

## 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	23/01/2020 16:43
Date Of Accident	22/01/2020 16:40
Exact Location Of Accident	PIE (TUAS) AFTER STEVEN RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF6819R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIEW CHOON WAH
NRIC No	SXXXX178G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96817290
Alternative Phone No	OFFICE-96817290

### Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT 1.2XG A
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-00010163
Cover Note Number	

### Driver

Name of Driver	LIM XUAN LI, JUSTIN
NRIC No	SXXXX281H
Date Of Birth	05/11/1990
Occupation	INDOOR
Date Of Driving Pass	14/07/2011
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90687288
Fax Number	
Contact Number	OFFICE-90687288
Email Address	NOEMAIL

Address	BLK 629 BEDOK RESERVOIR ROAD #10-1636
Postcode	470629
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	TANGLIN POLICE DIVISIONAL HQ ( 'E' DIVISION )
Police Station Address	<b>ROAD:</b> 21 KAMPONG JAVA ROAD , <b>POSTCODE:</b> 228892 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-3910000 - <b>FAX NO:</b> 63964900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - E/20200122/7040.

#### 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	SMG3817A
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) 2

DETAILS OF INJURED PERSON 1

Name LIM XUAN LI, JUSTIN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJF6819R

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Accident Sketch Plan

### 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:

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

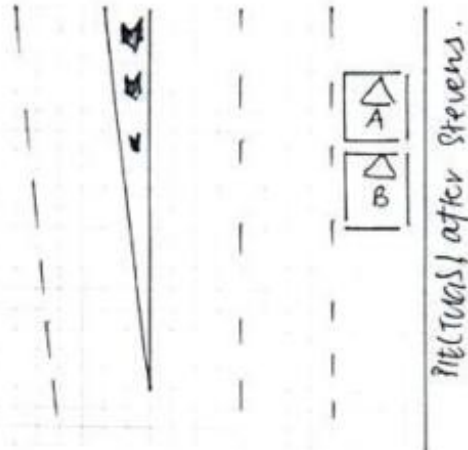
  
Reporting Centre Person's Signature  
Name:  
NRIC/FIN No:

# Accident Sketch Plan

## SKETCH PLAN

Vehicle A: SJF 6819K

Vehicle B: SMG 3017A




## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to Police Report.

## 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**



E/20200122/7040

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## POLICE REPORT (NP299)

Report No. E/20200122/7040

Police Station Of Origin  
Tanglin Division HQ  
21 Kampong Java Road SINGAPORE  
228892  
Tel No:1800-3910000

Date/Time Report Made 22/01/2020 23:01	Vide Report No.	Station Diary No.
Name Of Informant LIM XUAN LI, JUSTIN	Address APT BLK 629 BEDOK RESERVOIR ROAD #10-1636 SINGAPORE 470629	
ID Type / ID No. NRIC NO / S9043281H	Contact No. Home/Office: Mobile: 90687288	
Nationality SINGAPORE CITIZEN	Email Address justinlx190@gmail.com	
Occupation Student	Sex Male	Age 29
Institution/School Name	Date of Birth 05/11/1990	Race Chinese
Date/Time Of Incident 22/01/2020 16:40 - 22/01/2020 16:50	Location Of Incident PAN ISLAND EXPRESSWAY	

### Brief details.

I was driving along PIE in a Suzuki Swift Car (car plate number SJF6819R) when a Honda Car (car plate number SMQ8507J) slowed down and come to a stop quickly. I had to perform an emergency brake to avoid collision and the Toyota car behind (car plate number SMG3817A) collided into my vehicle. I alighted the car immediately and noticed that the collision had caused damage to my car's rear bumper. I exchanged particulars with the driver of the Toyota car - Madam Lim Xiao Hong and requested to file an insurance claim against her. She tried to contact her insurance agent but the agent was not in town hence, she tried to compensate for the car damages via private settlement. As I was not the owner of the

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/01/2020 23:01
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



# Police Report



**SINGAPORE  
POLICE FORCE**



E/20200122/7040

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20200122/7040

car, I told her that I will let the owner of the Suzuki Swift Car (Madam Liew Choon Wah) make the final decision.

Subsequently, Madam Liew contacted Madam Lim via the phone but Madam Lim was adamant on private settlement and was only willing to compensate \$300 in cash which was insufficient to cover the repair costs. Despite reasoning with Madam Lim, Madam Lim was still adamant on private settlement and Madam Liew informed Madam Lim that she will be filing an insurance claim against her for the car repairs.

The purpose of this report is to provide a factual account of this incident and for record purposes.

Subjects Involved			
Suspect			
Person Name	LIM XIAORONG		
ID Type	NRIC NO	ID No	S7187804Z
Gender	Female	Age	49-49
Race	Chinese	Language	Chinese
Mobile No	96558058	Relation To Informant	no relation
Victim			
Person Name	LIM XUAN LI, JUSTIN		
ID Type	NRIC NO	ID No	S9043281H
Gender	Male	Age	29
Race	Chinese	Language	English
Occupation	Student	Address Type	

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/01/2020 23:01
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

## Police Report



**SINGAPORE  
POLICE FORCE**



E/20200122/7040

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20200122/7040

Address	APT BLK 629 BEDOK RESERVOIR ROAD #10-1636 SINGAPORE 470629	Mobile No	90687288
Is Informant A Victim?	Yes		
Person Name	LIM XUAN LI, JUSTIN (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/01/2020 23:01
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

