

## 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 ability.
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 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	22/11/2016 15:54
Date Of Accident	20/11/2016 01:15
Exact Location Of Accident	ECP TOWARDS CHANGI BEFORE TANJANG KATONG EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK5253R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN SIEW NEE
NRIC No	S7303688G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93834125
Alternative Phone No	Office-93834125

### Vehicle Particulars

Manufacturer	BMW
Model	135I 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?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Private Car

### Insurance Company

Name of Insurance Company	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P1721200
Cover Note Number	

### Driver

Name of Driver	LI XUE PING
NRIC No	S8413376J
Date Of Birth	07/05/1984
Occupation	Indoor
Date Of Driving Pass	28/01/2011
Driving Experience	5 Years And 9 Months
Gender	Female
Mobile Number	
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address  
 Postcode  
 Was driver an employee of the Insured's Company No  
 If No, Relationship of the Driver with the Insured Sibling  
 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 (TP Hit Insured)  
 Weather Conditions Clear  
 Road Surface Dry

#### Other Information

Was any foreign vehicle involved in this accident? No  
 Was any body injured in the Accident? Yes  
 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 Serangoon Neighbourhood Police Centre  
 Police Station Address **ROAD:** 50 Serangoon Ave 2 #01-02 , **POSTCODE:** 556129 , **COUNTRY:** Singapore  
 Police Station Contact **TEL NO:** 1800-4880999 - **FAX NO:** 64883561  
 Was notice of intended Prosecution given? No  
 If Yes, against whom?

#### Circumstances of Accident

REFER TO ATTACHMENT. STATEMENT RECORDED BY HONGLIANG (PROGRESSIVE AUTOMOTIVE PTE LTD. TEL: 6741 5761)

#### Attachment(s)

Are accident photos available for attachment? Yes  
 Was there any video captured by Car Camera? No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLG8100M  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

#### Details of Witness

Name  
 Phone Number  
 Email Address

#### DETAILS OF INJURED PERSON 1

Name	LI XUE PING
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKK5253R
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	
Address	
Postcode	

# Accident Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 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.
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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
Progressive Automotive Pte Ltd  
Blk 3022A Ubi Road 1 #01-45/46  
Singapore 408716

### Sketch Plan

	<p><b>Number Plate</b></p> <p>(A1, A2) A - SKK 5253R B - 3LG 8100M C - 3HC 1961J</p> <p><b>Legend</b></p> <p> A Vehicle</p> <p> B Bike</p>
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## Accident Sketch Plan

Describe Circumstances of the Accident

My car was travelling along ECP towards Changi at my own lane (2<sup>nd</sup> lane). All of a sudden, I felt a huge impact from the rear portion of my car and the huge impact caused my car to loss control and swerved to the right, which resulted my car front portion had a collision with a taxi (C) left side portion, which was travelling along the 1<sup>st</sup> lane. After the collision, my car was stopped in between the 1<sup>st</sup> and 2<sup>nd</sup> lane. I suspect that veh B was changing lane due to the cause of the accident.

### Declaration

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

  
Reporting Person's Signature / Date &

  
Driver's Signature

  
Witnessed by Reporting Centre



# Common Statement

## ACCIDENT STATEMENT (Part I) Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident 20-11-16		Time 0115		2 Exact location of accident ECP towards Changi before Tanjong Katong		To be signed by BOTH drivers 3 Injured even if slight No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
4 Material damage To vehicles other than vehicles A and B No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)		Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. **8KK5253R** ↓  
(VEHICLE A)

6 Insured / policyholder (see insurance cert.)  
Name **Tan Siew Nee**  
(capital letters)

Address **60 Jalan Kelichap**  
**(534237)**

NRIC / Passport no. **S7303688G**

Tel no. (From 9am till 5pm)  
HP **93834125**

7 Vehicle  
Make, type

8 Insurance company  
**AXA** ☒ C ☐ TPFT ☐ TPO

Does the policy cover damage to vehicle A?  
No ☐ Yes ☐

Policy No. **VPA/PI721200**

9 Driver ☐ Same as Owner  
Name **Li xue Ping**  
(capital letters)

NRIC / Passport no. **S8413376J**

Class of licence  
HP **91897172**

Gender Male ☐ Female ☒

### 12 CIRCUMSTANCES

Put a cross (X) in each of the relevant boxes applicable to your vehicle

- |    |   |
|----|---|
| 1  | parked / stopped (at the roadside)  |
| 2  | leaving a parking space / opening the door (at the roadside)                                  |
| 3  | entering a parking space (at the roadside)  |
| 4  | emerging from a car park, from private grounds, from a minor road                             |
| 5  | entering a car park, private grounds, a minor road  |
| 6  | entering a roundabout or similar traffic system   |
| 7  | circulating in a roundabout or similar traffic system   |
| 8  | striking the rear of the other vehicle while going in the same direction and in the same lane |
| 9  | going in the same direction but different lane  |
| 10 | changing lanes  |
| 11 | overtaking  |
| 12 | turning to the right, making a U-turn (official U-turn)                                       |
| 13 | turning to the left   |
| 14 | reversing   |
| 15 | encroaching in the opposite traffic lane  |
| 16 | coming from the right (at road junctions)   |
| 17 | not observing a right-of-way sign (e.g. red traffic light, stop sign, etc.)                   |

