is driving on the right lane within the three big lane of the road. There is no other car at the opposite traffic except one taxi SHF362D driving from a far distance. His car was far away distance before the traffic light away. i notice there is 3 or 4 big lane. The taxi car was on his extreme right lane. He got more than enough time to react to avoid this collision. i have given my video clip to the police officer.

What happened during the incident?

. 1

This taxi car just speed up and hit me and the tip front of my car. It seems to me like he drive nearer to hit me directly.

i have one witness who is my friend FAHRUNG CHATCHAMINI, she witness the scene. Both of us see the car from a distance driving toward us .

After that the taxi driver came out to check the condition of the car and took my picture and walk around. so i took his picture of him too. He seems to make some phone call and i saw another taxi driver come over after a while mins later. He is driving a white menz taxi. Then later on, he walk to the side of the traffic light lie on the floor. Both of them seems good friend. Then he begin calling the ambulance. I have the picture of him too making a phone call standing strong.

Signature Of Officer Recording The Report:	Signature Of Informant:		
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 28/05/2019 11:20		
Officer In-Charge Of Case:	Classification Of Case:		
Authentication Stamp			

# POLICE REPORT Pg. 3





3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20190528/7013

Victim Person Name	LIM CHOO LEONG		
ID Type	NRIC NO	ID No	S7426689D
Gender	Male	Age	44
Race	Chinese	Language	English
Occupation	Property Management	Address Type	
Address	BLK 2 KITCHENER LINK #04-	Mobile No	92955529
	06 SINGAPORE 207229		
Is Informant A	Yes		
Victim?			
Person Name	FAHRUNG CHATCHAMINI		
ID Type	PASSPORT	ID No	AA8716688
Gender	Female	Age	20
Race	Thai	Language	English
Occupation	Retail/Shop sales manager	Relation To	FRIEND
· · · · · · · · · · · · · · · · · · ·		Inform <u>ant</u>	
Person Name	LIM CHOO LEONG (Informant)		

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 28/05/2019 11:20
Classification Of Case:

Authentication Stamp

## **ACKNOWLEGEMENT SLIP Pg. 1**



# SINGAPORE POLICE FORCE

ACKNOWLEDGEMENT SLIP

Ref: Report No			_	
l,	S	6TZ T1802	193 Syafiq	
	(Recipien	TPH	o. / NRIC or Passport No. / Rank	and No.)
01			Station / NPC / NPP)	
	ledge receipt of the be		tems of:	
1 (* 18	GB MicroSD	card		
2				
3				
4				
5				
6				
7				
8				
9				
10				
from	(	Name, NRIC or Pas	sport No. / Rank and No.)	
of		/Address / Delice	Station / NPC / NPP)	
	27/05/2019	(Address / Police	2115hrs	
on	(Date)	at	(Time)	_
Witnessed by /	* Handed over by:		Received by:	
				My
	(Signature)	VAra		Signature
Li	in Choo ben	Leong	SGTZ	2 7180293 - Yatic
(Name, NRIC or	Passport No. / Rank and I	No.)	(Name, Contact No. / NRIG	C or Passport No. / Rank and No.
Other Remarks	s:			
	•			·
•				

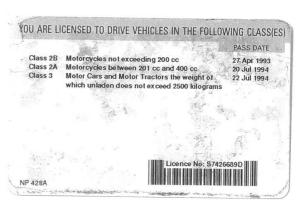
NP 323 (2/16)

