SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 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 aforecast.

aforesaid.	
THE RESERVE OF THE PARTY OF THE	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
Insured/Policyholder	
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	
0 1 111 1	CTUEDO COCCOLAS

OTHERS-96888143

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?

Number of vehicles (including own vehicle)

involved in the accident

YES

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

ambulance?

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)

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

ROAD: 109 TAMPINES STREET 11, POSTCODE: 521109, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-7819999 - FAX NO:

Was notice of intended Prosecution given?

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)

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

Accident Sketch Plan

SKETCH PLAN

MEDRIANT NOTICE

- The Property of the Company of the State of
- the first many transplaced by the Pall while and for the Esthesized Office
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- Consent under the Personal Data Protection Act (FOFA
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 - (a) My Insurer, my workshop and the General Insurance Association of Singapore ("SIA") 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 Monetery Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
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 - (ii) carrying out and/or dealing with my instructions or responsing to any enquiries by mis-
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Accident Sketch Plan

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B - SHA /	6398		
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1 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

REPORT	OF A	TRAFFIC	ACCIDENT
REFURI	ULM	INALLIO	MOUIDLINE

Date/Time Report Made: 25/07/2019 12:40		Vide Report No.:	Station Diary No.: 10	
Informa	nt's Partic	ulara		(A. A. M. C. A.
	Informant: IARSHALL	LIM BOON PIN	Address: APT BLK 500 PASIR F 510500	RIS STREET 52 #08-211 SINGAPORE
ID Type / ID No.: NRIC NO / S1587088E		Contact No.: Home/Office:	Mobile: 96888143	
National	ity: ORE CITIZ	ŒN.	Email:	
Sex: Age: Date of Birth: Male 56 06/02/1963		Type of Informant: Driver		
Race: Chinese		Language:	Institution / School Name:	
Occupation: Jewellery worker (general)		Driving Licence Informa Class: 3	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/07/2019 18:15	Type of Location Bend
slip road towa	EXPRESSWAY	Road Surface:		Dood Coord Limit
Weather: Clear	(5)(5)			Road Speed Limit:
Traffic Flow: Traffic One Way		Traffic Control:		Traffic Volume: Light
				Ligit

Vehicle No.	Type	- Make was in	Model 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.6EAT	Grey	Seriously Damaged	0





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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 V	eticle insurance Manager and the	建筑的设计的	经进行政制度的	hand when
Vehicle No	Insurance Company	Insurance No	Effective	Exply Date
SLN7844U	FWD Singapore Pte. Ltd	PNPV2019- 00006256	17/05/2019	16/05/2020

Details of Perso	Control of the Second Section 1995 Section 1	2年6月20年2月3	ALL MARKS	The second second
Any Pedestrian In No. of Pedestrian		Use of Pa	destrian Cro	nesina: NA
Driver		Party Life and	destrair or	The transfer of the state of the
Name	CHOO PID TANG HO		ID No.	S0808936A
Related Vehicle	SHA1639B (Car) ◆		Contact N	No. NIL
Hospital/Clinic	NIL .		Class of Driving Licence & Expiry Da	
Date Treatment	NIL	Date Disc	harge NI	L a
NAME AND ADDRESS OF TAXABLE PARTY.	ted Medical Leave NIL	Degree o	f Injury NI	L
Driver	The state of the least of the state of the	A STATE OF THE STATE OF	- Contractor of the	A Inches Source & Commissioners
Name	JOHN MARSHALL LIM BOON PIN		ID No.	S1587088E
Related Vehicle	SLN7844U (Car)		Contact N	No. 96888143
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY		Class of Driving Licence & Expiry Da	
Date Treatment		Date Disc	harge NII	L
No. of Days gran	ted Medical Leave 05	Degree of	Injury Se	erious

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 came 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.





3 of 3

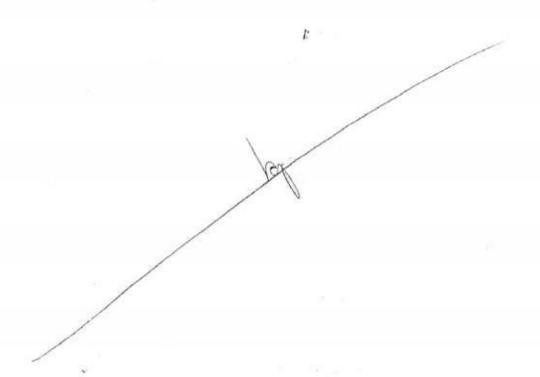
Report No. T/20190725/2064

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

CONTINUATION OF REPORT

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:	Classification Of Case:
Sgt 3 KOH CHEE SEND KEVING Contact No.: 65472 POLICE FORCE	
ntication Stamp	