← State TOTAL number of boxes marked with a cross →

Registration No. **SLG8100M** ↓  
(VEHICLE B)

10 Insured / policyholder (see insurance cert.)  
Name  
(capital letters)

11 Address

12 NRIC / Passport no.

13 Tel no. (from 9am till 5pm)

14 HP

15 7 Vehicle  
Make, type

16 8 Insurance company  
☐ C ☐ TPFT ☐ TPO

17 Does the policy cover damage to vehicle B?  
No ☐ Yes ☐

18 Policy No. (if available)

19 9 Driver (See driving licence)  
(if different from Insured B above)

20 Name  
(capital letters)

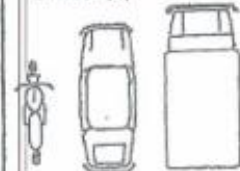
21 NRIC / Passport no.

22 Class of licence

23 HP

24 Gender Male ☐ Female ☐

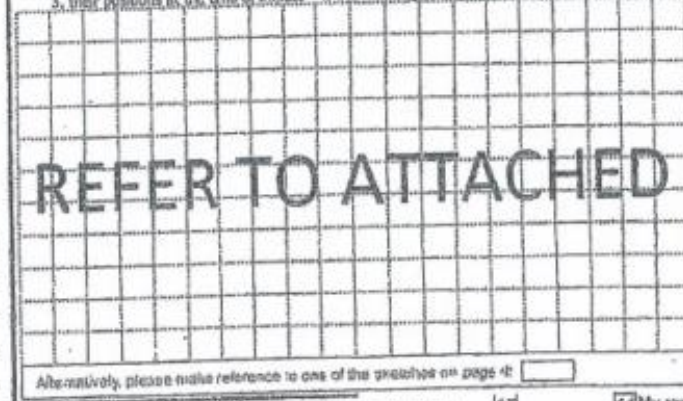
10 Indicate the point of initial impact with an arrow (→)



11 Visible damage to vehicle A

12 My remarks

13 Sketch of accident when impact occurred  
Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads



Alternatively, please make reference to one of the sketches on page 4:

14 Signatures of drivers

A

15

16 My remarks

B

10 Indicate the point of initial impact with an arrow (→)



11 Visible damage to vehicle B

12 My remarks

In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For Insured's Individual Statement (Part II) see overleaf →

# Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd [claims@teamworkgarage.com](mailto:claims@teamworkgarage.com)

## INDIVIDUAL STATEMENT (Part II)

To be completed and submitted within 24 hours to your insurer or IDAC or appointed workshop (Use a separate sheet of paper where necessary)

Own Workshop Email / Fax (if any):

Insured	1 Occupation (if more than one, state all)		2 Vehicle registration no. <u>3KK5253R</u>		C.C.		3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state Relationship of Driver with owner		4 If commercial vehicle, state permissible carrying capacity	
	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present		6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>		7 Date of birth		Occupation		Date of license pass	
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability		9 Full details of all driving convictions including pending prosecutions in the last 36 months		10 Name(s), address(es) and approximate age(s)		Injuries sustained		If vehicle occupants, state in which vehicle	
	11 Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property		Nature of damage		Insurer's name and address (if known)			

Of which vehicle are you the owner?

☒ A

☐ B

Driver or person in charge of vehicle at the time of accident (including insured)

7 Date of birth: 07-05-84 Occupation: Indoor ☒ Outdoor 28-01-2011 Was vehicle driven with the insured's permission? Yes ☒ No ☐ Was driver an employee of the insured's company? Yes ☐ No ☒

8 Give details of any pre-existing impairment of sight or hearing and of any other disability

9 Full details of all driving convictions including pending prosecutions in the last 36 months

Date	Offence	Penalty

10 Name(s), address(es) and approximate age(s)

Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?	Was injured conveyed to hospital by ambulance?
<u>Li Xue Ping</u>	<u>Neck / Back</u>	<u>3KK5253R</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<u>Tan Chun Hwee</u>	<u>Head / Back</u>	<u>3KK5253R</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

