SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 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 <u>truthful and accurate</u> 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 aforesaid

Date Of Accident 29/12/2019 13:05 Exact Location Of Accident BRAS BASAH ROAD(NEAR WATERLOO ST LAMPPOST 31) Country/State of Loss SINCAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number SMJ209J Insured/Policyholder Name Of Registered Owner LAM WEILIANG, JACKSON NRIC No S8500209J Email Address JAXKSONLAMWEILIANG@GMAIL.COM Mobile Phone No (LOCAL) +65-98275796 Vehicle Particulars Manufacturer AUDI Model A4 SEDAN 2.0 TFSI Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No Inflind PARTY Vehicle Category PRIVATE CAR Insurance Company Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. COMPREHENSIVE Fleet Policy Number Driver Name of Driver NAME WEILIANG, JACKSON NRIC No S8500209J	 by the loagement of this report to the insurers, you hereby conse aforesaid. 	ent to the archiving of this report at the centre and to copies of the report being made available
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Exact Location Of Accident Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number SMJ209J Insured/Policyholder Name Of Registered Owner NRIC No S8500209J Email Address JAXKSONLAMWEILIANG@GMAIL.COM Mobile Phone No (LOCAL) +65-98275796 Alternative Phone No Office-98275796 Vehicle Particulars Manufacturer Model A4 SEDAN 2.0 TFSI Exact Purpose for which vehicle was being used at time of accident time of accident time of accident Your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category Name of Insurance Company Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage Fleet Policy No Policy Number Driver Name of Driver NAME of Driver NAME OF DETAILS OF OWN VEHICLE SMJ209J BEASS BASAH ROAD(NEAR WATERLOO ST LAMPPOST 31) SINGAPORE	Date Of Report	30/12/2019 11:16
Country/State of Loss DETAILS OF OWN VEHICLE	Date Of Accident	29/12/2019 13:05
Vehicle Registration Number SMJ209J Insured/Policyholder Name Of Registered Owner LAM WEILIANG, JACKSON NRIC No S8500209J Email Address JAXKSONLAMWEILIANG@GMAIL.COM Mobile Phone No (LOCAL) +65-98275796 Alternative Phone No Office-98275796 Vehicle Particulars Manufacturer AUDI Model Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR Insurance Company Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage COMPREHENSIVE Fleet Policy Policy Number Cover Note Number Driver Name of DRIVER SESSOU209J	Exact Location Of Accident	BRAS BASAH ROAD(NEAR WATERLOO ST LAMPPOST 31)
Nemicle Registration Number Insured/Policyholder Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Ph	Country/State of Loss	SINGAPORE
Insured/Policyholder Name Of Registered Owner NRIC No S8500209J Email Address JAXKSONLAMWEILIANG@GMAIL.COM Mobile Phone No (LOCAL) +65-98275796 Alternative Phone No Office-98275796 Vehicle Particulars Manufacturer Model A4 SEDAN 2.0 TFSI Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category No Insurance Company Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage Fleet Policy No Policy Number Cover Note Number Driver Name of Driver Name		DETAILS OF OWN VEHICLE
Name Of Registered Owner NRIC No S8500209J Email Address Mobile Phone No (LOCAL) +65-98275796 Alternative Phone No Office-98275796 Alternative Phone No Vehicle Particulars Manufacturer Manufacturer Model A4 SEDAN 2.0 TFSI Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category NO Insurance Company Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number Cover Note Number Driver NAME ELIANG, JACKSON NRIC No S8500209J	Vehicle Registration Number	SMJ209J
RRIC No S8500209J Email Address JAXKSONLAMWEILIANG@GMAIL.COM Mobile Phone No (LOCAL) +65-98275796 Alternative Phone No Office-98275796 Vehicle Particulars Manufacturer AUDI Model A4 SEDAN 2.0 TFSI Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR Insurance Company Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. Type of Coverage COMPREHENSIVE Fleet Policy NO Policy Number J900014192 Cover Note Number Driver Name of Driver NAME OF DRIVER S8500209J	Insured/Policyholder	
