

## 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	19/08/2019 12:19
Date Of Accident	17/08/2019 10:50
Exact Location Of Accident	ALONG AYER RAJAH EXPRESSWAY BEFORE ALEXANDRA EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGM4325K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM KIN CHUAN
NRIC No	S7933017E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92389802
Alternative Phone No	OTHERS-92389802

### 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	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM120031241700
Cover Note Number	

### Driver

Name of Driver	LIM KIN CHUAN
NRIC No	S7933017E
Date Of Birth	25/10/1979
Occupation	INDOOR
Date Of Driving Pass	09/03/2006
Driving Experience	13 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92389802
Fax Number	
Contact Number	OTHERS-92389802
EEmail Address	NOEMAIL

Address	APT BLK 452A BUKIT BATOK WEST AVENUE 6 #14-727 SINGAPORE
Postcode	651452
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	CHAIN COLLISION
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	5
Was any body injured in the Accident?	NO
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.	YES
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JOO CHIAT NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> 267 ONAN ROAD , <b>POSTCODE:</b> 424773 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-3459999 - <b>FAX NO:</b> 64474181
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO SKETCH PLAN STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH TP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGT8815A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DESMOND NEO JIA WEI

NRIC/Passport Number S9321535D  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMA9898H  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJQ8914C  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SLK8679P  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## Accident Sketch Plan

### SKETCH PLAN


#### IMPORTANT NOTICE


1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

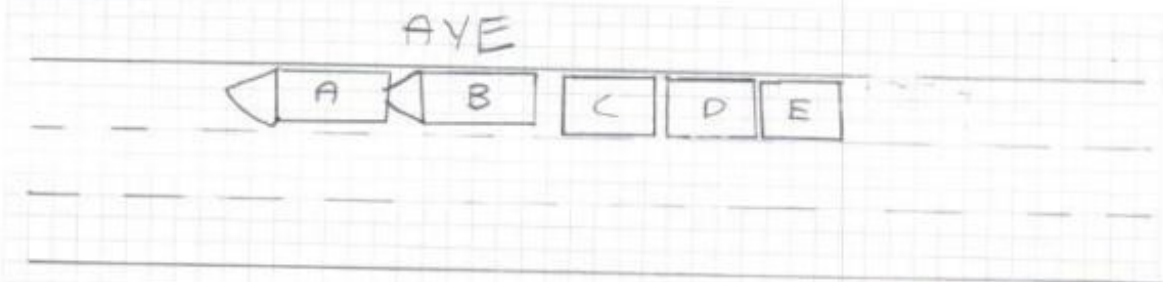
Policyholder's Signature  
Date & Time:

  
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



VEH A : SGM 4325 K  
 VEH B : SGT 8815 A  
 VEH C : SMA 9898 H  
 VEH D : SJA 8914 C  
 VEH E : SLK 8679 P


## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I was travelling along AYE before Alexandra Exit when a car in front of me slowed down and braked until full stop suddenly. I managed to stop without hitting it, but the car behind me hit bump onto mine with an medium impact and my car inch forward about 5 meters. I alighted from my vehicle and discovered that there was a chain collision between 4 other cars behind mine.

## 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**

Police Station Of Origin:  
Joo Chiat NPP  
267 Onan Road SINGAPORE 424773  
Tel No: 1800-3459999



T/20190817/2076

1 of 4

Report No. T/20190817/2076

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/08/2019 14:33	Vide Report No.: D/20190817/0056	Station Diary No.: 19
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Informant's Particulars			
Name of Informant: LIM KIN CHUAN		Address: APT BLK 452A BUKIT BATOK WEST AVENUE 6 #14-727 SINGAPORE 651452	
ID Type / ID No.: NRIC NO / S7933017E		Contact No.: Home/Office: Mobile: 92389802	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 39	Date of Birth: 25/10/1979	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SALES ENGINEER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/08/2019 10:50	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY  BEFORE ALEXANDRA EXIT. Lamp Post Number: 304				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: CHAIN COLLISION			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGM4325K	Car	MAZDA	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT	Red	Slightly Damaged	2
SGT8815A	Car				Slightly Damaged	1
SJQ8914C	Car				Seriously Damaged	3

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190817/2076

Police Station Of Origin:  
Joo Chiat NPP  
267 Onan Road SINGAPORE 424773  
Tel No: 1800-3459999

