

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	10/09/2019 17:15
Date Of Accident	08/09/2019 18:25
Exact Location Of Accident	MCE SLIP RD EXIT TWDS ECP/CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ2741B
Insured/Policyholder	
Name Of Registered Owner	EASYDRIVE CAR RENTAL
Co Reg No	53375868L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83825855

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN1906521900
Cover Note Number	

Driver

Name of Driver	CHRISTOPHER LIM BENG CHOON(CHRISTOPHER LIN MINGJUN
NRIC No	S7307126G
Date Of Birth	27/02/1973
Occupation	OUTDOOR
Date Of Driving Pass	20/08/2002
Driving Experience	17 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98559070
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 571B WOODLANDS AVE 1 #06-912
Postcode	732571
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	TUNNEL
Road Surface	TUNNEL

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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFE TO THE POLICE REPORT:T/20190909/2120

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	SJP8445U
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	CHRISTOPHER LIM BENG CHOON(CHRISTOPHER LIN MINGJUN
Approximate Age	
Injuries Sustain	NECK & LOWER BACK
Injured person in which vehicle?	SJZ2741B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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.

EASY DRIVE
CAR
RENTAL

Policyholder's Signature
Date & Time:

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

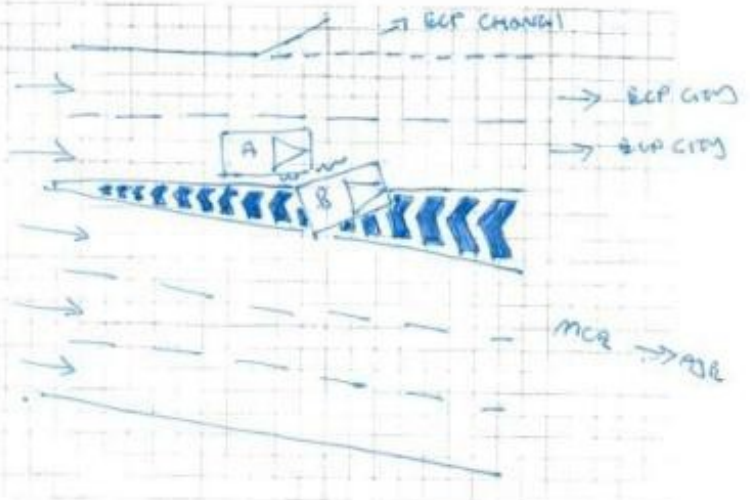
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

Vehicle A - SJZ 2741 B

Vehicle B - SSP 8445 M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report.

Report Number
T/201909001/2020

Vehicle A - SJZ 2741 B

Vehicle B - SSP 8445 M

DECLARATION

I/We declare the foregoing particulars are true in every respect.

EASY DRIVE
CAR
RENTAL

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.:

2/ym 10/09/19

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190909/2120

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

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Report No. T/20190909/2120

CONTINUATION OF REPORT

Driver			
Name	CHRISTOPHER LIM BENG CHOON	ID No.	S7307126G
Related Vehicle	SJZ2741B (Car)	Contact No.	98559070
Hospital/Clinic	STREET 11 CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	09/09/2019	Date Discharge	09/09/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 08/09/2019 at about 1825hrs I was driving my car SJZ2741B on the third lane along MCE tunnel and making exit into ECP/City. Suddenly I saw a dark color saloon car overtake me on my right, cutting across the chevron lane markings that divided the slip road from the expressway. The rear left of the said car had side swiped the front right of my car. I checked with my passengers who were sitting at the back, and they were not injured. After the collision I turned on the hazard light and slowed down to stop. I noticed the said car, SJP8445U, that had collided onto my car begin to slow down. I thought the driver would stop the car however he sped off. Thus I followed him from behind until we exited the tunnel. After a while the said car stopped at the road shoulder along ECP and I stopped behind it. The driver of the said car, a male Chinese in his fifties, got out and made a check on the damages of his car. I asked the said driver why he overtook me like that and he replied he that he did not see me. He told me to report to my insurance company and got into his car and left.

On 09/09/2019 morning I felt pain on my neck area and lower back. I went to see doctor and was given three days medical leave.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190909/2120

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

1 of 3

Report No: T/20190909/2120

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/09/2019 18:39	Video Report No.:	Station Diary No.: 18
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Informant's Particulars			
Name of Informant: CHRISTOPHER LIM BENG CHOON		Address: APT BLK 571B WOODLANDS AVENUE 1 #06-912 SINGAPORE 732571	
ID Type / ID No.: NRIC NO / S7307128G		Contact No.: Home/Office: Mobile: 98559070	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 46	Date of Birth: 27/02/1973	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB DRIVER		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: 08/09/2019 18:25	Type of Location: SLIP ROAD
Location: Along Road 1 MARINA COASTAL EXPRESSWAY SLIP ROAD EXIT TOWARDS ECP/CITY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJP8445U	Car					1
SJZ2741B	Car					2

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T/20160909/2120

Police Station Of Origin
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7818888

2 of 2

Report No: T/20160909/2120

CONTINUATION OF REPORT

Driver			
Name	CHRISTOPHER LIM BENG CHOON	ID No.	S7307128G
Related Vehicle	SJZ2741B (Car)	Contact No.	98558070
Hospital/Clinic	STREET 11 CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/09/2019	Date Discharge	09/09/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL

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Police Report



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POLICE FORCE**



T/20190909/2120

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109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

3 of 3

Report No. T/20190909/2120

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 /

Sr Staff Sgt ZAMALOKMAN BIN BUJANG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
09/09/2019 16:38

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Classification Of Case:

Authentication
NP155



SINGAPORE
POLICE FORCE

SIGNATURE