Email Address JAXKSONLAMWEILIANG@GMAIL.COM Mobile Phone No (LOCAL) +65-98275796 Alternative Phone No Office-98275796 Vehicle Particulars Manufacturer AUDI Model A4 SEDAN 2.0 TFSI Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR Insurance Company Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 1900014192 Cover Note Number Driver Name of Driver LAM WEILIANG, JACKSON NRIC NO S8500209J	Name Of Registered Owner	LAM WEILIANG, JACKSON
Mobile Phone No (LOCAL) +65-98275796 Alternative Phone No Office-98275796 Vehicle Particulars Manufacturer AUDI Model A4 SEDAN 2.0 TFSI Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR Insurance Company Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 1900014192 Cover Note Number Driver Name of Driver LAM WEILIANG, JACKSON NRIC NO S8500209J	NRIC No	S8500209J
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Vehicle Particulars Manufacturer AUDI Model A4 SEDAN 2.0 TFSI Exact Purpose for which vehicle was being used at time of accident PRIVATE 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 AIG ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 1900014192 Cover Note Number LAM WEILIANG, JACKSON NRIC No \$8500209J	Mobile Phone No	(LOCAL) +65-98275796
Manufacturer AUDI Model A4 SEDAN 2.0 TFSI Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR Insurance Company Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 1900014192 Cover Note Number Driver Name of Driver LAM WEILIANG, JACKSON NRIC NO S8500209J	Alternative Phone No	Office-98275796
Model A4 SEDAN 2.0 TFSI Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR Insurance Company Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 1900014192 Cover Note Number Driver Name of Driver LAM WEILIANG, JACKSON NRIC No S8500209J	Vehicle Particulars	
Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR Insurance Company Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. COMPREHENSIVE Fleet Policy NO Policy Number Cover Note Number Driver Name of Driver Name of Driver NAME OF Driver NAME OF DRIVER LAM WEILIANG, JACKSON S8500209J	Manufacturer	AUDI
time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR Insurance Company Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 1900014192 Cover Note Number Driver Name of Driver LAM WEILIANG, JACKSON NRIC No S8500209J	Model	A4 SEDAN 2.0 TFSI
for repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR Insurance Company Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 1900014192 Cover Note Number Driver Name of Driver LAM WEILIANG, JACKSON S8500209J	Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Name of Insurance Company Name of Insurance Company Name of Coverage COMPREHENSIVE Fleet Policy Policy Number Cover Note Number Driver Name of Driver NRIC No NRIC No AIG ASIA PACIFIC INSURANCE PTE. LTD. COMPREHENSIVE COMPREHENSIVE NO 1900014192 COMPREMENTE NAME OF DRIVEN LAM WEILIANG, JACKSON S8500209J	Are you claiming under your own insurance policy for repair to your vehicle?	NO
Insurance Company Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. Type Of Coverage COMPREHENSIVE NO Policy Number 1900014192 Cover Note Number Driver Name of Driver LAM WEILIANG, JACKSON NRIC No S8500209J	If No, Please state action to be taken	THIRD PARTY
Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD. COMPREHENSIVE Fleet Policy NO 1900014192 Cover Note Number Driver Name of Driver LAM WEILIANG, JACKSON NRIC No S8500209J	Vehicle Category	PRIVATE CAR
Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number 1900014192 Cover Note Number Driver Name of Driver LAM WEILIANG, JACKSON NRIC No S8500209J	Insurance Company	
Fleet Policy NO Policy Number 1900014192 Cover Note Number Driver Name of Driver LAM WEILIANG, JACKSON NRIC No S8500209J	Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Policy Number 1900014192 Cover Note Number Driver Name of Driver LAM WEILIANG, JACKSON NRIC No S8500209J	Type Of Coverage	COMPREHENSIVE
Cover Note Number Driver Name of Driver LAM WEILIANG, JACKSON NRIC No S8500209J	Fleet Policy	NO
Driver Name of Driver LAM WEILIANG, JACKSON NRIC No \$8500209J	Policy Number	1900014192
Name of Driver LAM WEILIANG, JACKSON NRIC No S8500209J	Cover Note Number	
NRIC No \$8500209J	Driver	
	Name of Driver	LAM WEILIANG, JACKSON
Date Of Birth 06/01/1985	NRIC No	S8500209J
	Date Of Birth	06/01/1985