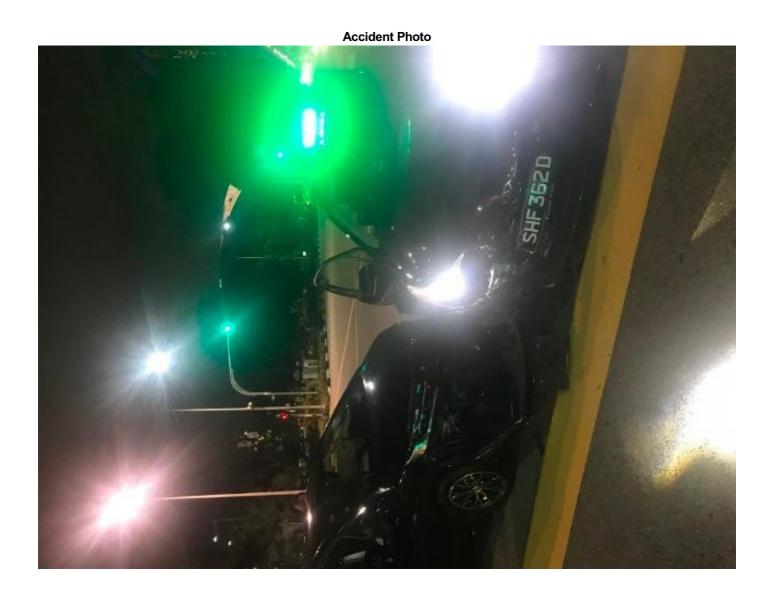
## DRIVER'S NRIC + DRIVING LICENCE Pg. 1



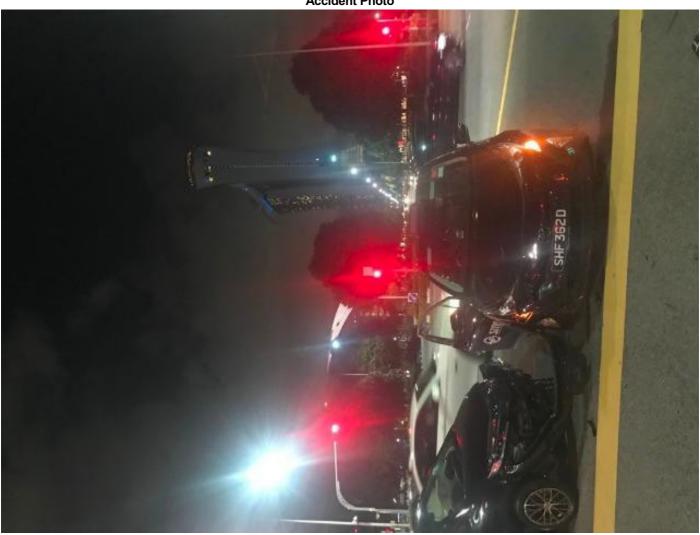




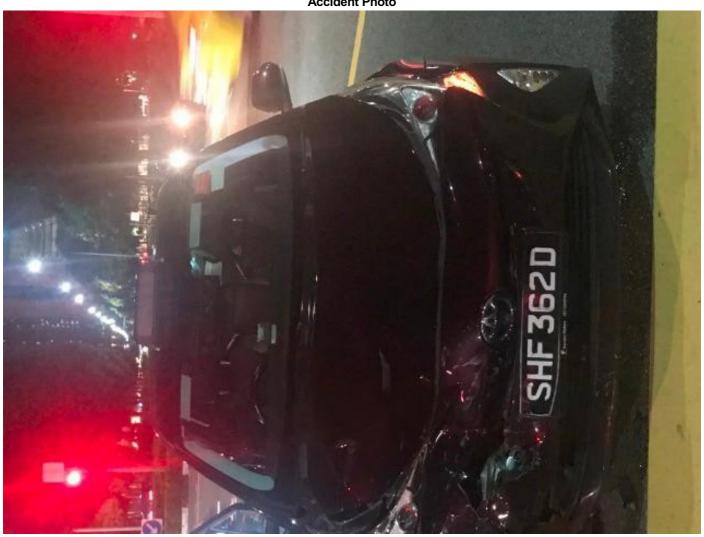




# **Accident Photo**



# **Accident Photo**



THIRD PARTY - SHF362D - DRIVER









## **CHASSIS NUMBER**

