

## 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
EEmail 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	ROAD: 109 TAMPINES STREET 11 , POSTCODE: 521109 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7819999 - FAX NO:
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	

### SKETCH PLAN

[illegible]

*Slynn* 25/07/19

# 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 - SLN 78444

B - SHN 1639B

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

(We declare the foregoing particulars to be true in every respect.)



Policyholder's Signature  
Date & Time

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

 25/07/19

Reporting Officer's Signature  
Name  
N/C Number



# SINGAPORE POLICE FORCE



T/20190725/2064

1 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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/07/2019 12:40	Vide Report No.:	Station Diary No.: 10
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**Informant's Particulars**

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: 96888143	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 56	Date of Birth: 06/02/1963	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.6EAT	Grey	Seriously Damaged	0



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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.	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 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.



**SINGAPORE  
POLICE FORCE**



T/20190725/2064

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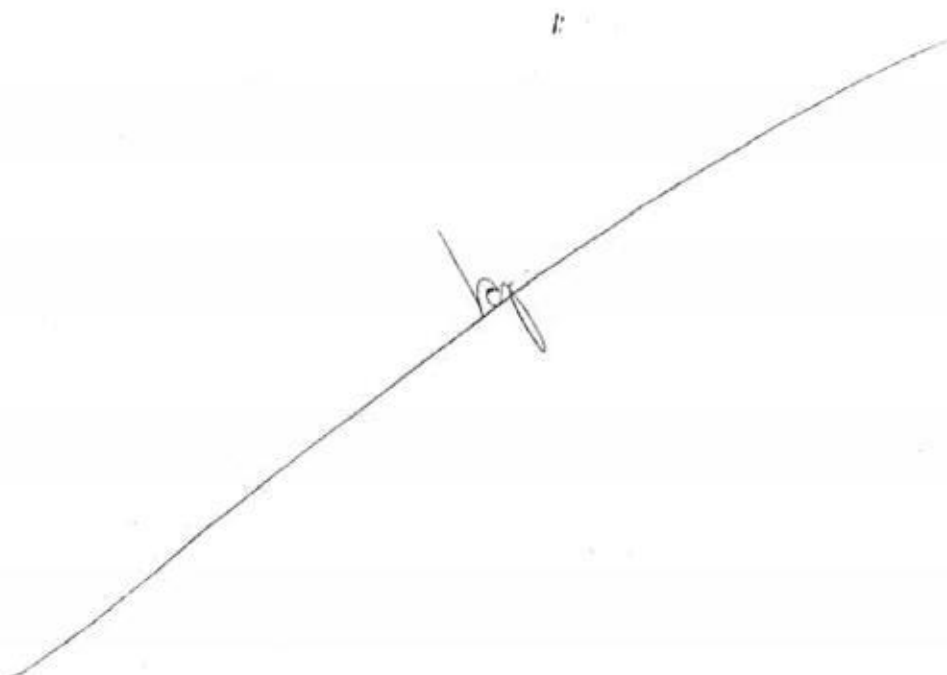
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Report No. T/20190725/2064

**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 Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

25/07/2019 12:40

Officer In Charge Of Case:

TP / AEIT /

Sgt 3 KOH CHEE SEAN

Contact No.: 654720



Classification Of Case:

Authentication Stamp

