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 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.

By the lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	27/08/2019 18:07
Date Of Accident	27/08/2019 07:00
Exact Location Of Accident	PIE (CHANGI) AFTER AIRPORT BOULEVARD EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGC3529Z
Insured/Policyholder	
Name Of Registered Owner	LIM CHOON HUAN
NRIC No	S1420012F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96657448
Alternative Phone No	OTHERS-96657448
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy	NO

for repair to your vehicle?

NO

If No, Please state action to be taken THIRD PARTY PRIVATE CAR Vehicle Category

Insurance Company

AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED. Name of Insurance Company

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number P10135281R00

Cover Note Number

Driver

Name of Driver LIM CHOON HUAN

NRIC No S1420012F Date Of Birth 05/07/1960 Occupation INDOOR **Date Of Driving Pass** 12/11/1979

Driving Experience 39 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96657448

Fax Number

OTHERS-96657448 Contact Number

EMail Address NOEMAIL Address BLK 660 HOUGANG AVENUE 8 #10-483

SINGAPORE

Postcode 530660

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 Registration Number of Briver's Own

_

Insurance Company of Driver's Own Vehicle

_

6

NO

2

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

Was any body injured in the Accident? YES

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.

soliciting/oriening accident dains assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME: : KWEK AH HOCK

GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name HOUGANG NEIGHBOURHOOD POLICE CENTRE

ROAD: 60 HOUGANG AVE 9, POSTCODE: 538775, COUNTRY:

Police Station Address SINGAPORE

Police Station Contact **TEL NO**: 1800-4890999 - **FAX NO**: 63128989

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLH5016M

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 2

Vehicle Registration Number

SGA7899P

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category 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 SLN8252X

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 SMD9838R

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 5

Vehicle Registration Number SLK3804C

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 INJURED PERSON 1

Name LIM CHOON HUAN

Approximate Age Injuries Sustain

Injured person in which vehicle? SGC3529Z

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name KWEK AH HOCK

Approximate Age Injuries Sustain

Injured person in which vehicle? SGC3529Z

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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.
- 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 fall 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:
 - 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 clhims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (c) the information so collected under (d) above may be shared / disclosed:
 - 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

NRIC/FIN No.:

Sketch Plan #2

Vehicle A: SGC3529Z	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
venicus: Blh5016M	
vehicle: SGA7599P Vehicle D: SLN 8353X	
vehicle: SMD9838R	4 Airport Boulevard
vehille F: BLK 3804C	
ESCRIBE CIRCUMSTANCES OF	THE ACCIDENT
- ket	er to police Report -
- KC	TO POLICE REPORT
	·
*	
	* *
LARATION	
dealars the foregoing particulars a	are true in every respect.
	Driver's Signature Reporting Centre Personnel's Signature

Scanned by CamScanner





Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

1 of 5 Report No. T/20190827/2051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/08/2019 11:23			Vide Report No.:	Station Diary No.: 45	
Informa	nt's Partic	ulars			
	Informant: OON HUAN		Address: APT BLK 660 HOUGAN 530660	NG AVENUE 8 #10-483 SINGAPORE	
	/ ID No.: O / S14200	12F	Contact No.: Home/Office:	Mobile: 96657448	
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 59	Date of Birth: 05/07/1960	Type of Informant:		
Race: Chinese			Language:	Institution / School Name:	
Occupat			Driving Licence Informa Class: 3,4,5	ntion: Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/08/2019 07:00	Type of Location Straight Road	
Location: Along Road 1 PAN ISLAND Towards ECF	EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow:		Traffic Control:	110	Traffic Volume: Heavy	
Traffic Flow.		Discussion Commission Control		Heavy	

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
SGA7899P	Car	BMW		Silver		0		
SGC3529Z	Car	ТОУОТА	COROLLA 1.6	Silver	Seriously Damaged	1		
SLH5016M	Car	TOYOTA		Silver		0		
SLK3804C	Car	TOYOTA		Gold		0		
SLN8252X	Car	HYUNDAI	1	Red		0		