INDOOR

01/08/2005

14 YEARS AND 4 MONTHS

Gender MALE

 Mobile Number
 (LOCAL) +65-98275796

 Fax Number
 (LOCAL) +65-98275796

 Contact Number
 OFFICE-98275796

EMail Address JAXKSONLAMWEILIANG@GMAIL.COM

Address 12A CANBERRA DRIVE #13-28 EIGHT COURTYARDS

Postcode 768064

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

4

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

ramber of radoengers (morading bit

Passenger 1 Name: : BRIAN LIM
Gender: : Male

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

YES

Police Station Name 10 UBI AVENUE 3

Police Station Address ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT

Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHB338X

Vehicle Make/Model/Colour Details Of Properties

Details Of Froperties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number 96229587

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHC3058D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number 98336475

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJU221A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number 96831807

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 (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 :
 - 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: 30 0 19 , 9 309M

Driver's Signature

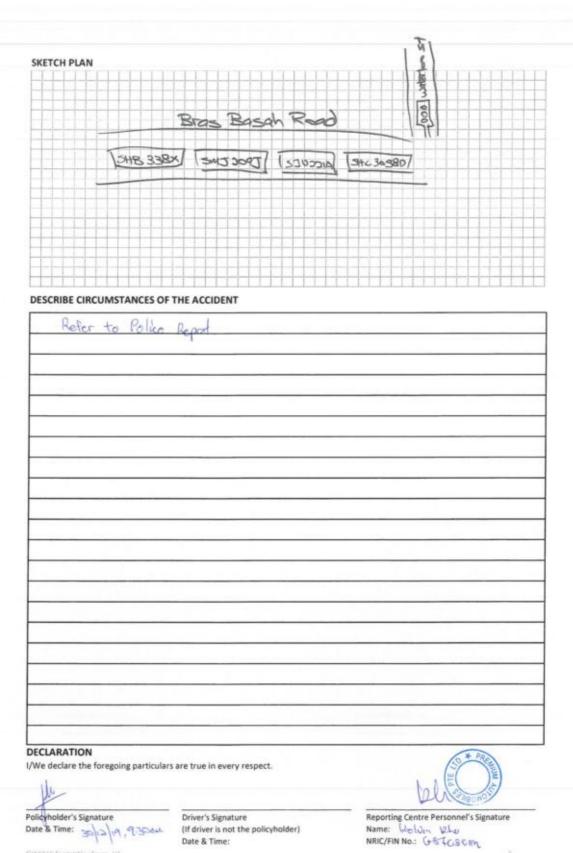
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Walvin Who

NRIC/FIN No.: (+8768907)



Accident Sketch Plan

GIARMIC SketchPlanForm_V3





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 4 Report No. T/20191229/7015

REPORT OF A TRAFFIC ACCIDENT

e Report N 19 16:41	Made:	Vide Report No.:	Station Diary No.:	
t's Partic	ulars			
Informant: LIANG, JA		Address: 12A CANBERRA DRIV	E #13-28 SINGAPORE 768095	
ID No.: / \$85002	09J	Contact No.: Home/Office:	Mobile: 98275796	
y: ORE CITIZ	EN	Email: jacksonlamweiliang@gmail.com		
Sex: Age: Date of Birth: Male 34 06/01/1985		Type of Informant: Driver		
		Language: English	Institution / School Name:	
on: PLOYED		Driving Licence Informa Class: 3A	tion: Date of Expiry:	
	t's Partice informant: LIANG, JA ID No.: / \$850020 y: DRE CITIZ Age: 34	t's Particulars Informant: LIANG, JACKSON ID No.: / \$8500209J y: DRE CITIZEN Age: Date of Birth: 34 06/01/1985	t's Particulars Informant: LIANG, JACKSON ID No.: / S8500209J PRE CITIZEN Address: 12A CANBERRA DRIVI Contact No.: Home/Office: Email: jacksonlamweiliang@gr Age: Jate of Birth: Jipe of Informant: Driver Language: English Driving Licence Informa	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/12/2019 13:05	Type of Location Straight Road
Location: BRAS BASAI Weather:	ROAD	Road Surface:	I.R.	oad Speed Limit:
		Dry) Km/h
Clear				
Clear Traffic Flow: One Way		Traffic Control: Not Controlled		raffic Volume:

