

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	03/01/2020 14:11
Date Of Accident	01/01/2020 21:00
Exact Location Of Accident	YIO CHU KANG RD TURNING RIGHT INTO PHILLIPS AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGZ6496T
Insured/Policyholder	
Name Of Registered Owner	LIM PEI SEE, SHAREN
NRIC No	S7715009I
Email Address	XUERENSHAREN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83336662
Alternative Phone No	OFFICE-83336662

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM-1.8 (A)
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3071521901
Cover Note Number	

Driver

Name of Driver	LIM PEI SEE, SHAREN
NRIC No	S7715009I
Date Of Birth	01/06/1977
Occupation	INDOOR
Date Of Driving Pass	19/04/2005
Driving Experience	14 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83336662
Fax Number	
Contact Number	OFFICE-83336662
Email Address	XUERENSHAREN@GMAIL.COM

Address	BLK 710 PASIR RIS STREET 72 #02-67
Postcode	510710
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	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT #T/20200102/2102.

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	SHD212P
Vehicle Make/Model/Colour	RENAULT / RED
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN HAK LEONG, SOLOMON
NRIC/Passport Number	
Contact Number	84554400
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LIM PEI SEE, SHAREN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SGZ6496T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 710 PASIR RIS STREET 72 #02-67
Postcode	510710

Accident Sketch Plan Pg. 1

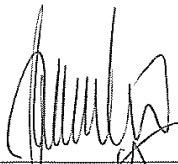
SKETCH PLAN

IMPORTANT NOTICE

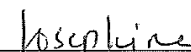
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

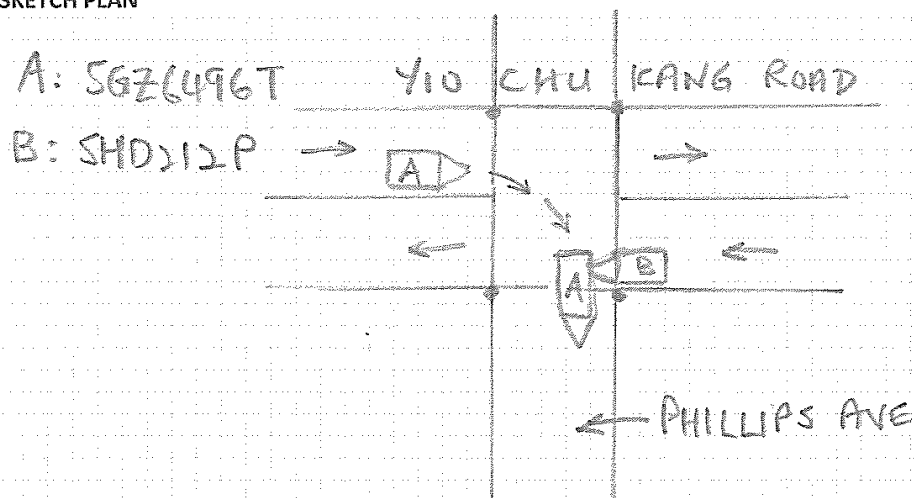
I understand, acknowledge, agree and consent that:

- (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: 31/1/2020
1225pm

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


Reporting Centre Personnel's Signature
Name: Teo Hong Gng
NRIC/FIN No.: 511006721Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police Report # T/20200102/2102.

DECLARATION

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

Date & Time:

8/1/2020

1225pm

(If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No.:

51100672/2

Accident Sketch Plan Pg. 1



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Co. Reg. No. 200208384E

MX1F
R SN
AN0679A
Cov.Type: C

MOTOR PRIVATE CAR

CERTIFICATE OF INSURANCE
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No.	DMPCSN3071521901	Engine No :R18A1745773 ChaNo:RN61040647
1. Index Mark and Registration Number of Vehicle	SGZ6496T	AUTOSAFE
2. Name of Policy Holder	LIM PEI SEE, SHAREN	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	12 November 2019	Named Drivers Ex Sect. I S\$750.00 Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25..... S\$3,000.00 Ex Sect. I - Age >= 26..... S\$500.00 * Age as at date of accident EX ON WINDSCREEN S\$100.00
4. Date of Expiry of Insurance	11 November 2020	
5. Persons or Classes of Persons entitled to drive*	<p>(a) The Policyholder.</p> <p>(b) Any other person who is driving on the Policyholder's order or with his permission.</p> <p>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor vehicle.</p>	
6. Limitations as to use:	<p>Use for social, domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.</p> <p>Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time Waiver of Excess for the first S\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.</p>	
<p>HIRE PURCHASE CO. : LAKE VIEW CREDIT PTE LTD AS HP OWNER * Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.</p>		

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse
ABWIN PTE LTD
8 Kaki Bukit Road 2 #01-33
Ruby Warehouse Complex
Singapore 417841
Tel 6842 3332 Fax: 6743 8750

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: ABWIN PTE. LTD.
Authorised Officer

[Signature]
Authorised Signatory

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200102/2102

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 3

Report No. T/20200102/2102

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/01/2020 15:54		Vide Report No.:		Station Diary No.: 41	
Informant's Particulars					
Name of Informant: LIM PEI SEE, SHAREN			Address: APT BLK 710 PASIR RIS STREET 72 #02-67 SINGAPORE 510710		
ID Type / ID No.: NRIC NO / S7715009I			Contact No.: Home/Office: Mobile: 83336662		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 42	Date of Birth: 01/06/1977	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Legal Secretary			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: 01/01/2020 21:00	Type of Location: X-Junction
Location: Along Road 1 YIO CHU KANG ROAD PHILLIPS AVENUE Along Yio Chu Kang Rd turning right into Phillips Ave.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
SGZ6496T	Car	HONDA	STREAM 1.8 A	Brown	Seriously Damaged	0
SHD212P	Car	RENAULT		Red	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGZ6496T	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN30715219 011	12/11/2019	11/11/2020

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200102/2102

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

2 of 3
Report No. T/20200102/2102

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM PEI SEE, SHAREN	ID No.	S7715009I
Related Vehicle	SGZ6496T (Car)	Contact No.	83336662
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/01/2020	Date Discharge	01/01/2020
No. of Days granted Medical Leave	03	Degree of Injury	Serious
Driver			
Name	TAN HAK LEONG SOLOMON	ID No.	S1637568C
Related Vehicle	SHD212P (Car)	Contact No.	84554400
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 01/01/2020 at about 9pm, I was driving my vehicle SGZ6496T along Yio Chu Kang Road. I then came to a X junction and I signalled right, as I wanted to turn right into Phillips Ave. When I checked for any incoming vehicles, there was only one car (a Transcab Taxi) which was quite a distance away and it was in my favor to turn. I then moved and turned right into Philips Ave. When I was already entering into Philips Ave, suddenly I felt an impact on my left and my car swing, the Transcab Taxi had hit onto the left rear of my car. I blacked out for a split second and woke up, I then quickly shifted my car back to the side of the road. The driver of that Transcab Taxi came and asked me "How?" I was unable to answer him as I was feeling giddy and unwell. I called up my dad informing him about the accident and my cousins came to assist me.

After exchanging contact details with the Transcab driver, I was then brought to CGH by my brother. I felt discomfort on my back and neck and I had vomited once in CGH. I was given 3 days MC and 7 days light duty. My next follow up will be on the 07/01/2020 with the specialist.

Accident Sketch Plan Pg. 1



SINGAPORE
POLICE FORCE



T/20200102/2102

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3

Report No. T/20200102/2102

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 WONG TING CHIEN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
02/01/2020 15:54

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

Classification Of Case:

Authentication Stamp
NP168



SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