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

Report No. T/20190827/2051

2 of 5

CONTINUATION OF REPORT

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SMD9838R	Car	BMW		Black		0

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SGC3529Z	AUTO & GENERAL INSURANCE (SINGAPORE) PTE, LIMITED	P10135281R00	23/01/2019	18/01/2020		

Details of Perso	n Involved					
Any Pedestrian In	nvolved: No		95			
No. of Pedestrian	s Injured: NIL		Use of Ped	destrian	Cross	ing: NA
Driver						
Name	BOH BEE HIOK			ID No.		S7477339G
Related Vehicle	SGA7899P (Car)			Contact No.		92371226
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	The State of	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	
Driver						
Name	LIM CHOON HUAN		MANAGE STATE OF THE STATE OF TH	ID No		S1420012F
Related Vehicle	SGC3529Z (Car)			Contact No.		96657448
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	





3 of 5

Report No. T/20190827/2051

Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

CONTINUATION OF REPORT

Passenger						
Name	KWEK AH HOCK	-		ID No.	8	S1645746I
Related Vehicle	SGC3529Z (Car)			Contact No.		96213672
Hospital/Clinic	NIL .			Class Driving Licence Expiry	g e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc				NIL	
	ted Medical Leave	NIL	Degree of			
Driver						
Name	CRISTOPHER TEH KIM BENG			ID No.		S7272549B
Related Vehicle	SLH5016M (Car)			Conta	ct No.	96496861
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL . Date Dis			harge	NIL	Sec. C
	ted Medical Leave	NIL	Degree of		NIL	
Driver						
Name	LEE KHUAY TECK STEVEN			ID No		S1600615G
Related Vehicle	SLK3804C (Car)			Conta	ct No.	97396727
Hospital/Clinic	NIL			Class Drivin Licen Expire	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	The same of	Date Disc	harge	NIL	
	ted Medical Leave	NIL	Degree of	The second secon	NIL	NAME OF TAXABLE PARTY OF TAXABLE PARTY.
Driver	Mark Control					
Name	SOH ENG HUA			ID No		S7115722I
Related Vehicle	SLN8252X (Car)			Conta	act No.	98630427
Hospital/Clinic	NIL			Class Drivin Licen Expir	g	Class: NIL Date of Expiry: NIL
D-1- T	NII		Date Disc	harge	NIL	72.4
Date Treatment	NIL Date Dis					





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Report No. T/20190827/2051

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

CONTINUATION OF REPORT

Driver						
Name	HENG TZE WEE			ID No		S8305257J
Related Vehicle	SMD9838R (Car)			Conta	ct No.	92993887
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	NIL Date Dis			NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	fInjury	NIL	

Brief Details.

On 27/08/2019 at about 0700hrs, I was driving on lane 1 along PIE towards ECP, when the car in front of me suddenly jammed brake to a complete stop. I immediately stepped on my brakes and managed to stop in time to avoid colliding into the front vehicle. All of a sudden, I felt an impact from the rear of my car, which pushed my car forward, causing the front of my car to collide into the rear of the vehicle in front of mine. I alighted to make a check and discovered that my car was involved in a chain collision involving a total of 6 cars, as follows:

1st: SLK3804C 2nd: SGC3529Z 3rd: SLH5016M 4th: SGA7899P 5th: SLM8252X 6th: SMD9838R

Shortly after, traffic police and ambulance arrived and conveyed the passenger from SLH5016M and the driver of SMD9838R to the hospital. All of us drivers also exchanged our particulars at scene. The collision caused some damages on the front and back of my vehicle. I am therefore lodging this report as advised by the traffic police at scene, with reference to G/20190827/0069, under TP IO Farhan. I have a dash camera installed in my car.





Police Station Of Origin: Hougang N.P.C

Report No. T/20190827/2051

5 of 5

60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

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: F / Sgt 3 ANNA ANTHONY	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/08/2019 11:23
Officer In Charge Of Case: TP / GIT / SI MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246	Classification Of Case:
Authentication Stamp NP168	

DRIVER NRIC & LICENSE





