11 Name(s) and address(es) of owner(s)

SHC 1961D SHC 1961D

12 Was the accident reported to the Police? Yes ☐ No ☐ If yes, please state which Police station

13 Was notice of intended prosecution given? Yes ☐ No ☐ If yes, against whom?

14 Weather conditions: Clear ☒ Raining ☐ Others ☐

15 Road surface: Wet ☐ Dry ☒ Others ☐

16 Speed of vehicles: A ☐ km/hr B ☐ km/hr

17 What warnings were given by driver or other party?

18 Were street lights illuminated? Yes ☐ No ☐

19 What lights were displayed on your vehicle/the other vehicle(s)?

20 If your vehicle is commercial, state weight of load carried at time of accident

21 State how accident happened, width of roads, speed limits, etc (Refer to attached)

22 State number of Passengers (including Driver) 02

Declaration

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

Policyholder's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Driver's signature (if driver is not the policyholder): \_\_\_\_\_ Date: \_\_\_\_\_



LETTER OF AUTHORIZATION

Accident involving vehicles Nos. :-

SKK 5253R / SLG 8100M / SHC 1961D.

on 20.11.16 @ 0115.

I Tan Siew Nee NRIC No. S7303688G  
 owner of vehicle no. SLG 8100M hereby  
 authorize Li Xue Peng NRIC No. S8413376J  
 to log an accident report with regards to the above accident.

I hereby also release my full authorization and give permission  
 to Li Xue Peng NRIC No. S8413376J  
 to drive my vehicle SLG 8100M.

Signature of Owner of vehicle:-



Name of Owner of vehicle:-

Tan Siew Nee

NRIC No.:-

S7303688G

Owner of vehicle no.:-



IC AND LICENSE

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

LI XUE PING

07 May 1984

28 Jan 2011

001933107H



**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S8413376J**

LI XUE PING

CHINESE

07-05-1984

SINGAPORE

F

S8413376J



IC AND LICENSE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg 28 Jan 2011

NP 428A



Licence No: S8413376J

4009748



FORIC No. S8413376J



Date of issue  
12-02-2007

Address

304 ORCHARD ROAD  
#17-04  
SINGAPORE 238863



POLICE REPORT



**SINGAPORE  
POLICE FORCE**



17301031212125

1 of 3

Report No: 17301031212125

Police Station / CP Office:  
Serangoon N.P.C.  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4860099

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
21/11/2018 17:40

Use Report No

Station Diary No:  
63

**Informant's Particulars**

Name of Informant: LI XOE FING		Address: 80 JALAN KELICHAH SINGAPORE 534277	
ID Type / ID No: NRIC NO: 58443378J		Contact No: Home/Office: Mobile: 91897172	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 32	Date of Birth: 07/05/1984	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: CONSULTANT		Institution / School Name: Date of Expiry:	
		Driving Licence Information: Class:	

**General Information of the Accident**

Type of Accident:	Injury: Attended by Police	Drink Or/No: No	Date/Time of Accident: 20/11/2018 01:30	Type of Location: Straight Road
Location: Along Road 1 EAST COAST EXPRESSWAY				
Along ECP towards Changi after MCE exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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
SHC1981J	Car					0
SKK5253R	Car				Seriously Damaged	1
SLG8100M	Car					0

**Details of Person Involved**

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

POLICE REPORT



**SINGAPORE  
POLICE FORCE**

Police Station of Origin:  
Berrington M.P.C.  
50 Berrington Avenue 2 401-02 SINGAPORE  
556129  
Tel No: 1800-4610922

CONTINUATION OF REPORT

Report No. T20101104123

Name	LI XUE JING	ID No.	85413378J
Related Vehicle	BNK8253R (Car)	Contact No.	81687172
Hospital/Clinic	MOUNT ELIZABETH HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	20/11/2016	Date Discharge	20/11/2016
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Name	TAN CHHON HWEE	ID No.	87808512B
Related Vehicle	BKN92A3R (Car)	Contact No.	90055986
Hospital/Clinic	MOUNT ELIZABETH HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/11/2016	Date Discharge	20/11/2016
No. of Days granted Medical Leave	03	Degree of Injury	NIL

**Brief Details:**

On 20/11/2016 at around 1.30am, I was travelling along ECP towards Changi on the 2nd lane when suddenly, I felt a huge impact from the rear of my vehicle. As a result of the impact, I lost control of my car and it swerved to the right and my vehicle front right grazed onto the front left passenger of the taxi, SHC1987J which was travelling on the 1st lane. After the accident, I came down and it was vehicle SLQ8100M who had collided to the rear of my vehicle. I suspect the said vehicle, SLQ8100M caused the accident while lane changing. One Volvo TP vehicle came and inform us to proceed for our insurance claim. The paramedic was at scene and informed us that at that material point of time, there was no need to be conveyed. However, a few hours later my passenger and I felt unwell as such we went to Mount Elizabeth Hospital and both of us were given 3 days MC.



