

## 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	28/01/2020 15:51
Date Of Accident	26/01/2020 18:10
Exact Location Of Accident	ENTRANCE OF 'ONE LEICESTER' NO 1 LEICESTER RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW8875A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM FANG SHUEN
NRIC No	SXXXX484G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97427790
Alternative Phone No	OTHERS-97427790

### Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3 KOUP 1.6(A) SUNROOF
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	CN055145
Cover Note Number	

### Driver

Name of Driver	LIM FANG SHUEN
NRIC No	SXXXX484G
Date Of Birth	18/06/1977
Occupation	INDOOR
Date Of Driving Pass	23/10/1997
Driving Experience	22 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97427790
Fax Number	
Contact Number	OTHERS-97427790
EMail Address	NOEMAIL

Address 134 POTONG PASIR AVENUE 3 #13-172 SPORE 350134  
 Postcode  
 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) 3  
 Passenger 1  
 NAME: : LIM GE XU  
 GENDER: : MALE  
 Passenger 2  
 NAME: : WONG OI MENG  
 GENDER: : FEMALE

**Details of Police Action**

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name TOA PAYOH NEIGHBOURHOOD POLICE CENTRE  
 Police Station Address ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING ,  
 POSTCODE: 319194 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-2519999 - FAX NO: 63548749  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

**Circumstances of Accident**

REFER TO SKETCH PLAN/POLICE REPORT

**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 SHC8059T  
 Vehicle Make/Model/Colour MERCEDES BENZ / E220 BLUETEC  
 Details Of Properties  
 Vehicle Category TAXI  
 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 FANG SHUEN  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SJW8875A  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

**DETAILS OF INJURED PERSON 2**

Name WONG OI MENG  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SJW8875A  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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. 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 no 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, protecting, 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 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 located outside of Singapore, for one or more of the above Purposes
- (d) Personal Information will also be collected and used to compile claims history forms for purposes of fraud detection, investigation and management in present and all future claims
- (e) the information so collected under (d) above may be shared with:
- (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.



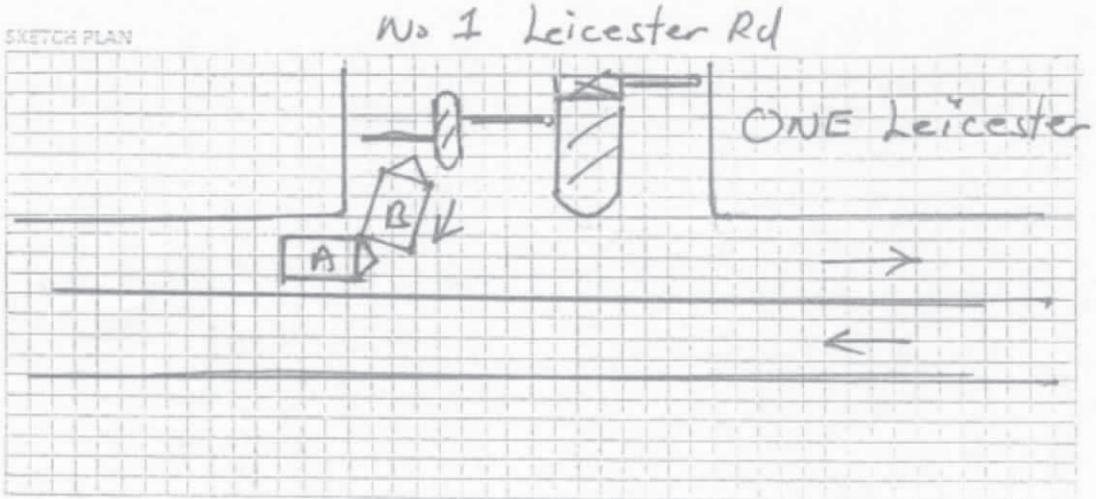
Policyholder's Signature  
Date & Time:

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



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

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report  
Report No:-  
T/2020 0127/2066

CT

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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: Fahimur  
NRIC/ID No:

Police Report



**SINGAPORE  
POLICE FORCE**



T/20200127/2066

1 of 4

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

Report No. T/20200127/2066

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/01/2020 17:41	Vide Report No.:	Station Diary No.: 81
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**Informant's Particulars**

Name of Informant: LIM FANG SHUEN		Address: APT BLK 134 POTONG PASIR AVENUE 3 #13-172 SINGAPORE 350134	
ID Type / ID No.: NRIC NO / S7716484G		Contact No.:	Mobile: 97427790
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 42	Date of Birth: 18/06/1977	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: UNEMPLOYED		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: 26/01/2020 18:10	Type of Location: GUARD POST GANTRY
Location: Along Road 1 LEICESTER ROAD  LEICESTER ROAD, ONE LEICESTER CONDOMINIUM				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Controlled by Others e.g. Workmen	Traffic Volume: No Traffic	
Type of Collision: REAR TO HEAD			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC8059T	Car				Slightly Damaged	0
SJW8875A	Car	KIA	FORTE K3 KOUPI 1.6(A) SUNROOF	Blue	Slightly Damaged	2

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Report



**SINGAPORE  
POLICE FORCE**



T/20200127/2066

Police Station Of Origin:  
Toa Payoh N.P.C  
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Community Building SINGAPORE 319194  
Tel No: 1800-2519999

2 of 4

Report No. T/20200127/2066

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJW8875A	AXA INSURANCE SINGAPORE PTE LTD	P1787505	22/07/2019	21/07/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	LOH HOCK LENG SIMON	ID No.	S1231121D	
Related Vehicle	SHC8059T (Car)	Contact No.	91475711	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Vehicle Owner				
Name	LIM FANG SHUEN	ID No.	S7716484G	
Related Vehicle	SJW8875A (Car)	Contact No.	97427790	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	27/01/2020	Date Discharge	27/01/2020	
No. of Days granted Medical Leave	05	Degree of Injury	Slight	

Passenger				
Name	LIM GE XU	ID No.	T1526163Z	
Related Vehicle	SJW8875A (Car)	Contact No.	NIL	
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	

Police Report



**SINGAPORE  
POLICE FORCE**



T/20200127/2066

3 of 4

Report No. T/20200127/2066

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

CONTINUATION OF REPORT

<b>Passenger</b>		ID No.	S8312380Z
Name	WONG OI MENG	Contact No.	83888312
Related Vehicle	SJW8875A (Car)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Date Treatment	27/01/2020
		Date Discharge	27/01/2020
		No. of Days granted Medical Leave	05
		Degree of Injury	Slight

**Brief Details.**

On 26/01/2020 at about 1810hrs, I was making a left turn along Leicester Road into One Leicester Condominium when there is a taxi bearing the plate number SHC8059T in the lane meant for resident only, which the taxi should not be in. As such, I stopped my car behind the said taxi waiting for him to clear the gantry. Suddenly the taxi engaged the gear in reverse and started going astern. I then started giving him a long honk however the taxi kept reversing and it collided on the left side of my car bumper, causing multiple scrapes and scratches on the bumper.

The taxi driver and me will settle the matter amicably between ourselves. I was given 05 days of medical leaves by Mount Alvernia Hospital.

I am lodging this Traffic Accident Report for insurance and medical claims, as well as for record purposes.

**Details of Witness (Security Guard):**

Paenikumar Ravindran  
Security Guard of One Leicester Condominium

Police Report



SINGAPORE  
POLICE FORCE



T/20200127/2066

4 of 4

Police Station Of Origin:  
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93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
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Report No. T/20200127/2066

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: E / Sgt 3 KENNETH TOH JING YAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 27/01/2020 17:41
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp NP165  SN 188 	