

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	03/03/2020 15:05
Date Of Accident	29/02/2020 12:00
Exact Location Of Accident	PIE NEAR SIMS DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT3857L
Insured/Policyholder	
Name Of Registered Owner	LIM CHIN GUAN
NRIC No	SXXXX547F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91070391
Alternative Phone No	OFFICE-91070391

Vehicle Particulars

Manufacturer	AUDI
Model	A6 2.4 SLINE
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 CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMPCSNW00015332000
Cover Note Number	

Driver

Name of Driver	RHYME BIN ABDUL HALIM
NRIC No	SXXXX420G
Date Of Birth	25/06/1970
Occupation	OUTDOOR
Date Of Driving Pass	22/05/2018
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88087549
Fax Number	
Contact Number	OFFICE-88087549
Email Address	NOEMAIL

Address	BLK 131C CANBERRA CRESCENT #02-572
Postcode	753131
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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?	NO
Was any injured conveyed to hospital by ambulance?	
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	SEMBAWANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5549999 - FAX NO: 68522499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200229/2093.

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	SKK415Z
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)

Accident Sketch Plan

SKETCH PLAN

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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

P.I.E TOWARDS TUAS

(A) SGT 3857L

(B) SKK 415Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING SGT 3857L ALONG (P.I.E) TOWARDS TUAS NEAR WOODSVILLE FLYOVER, SUDDENLY MY FRONT VEHICLE SKK 415Z JAM BRAKE, THEREFORE CAUSED ME CANNOT STOP IN TIME, SO I BANGED FROM THE BACK.

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**



T/20200229/2093

1 of 3

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No. T/20200229/2093

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/02/2020 16:40	Vide Report No.:	Station Diary No.: 66
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Informant's Particulars			
Name of Informant: RHYME BIN ABDUL HALIM		Address: APT BLK 131C CANBERRA CRESCENT #02-572 SINGAPORE 753131	
ID Type / ID No.: NRIC NO / S7020420G		Contact No.: Home/Office: Mobile: 88087549	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 49	Date of Birth: 25/06/1970	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: Personal Chauffeur		Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/02/2020 12:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 SIMS DRIVE PAN-ISLAND EXPRESSWAY (JALAN TOA PAYOH)				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SGT3857L	Car	AUDI	A6	White	Slightly Damaged	1
SKK415Z	Car	BMW	528i	White	Slightly Damaged	2

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

Police Report



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4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999



T/20200229/2093

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Report No T/20200229/2093

CONTINUATION OF REPORT

Driver		ID No.	
Name	RHYME BIN ABDUL HALIM	ID No.	S7020420G
Related Vehicle	SGT3857L (Car)	Contact No.	88087549
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver		ID No.	
Name	CHUA ZHIQIANG, ALVIN	ID No.	S8524013G
Related Vehicle	SKK415Z (Car)	Contact No.	91507998
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 above mention date, time and location. I(SGT3857L) was travelling from Sims drive towards PIE(Tuas) to return back to my workplace. As I was travelling on lane 1, the front vehicle(SK415Z) suddenly jammed his brakes. I then reacted abruptly and my car skidded before hitting the other party vehicle's rear bumper. The other party's vehicle sustain a small hole at the rear bumper and my car front bonnet dented and license plate drop. No one was injured. I am making this report for rental company actions. Police and ambulance attended at scene. There is in-vehicle CCTV in my vehicle but there is none for the other party. The other party claimed that he had to jammed brake because another vehicle front of him jam brake but he had no evidence as he does not have a in-vehicle CCTV.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200229/2093

3 of 3

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Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No. T/20200229/2093

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:

L /
Sgt 2 BRYAN TAY WEI CHUAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
29/02/2020 16:40

Officer In Charge Of Case:
TP / GIT /
Sgt 3 RASHIDAH BINTE AZMAN
Contact No.: 65476216

Classification Of Case:

Authentication Stamp
NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