POLICE REPORT



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Serangoon N.P.C.  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880998



1/201611/121/25

3 of 3

Report No: 1/201611/121/25

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

F/

Sgt RUSSEL TONG JUN KAI

Signature Of Informant

Signature Of Interpreter

Not applicable

Date/Time

21/11/2016 17:40

Officer In Charge Of Case

TF / GIT /

Sr Supt MOHAMMAD ABDILLAH BIN PALIL

Contact No: 65476246

SIN 102

Authentication Stamp

NP164

Singapore Police Force

Classification Of Case

Accident Photo





Accident Photo



Accident Photo





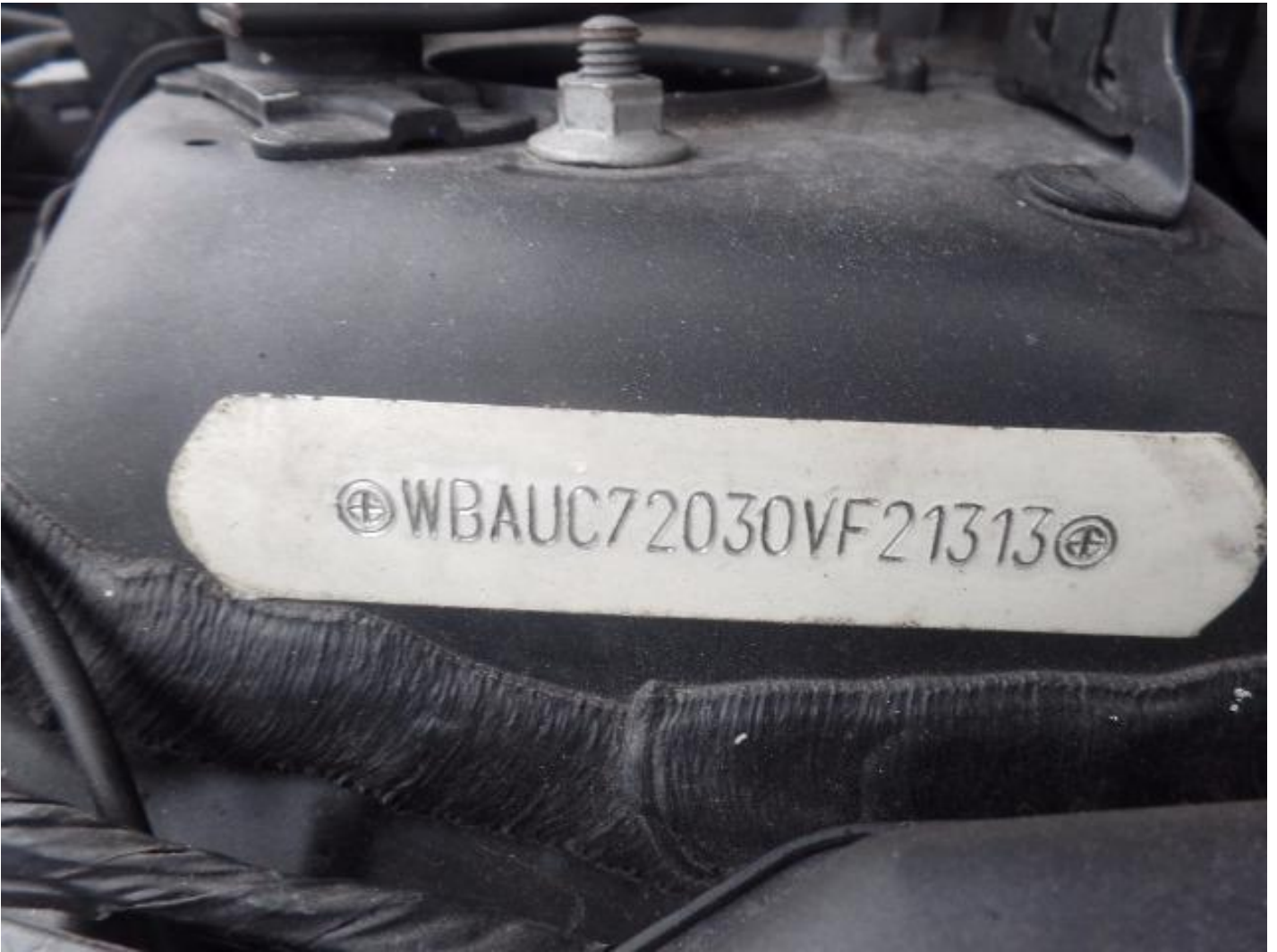
Accident Photo



Accident Photo



Accident Photo





Accident Photo