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Report No. T/20190817/2076

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLK8679P	Car				Slightly Damaged	0
SMA9898H	Car				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGM4325K	UNITED OVERSEAS INSURANCE LIMITED	DHOM120031241700	24/08/2017	23/08/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LIM KIN CHUAN		ID No.	S7933017E
Related Vehicle	SGM4325K (Car)		Contact No.	92389802
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	DESMOND NEO JIA WEI		ID No.	S9321535D
Related Vehicle	SGT8815A (Car)		Contact No.	90054906
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

### Brief Details.

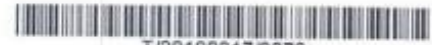
On the above mentioned date place and time, I am travelling on the first lane with wife and 1 child in vehicle SGM4325K. The traffic was smooth. Suddenly a vehicle ahead of mine likely to be silver or white in color did a Jam brake. I managed to stop in time however I felt an medium impact from the rear and my vehicle inch forward about 5 metre. I alight from my vehicle and discovered that there was a chain Collision between 4 other car.

Traffic Police and ambulance come. They checked

**POLICE REPORT**



**POLICE FORCE**



T/20190817/2076

Police Station Of Origin:  
Joo Chiat NPP  
267 Onan Road SINGAPORE 424773  
Tel No: 1800-3459999

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Report No. T/20190817/2076

**CONTINUATION OF REPORT**

wife and son were fine but they felt pain on the head area.

The Traffic Police then took my in car camera SD card and issue me a acknowledgement form.



POLICE REPORT



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Joo Chiat NPP  
267 Onan Road SINGAPORE 424773  
Tel No: 1800-3459999



T/20190817/2076

4 of 4

Report No. T/20190817/2076

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 2 LIM XI HAO, NICHOLAS

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 65476232

Signature Of Informant:

Date/Time:

17/08/2019 14:33

Classification Of Case:



Authentication Stamp

NP168

POLICE REPORT



SINGAPORE POLICE FORCE  
ACKNOWLEDGEMENT SLIP

Ref: Report No: # D/2018 20190317/0256

I, Sgt 703415 Sofian  
(Recipient's Name, NRIC or Passport No. / Rank and No.)

of TP  
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 1X 16GB micro sd card sk ultry
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from S7933017E, Lim K & kin chuan  
(Name, NRIC or Passport No. / Rank and No.)

of B1K 452A Bukit Datar West Ave 6 #14-727 S (651452)  
(Address / Police Station / NPC / NPP)

on 17/3/19 at 1200HRS  
(Date) (Time)

Witnessed by / \* Handed over by;  
(\* Delete if applicable)

Received by:

(Signature)  
Milton Lim Kin Chuan S7933017E  
(Name, NRIC or Passport No. / Rank and No.)

(Signature)  
Sgt 703415  
(Name, NRIC or Passport No. / Rank and No.)

Other Remarks: SG M432SK marked.

IO Jaya = 65476232

TPHR on 20 Aug @ 1000HRS.

ubi Ave 3

## Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S7933017E**  
Name: **LIM KIN CHUAN**  
(LIN JINZHUANG)  
Birth Date: 25 Oct 1979  
Issue Date: 09 Mar 2006

001405002C

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars <= 3500kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg



NP 428A

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S7933017E**



LIM KIN CHUAN  
(LIN JINZHUANG)

林金壮

Race: **CHINESE**

Date of birth: **25-10-1979**

Country of birth: **SINGAPORE**

Sex: **M**

S7933017E



4801032

NRIC No. **S7933017E**



Date of issue:  
**23-12-2009**

APT BLK 462A BUKIT BATOK WEST AVENUE 6 #14-727  
SINGAPORE 651462

NRIC No: **S7933017E**

Date: **03/12/2018**

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo







**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : PH04/9108356 Vehicle Registration No: SGM 4325K  
Name (as shown in NRIC) : Lim Kuo Chuan NRIC/FIN/Passport No : SG933017E  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 9238 9802  
Email Address : \_\_\_\_\_  
Date of Accident : 17.08.2019 Time of Accident : 10:50  
Place of Accident : Along Ayk Highway Ampang Road  
Insurance Company : WAI

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

① Hand Phona assumption

⑤ There is some apple

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature

Name: \_\_\_\_\_

NRIC/FIN No.:

Date: