

## 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	25/07/2019 17:18
Date Of Accident	24/07/2019 18:15
Exact Location Of Accident	SLIP RD FROM PIE(CHANGI)TWDS TPE(CTE/SLE)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN7844U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JOHN MARSHALL LIM
NRIC No	S1587088E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96888143
Alternative Phone No	OTHERS-96888143

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 3
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-00006256
Cover Note Number	

### Driver

Name of Driver	JOHN MARSHALL LIM
NRIC No	S1587088E
Date Of Birth	06/02/1963
Occupation	INDOOR
Date Of Driving Pass	02/09/1991
Driving Experience	27 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96888143
Fax Number	
Contact Number	OTHERS-96888143
Email Address	NOEMAIL

Address	BLK 500 PASIR RIS ST 52 #08-211
Postcode	510500
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	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	TAMPINES CHANGKAT NPP
Police Station Address	<b>ROAD:</b> 109 TAMPINES STREET 11 , <b>POSTCODE:</b> 521109 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7819999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190725/2064

#### 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	SHA1639B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHOO PID TANG HO
NRIC/Passport Number	S0808936A
Contact Number	
Address	
Postcode	

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	JOHN MARSHALL LIM
Approximate Age	
Injuries Sustain	NECK & SHOULDER
Injured person in which vehicle?	SLN7844U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### 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 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. 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 (a) 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

Slip road from PIE (Changi) towards TPE (CTE/SLE)

TO TPE (CTE/SLE)

TO Upper Changi Rd East

Upper Changi Rd North

A - SLN7844U

B - SHA1639B

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Report No :-

T/20190725/2064

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Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

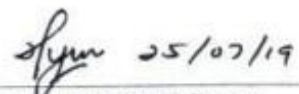
## DECLARATION

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:

 25/07/19

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

CR00000000000000000000



# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20190725/2064

2 of 3

Report No. T/20190725/2064

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLN7844U	FWD Singapore Pte. Ltd	PNPV2019-00006256	17/05/2019	16/05/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	CHOO PID TANG HO		ID No.	S0808936A
Related Vehicle	SHA1639B (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	JOHN MARSHALL LIM BOON PIN		ID No.	S1587088E
Related Vehicle	SLN7844U (Car)		Contact No.	96888143
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	25/07/2019		Date Discharge	NIL
No. of Days granted Medical Leave		05	Degree of Injury	Serious

### Brief Details.

On the 24/07/2019 at about 1813hrs, I was driving my vehicle (SLN7844U) along the left lane of PIE toward TPE. When my vehicle was along the slip road, I was travelling at a low speed as the traffic was quite congested. Thereafter I stopped my vehicle as the vehicle in front of me had come to a stop. Suddenly I felt a impact on the rear of my vehicle. I came down of my vehicle and I realized that one vehicle (SHA1639B) had collided into the rear of my vehicle.

I wished to state that before the accident happened. My vehicle was completely not moving. There was camera installed in the front and rear of my vehicle. I had sustained neck and shoulder injuries from the accident. I was given 5 days of MC by the doctor.

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T20190725/2084

1 of 3

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-251  
SINGAPORE 521109  
Tel No: 1800-7819999

Report No: T20190725/2084

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/07/2019 12:40		Vide Report No.:		Station Diary No.: 10	
<b>Informant's Particulars</b>					
Name of Informant: JOHN MARSHALL LIM BOON PIN			Address: APT BLK 500 PASIR RIS STREET 52 #08-211 SINGAPORE 510500		
ID Type / ID No.: NRIC NO / S1587088E			Contact No.: Home/Office:		Mobile: 98888143
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 05/02/1963	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Jewellery worker (general)			Driving Licence Information: Class: 3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/07/2019 18:15	Type of Location: Bend
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
slip road toward TPE				
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
SHA1639B	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue		0
SLN7844U	Car	MAZDA	MAZDA3 4- DOOR SEDAN 1.5L SP. SEAT	Grey	Seriously Damaged	0

