

## 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	18/07/2020 13:26
Date Of Accident	18/07/2020 02:45
Exact Location Of Accident	KEPPEL RD BEFORE AYE (TUAS)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD8532D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR LAM SIN HONG JUSTINE
NRIC No	SXXXX779C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98262642
Alternative Phone No	OFFICE-98262642

### Vehicle Particulars

Manufacturer	AUDI
Model	A4 AVANT 2.0L TFSI ABS D/AB TC HID 2WD
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMPCSN3066461900
Cover Note Number	

### Driver

Name of Driver	LAM SIN HONG, JUSTINE
NRIC No	SXXXX779C
Date Of Birth	24/10/1992
Occupation	INDOOR
Date Of Driving Pass	01/08/2011
Driving Experience	8 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98262642
Fax Number	
Contact Number	OFFICE-98262642
Email Address	NOEMAIL

Address	BLK 707 JURONG WEST STREET 71 #06-48
Postcode	640707
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	CHAIN COLLISION
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	3
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)	2
Passenger 1	NAME: : TAN HIN YEE GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200718/7007.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF4206S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	

Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SFK805R  
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)

#### DETAILS OF INJURED PERSON 1

Name LAM SIN HONG, JUSTINE  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SMD8532D  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name TAN HIN YEE  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SMD8532D  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

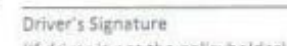
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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:

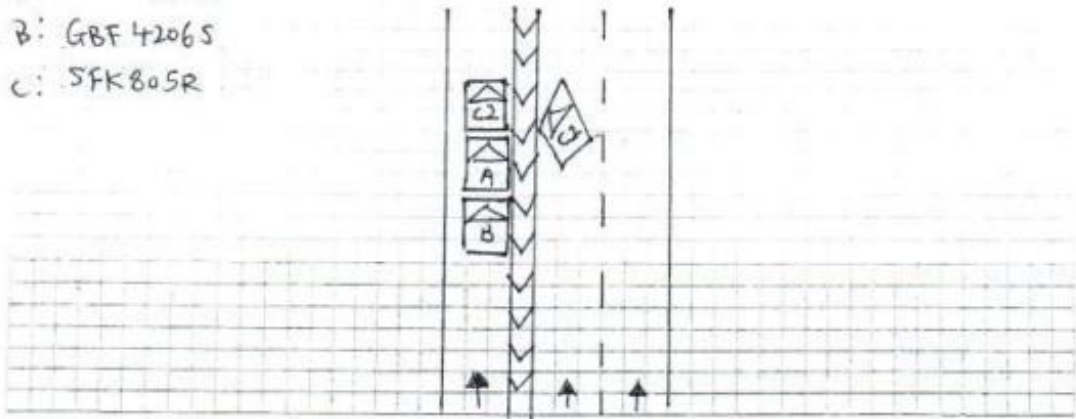
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# Accident Sketch Plan

## SKETCH PLAN

Vehicle A: SMD 8532D  
 Vehicle B: GBF 4206S  
 Vehicle C: SFK 805R



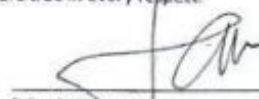
## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle A was travelling straight on the stated venue. Suddenly vehicle C cut into my lane and brake suddenly, I applied on my brake too. Vehicle B collided into my rear. I also collided into the rear of vehicle C. I wish to state the vehicle C cut into my lane through a double solid white line.

## 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/20200718/7007

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 4

Report No. T/20200718/7007

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/07/2020 14:32		Vide Report No.: D/20200718/2002		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LAM SIN HONG, JUSTINE			Address: APT BLK 707 JURONG WEST STREET 71 #06-48 SINGAPORE 640707		
ID Type / ID No.: NRIC NO / S9239779C			Contact No.: Home/Office: Mobile: 98262642		
Nationality: SINGAPORE CITIZEN			Email: justinelam24@gmail.com		
Sex: Male	Age: 27	Date of Birth: 24/10/1992	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Company director			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: 18/07/2020 02:45	Type of Location: Straight Road
Location:  KEPPEL ROAD				
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 Passenger
GBF4206S	Van					0
SFK805R	Car					0
SMD8532D	Car	AUDI	A4 AVANT 2.0L TFSI ABS D/AB TC HID 2WD	Black	Seriously Damaged	1

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200718/7007

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 4

Report No. T/20200718/7007

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMD8532D	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN3066461900	03/09/2019	02/09/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	TAN HIN YEE		ID No.	S9205973A
Related Vehicle	SMD8532D (Car)		Contact No.	97958056
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	18/07/2020		Date Discharge	18/07/2020
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	LAM SIN HONG, JUSTINE		ID No.	S9239779C
Related Vehicle	SMD8532D (Car)		Contact No.	98262642
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	18/07/2020		Date Discharge	18/07/2020
No. of Days granted Medical Leave	03		Degree of Injury	Slight

### Brief Details.

ON THE STATED DATE AND TIME, I, VEHICLE A WAS TRAVELLING STRAIGHT ON THE STATED VENUE. SUDDENLY VEHICLE C CUT INTO MY LANE AND BRAKE SUDDENLY, I APPLIED ON MY BRAKE TOO. VEHICLE B COLLIDED INTO MY REAR, I ALSO COLLIDED INTO THE REAR OF VEHICLE C. I WISH TO STATE THE VEHICLE C CUT INTO MY LANE THROUGH A DOUBLE SOLID WHITE LINE.

ME AND MY PASSENGER WAS INJURED AND WE WENT TO SEE DOCTOR AND WAS GIVEN 3DAYS MC EACH.

\*I WISH TO STATE THIS IS AN AMENDMENT REPORT\*

## Police Report



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20200718/7007

3 of 4

Report No. T/20200718/7007

CONTINUATION OF REPORT

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20200718/7007

4 of 4

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20200718/7007

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
WONG SIEU LUI  
Contact No.: 65476151

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
18/07/2020 14:32

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
5 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours: Monday to Friday, 09:00 – 17:00  
UEN: S68550206 / GST Reg. No.: M400017795

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

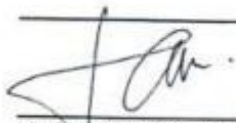
Original Report No : \_\_\_\_\_ Vehicle Registration No : SMD 8532D  
Name (as shown in NRIC) : Lam Sin Hong, Justine NRIC/FIN/Passport No : S9239779C  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : Blk 707 Jurong West St 71 #06-48 Singapore (640707)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 918262642  
Email Address : \_\_\_\_\_  
Date of Accident : 18/7/2020 Time of Accident : 02:45h  
Place of Accident : Keppel Rd turns AYE (Turns)  
Insurance Company : China Taiping

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

① Refer to Police Report

② Refer to Sketch Plan

  
Policyholder / Driver's Signature  
Date: \_\_\_\_\_

  
Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_  
Date: \_\_\_\_\_