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 <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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	06/04/2020 15:18
Date Of Accident	03/04/2020 18:45
Exact Location Of Accident	KJE (TUAS) SLIP ROAD TO JALAN BAHAR
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKF2433J
Insured/Policyholder	
Name Of Registered Owner	LIN ZHIHAO @LIM RYAN
NRIC No	SXXXX941H
Email Address	RYANJASMINE0512@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90626732
Alternative Phone No	OTHERS-90626732
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	TOURAN 1.4 TSI AT 1T32B4 FL
Exact Purpose for which vehicle was being used at time of accident	PERSONAL 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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00430504
Cover Note Number	

Driver

Name of Driver LIN ZHIHAO @LIM RYAN

NRIC No SXXXX941H

Date Of Birth 02/12/1986

Occupation INDOOR

Date Of Driving Pass 17/12/2007

Driving Experience 12 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90626732

Fax Number

Contact Number OTHERS-90626732

EMail Address RYANJASMINE0512@GMAIL.COM

61 ROSEWOOD DRIVE Address

#03-07 737873

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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Postcode

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?

NO

YES Was any other material or property damaged?

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 WOODLANDS WEST N.P.C

ROAD: 1 WOODLANDS STREET 12, POSTCODE: 738622, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES

YES Was there any video captured by Car Camera?

Remarks/ Reasons: **FILE TOO BIG**

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLM874J

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver ZAKARIA

NRIC/Passport Number

Contact Number 96980518

Address

Postcode

Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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.

Polieyholder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

al 6/4/22

Name:

NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN
Simerus Road of Jalan Bahar Ex.Y
733
Jalan Bahar

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3/4/2020 at about 1845hm. I was travelling along XJE
On 3/4/2020 at about 1845hm, I was travelling along XJE toward Tuas. I made an exit of the Jalan Bahar Exit.
As T approached the end of the 81's Read my vehicle
come to a stop as there were an commer volicles along Jalan
Bahar Road. At this moment a rehicle bearing while state
As I approached the end of the 8/ip Road, my vehicle come to a stop as there were on commey rehicles along salan Bahar Road. At this moment, a rehicle bearing while plate number: SLM8745, a 8:/vor Toyota hit the rear of my rehicle.

DECLARATION

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

Policyholder's Signatuke Date & Time; Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:





1 of 1

Report No. L/20200404/2039

POLICE REPORT (NP299)

Police Station Of Origin Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622 Tel No: 1800-363 9999

Date/Time Report Made 04/04/2020 17:08	Vide Re	Vide Report No.		Station Diary No. 190	
Name Of Informant	Address	Address			
LIN ZHIHAO	61 ROS	61 ROSEWOOD DRIVE #03-07 SINGAPORE 737873			
ID Type / ID No.	Contact	Contact No.			
NRIC NO / S8634941H	Home/O	Home/Office Mobile		•	
		90626732			
Nationality SINGAPORE CITIZEN	Email Ad	Email Address			
Occupation	Sex	Age	Date of Birth	Race	
Police officer	Male	33	02/12/1986	Chinese	
Institution/School Name	Languag English	Language English			
Date/Time Of Incident 03/04/2020 18:45		Location Of Incident PAN-ISLAND EXPRESSWAY SINGAPORE			
	Jalan ba	Jalan bahar exit			

Brief details.

On 03/04/2020 at 1845hrs along PIE (Tuas) jalan bahar exit, when I stopped my car at the slip road to check for incoming vehicle when I felt my car was hit from the rear side. I alighted from my car and saw that another car (SLM8674J, toyota, silver) driven by: Zakaria, HP: 96980518. No one claimed any injuries: I saw that he had a passenger but he told me that they are fine. He told me that he is grab driver. We agreed to exchanged particulars and will be making a insurance claim. No government properties and no injuries involved. My car have a in-car camera.

Signature Of Officer Recording The Report:	Signature Of Informant.
L / Sgt 2 MUHAMMAD SHAIFUDIN SHAH BUY	
Signature Of Interpreter: Not applicable	Date/Time: 04/04/2020 17:08
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Sgt 3 BENJAMIN TAN MIN JIE Contact No.: 6466 0000	Classification Of Case:
Authentication Stamp	

St









Accident Photo