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190725/2064

2 of 3

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

Report No. T/20190725/2064

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLN7844U	FWD Singapore Pte, Ltd	PNPV2019-00006256	17/05/2019	16/05/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	CHOO PID TANG HO		ID No.	S0808936A
Related Vehicle	SHA1639B (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	JOHN MARSHALL LIM BOON PIN		ID No.	S1587068E
Related Vehicle	SLN7844U (Car)		Contact No.	95888143
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	25/07/2019		Date Discharge	NIL
No. of Days granted Medical Leave		05	Degree of Injury	Serious

### Brief Details.

On the 24/07/2019 at about 1813hrs, I was driving my vehicle (SLN7844U) along the left lane of PIE toward TPE. When my vehicle was along the slip road, I was travelling at a low speed as the traffic was quite congested. Thereafter I stopped my vehicle as the vehicle in front of me had come to a stop. Suddenly I felt a impact on the rear of my vehicle. I came down of my vehicle and I realized that one vehicle (SHA1639B) had collided into the rear of my vehicle.

I wished to state that before the accident happened. My vehicle was completely not moving. There was camera installed in the front and rear of my vehicle. I had sustained neck and shoulder injuries from the accident. I was given 5 days of MC by the doctor.

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190725/2004

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7019999

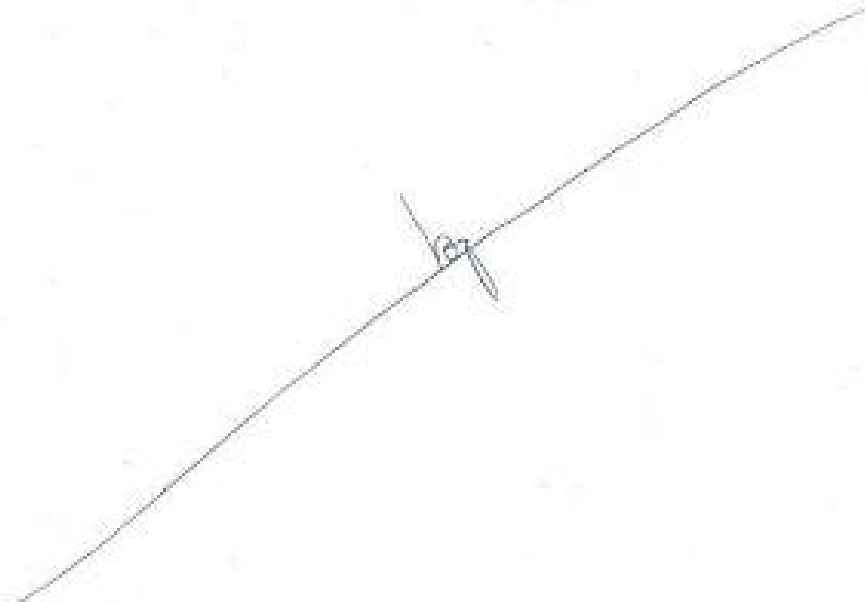
3 of 3

Report No: T/20190725/2004

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 3 CHOO WEI CHONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

25/07/2019 12:40

Officer In Charge Of Case:

TP / AEIT /

Sgt 3 KOH CHEE SENG

Contact No.: 654720



KEVIN  
SINGAPORE  
POLICE FORCE

Classification Of Case:

Authentication Stamp  
NP168



Identification Card

S1587888E  
OWNER'S ONLY

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1587888E



Name

JOHN MARSHALL LIM BOON PIN

**For LKK/NAC Use Only**

CHARGE

Education

00-00-1588

CountryPlace of birth

SINGAPORE



1587888E



584953



Subject no: S1587888E

**For LKK/NAC Use Only**

Date of issue

99-02-2010

Address

APT BLK 800 PASEK RD STREET 22  
#00-011  
SINGAPORE 110000



## Driving License

SLN7844U

OWNER & DRIVER