						1500
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHB338X	Car		TOYOTA PRIUS	Brown	Slightly Damaged	0
SHC3058D	Car		HYUNDAI	Blue	Slightly Damaged	0
SJU221A	Car		MERCEDES SUV	Grey	Slightly Damaged	1
SMJ209J	Car	AUDI	A4 SEDAN 2.0 TFSI S TRONIC (NAV)	Blue	Seriously Damaged	1



Details of Vehicle Insurance

Date Treatment NIL
No. of Days granted Medical Leave



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20191229/7015

CONTINUATION OF REPORT

Vehicle No.	Ins	surance Company Insuran					Effective	Expiry Date
SMJ209J		3 ASIA PACIFIC INSURANCE PT	E. 1900014192				12/02/2019	11/02/2020
Details of P	erso	n Involved						7 7 9 19
Any Pedestr	ian Ir	nvolved: No						
No. of Pedes	strian	ns Injured: NIL	Us	e of Pedes	striar	Cross	sing: NA	
Driver								
Name		LOW TIAN SIONG		10	ID No.		S1655164C	
Related Veh	icle	SHB338X (Car)		C	Contact No.		96229587	
Hospital/Clin	nic	NIL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL	
Date Treatm	ent	NIL	Da	te Dischar	rge	NIL		
		ted Medical Leave NIL		gree of In				
Driver		AT THE RESERVE OF THE PERSON O						NAME OF BRIDE
Name		TAN THIAM JOO			ID No.		S1763555G	
Related Veh	icle	SHC3058D (Car)			Contact No.		98336475	
Hospital/Clin	ic	NIL		D	Class of Driving Licence & Expiry Date		Class: 3 Date of Exp	iry: NIL
Date Treatm	ent	NIL	Da	te Dischar	rge	NIL		
		ted Medical Leave NIL		gree of Injury NIL		1.33.00		
Driver	-							
Name		LEE JESSIE	10	ID No.		S7000032F		
Related Vehi	icle	SJU221A (Car)			Contact No.		96831807	
Hospital/Clin	ic	NIL		D	lass rivin icend xpiry	g	Class: 3 Date of Exp	iry: NIL

Date Discharge NIL
Degree of Injury NIL

NIL





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 4 Report No. T/20191229/7015

CONTINUATION OF REPORT

Driver	CALL TO SELECT					
Name	LAM WEILIANG, JACKSON			ID No),	S8500209J
Related Vehicle	SMJ209J (Car)			Conta	ct No.	98275796
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class Drivin Licen Expir	g	Class: 3A Date of Expiry: NIL
Date Treatment	29/12/2019 Date Dis			harge	29/12	2/2019
No. of Days granted Medical Leave		05	Degree o	fInjury	Sligh	t

Brief Details

This accident happened along Bras Basah Road (near Waterloo Street , in front of Bras Basah MRT Station Exit , Lamp Post 31)

I was the 3rd car in the 4-car accident. I was travelling along Bra Basah Road when the car in front of me braked. I stopped my vehicle in time and was in stationary position (without hitting the car infront) when the 4th car banged me from the rear causing my stationary vehicle to hit the vehicle in front of me and causing the second vehicle to hit the first car. Due to the impact of the 4th vehicle hitting my rear and subsequent impact on the cars infront, my boot suffered severe dent and my front bumper has minor dent and scratches. The first vehicle's back bumper appeared to have only minor scratches, the second vehicle had slight dent on the front and rear bumper and the 4th vehicle's front car plate fell off and had dent and scratches on the front bumper.

After the accident, I went to the hospital for a check up. The doctor mentioned there was a sprain on the left shoulder and was given 5 days MC.

Details of vehicles in the chain collision: 1st vehicle: SHC3058D Comfort Delgro blue taxi Driver details: S1763555G, Tan Thiam Joo, 9833 6475

2nd vehicle: SJU221A Mercedes Grey SUV Driver Details: S7000032F, Lee Jessié, 9683 1807

3rd Vehicle [myself]: SMJ 209J, Audi Blue Saloon Driver Details: S8500209J, Lam Weiliang Jackson, 9827 5796

4th Vehicle: SHB338X , SMRT brown Taxi Driver details: S1655164C, Low Tian Siong , 9622 9587





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20191229/7015

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

Authentication Stamp

NP168

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time; 29/12/2019 16:41
Classification Of Case:































