

## 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	02/12/2019 15:52
Date Of Accident	26/11/2019 16:25
Exact Location Of Accident	JB CUSTOM
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV7171J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM LIANG WEE
NRIC No	S7114142Z
Email Address	JAMESCAVEN71@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83887171
Alternative Phone No	OTHERS-83887171

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C200

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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	PNPV2019-00005558
Cover Note Number	

### Driver

Name of Driver	LIM LIANG WEE
NRIC No	S7114142Z
Date Of Birth	01/06/1971
Occupation	INDOOR
Date Of Driving Pass	12/04/1997
Driving Experience	22 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83887171
Fax Number	
Contact Number	OTHERS-83887171
Email Address	JAMESCAVEN71@GMAIL.COM

Address	BLK 132 BEDOK RES ROAD #05-1261
Postcode	470132
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)	1

#### 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
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 ATTACHED STATEMENT RECORD BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

#### 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 Witness 1

Name	ANDREW ANG CHOON HER
Phone Number	84487168
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKN1018P
Vehicle Make/Model/Colour	AUDI
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	LIM LIANG WEE
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJV7171J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

#### 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. 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 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.

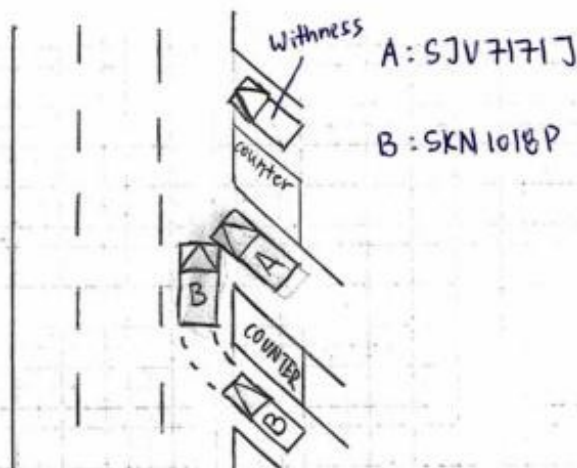
Policyholder's Signature  
Date & Time:

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

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

## Sketch Plan #2

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above stated date and time my vehicle was stationary while waiting for my passport to be cleared, I suddenly heard a loud bang and felt a huge impact on my vehicle front left portion. Then vehicle B suddenly just left the scene without stopping and flee the accident scene.

## DECLARATION

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

Policyholder's Signature \_\_\_\_\_  
Date & Time: \_\_\_\_\_

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

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

Police report



**SINGAPORE  
POLICE FORCE**



T/20191127/2003

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

4 of 4

Report No. T/20191127/2003

**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:  
TP /  
EUGENE AW WEI XUAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI SEUNA  
Contact No.: 65476151 **9338 9881**

Authentication Stamp  
NP168

**JUREMAH 65476219**

Signature Of Informant:

Date/Time:  
27/11/2019 00:23

Classification Of Case:  
 **SINGAPORE  
POLICE FORCE**

Signature: 



Police report



**SINGAPORE  
POLICE FORCE**



T/20191127/2003

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

3 of 4

Report No. T/20191127/2003

**CONTINUATION OF REPORT**

**Brief Details.**

ON THE STATED DATE, TIME AND LOCATION

WHEN I REACH THE JB CUSTOM AT AROUND 1625HRS, THE TRAFFIC FLOW WAS SLOW AND THE JAM WAS LONG. AFTER I HAD MY PASSPORT STAMP AND CLEARANCE AT THE CUSTOM, I WAS ABOUT TO TURN OUT BUT I STOP TO GIVE WAY TO ONCOMING VEHICLE. WHEN I STOP, A CAR OF VEHICLE NUMBER SKN1018P HIT ONTO MY CAR AND DROVE OFF. I DO NOT HAVE TIME TO STOP HIM. MY VEHICLE FRONT BUMPER AND RIM WAS HIT. WHEN I DROVE MY VEHICLE, IT WOBBLE BUT I GOT NO CHOICE AS I NEEDED TO DROVE OUT OF THE CUSTOM.

THE CAR BEHIND ME OF MERCEDES BY THE NAME OF ANDREW ANG CHOON HER, STOP ME AND AGREED TO BE MY WITNESS. HE GAVE ME HIS NAME CAR AND WILL RETRIEVE THE CAMERA FOOTAGES.

I DROVE MY CAR TO THE PETROL KIOSK TO CALL FOR TOWING FROM MALAYSIA TO JB WORKSHOP. THE WORKSHOP INFORM ME THAT THIS REPORT HAS TO BE MADE IN SINGAPORE AS IT INVOLVE SINGAPORE VEHICLE.

THE TOTAL DAMAGES TO MY CAR IS \$4075

HOPE THAT THE INVESTIGATION OFFICER WILL BE ABLE TO HELP AND ASSIST TO CONTACT THE DRIVER OF VEHICLE NUMBER PLATE SKN1018P.

I FELT THAT THE DRIVER THAT HIT ONTO ME IS IRRESPONSIBLE AS HE DROVE OFF AFTER HITTING MY CAR. THE COLLISION SOUND WAS LOUD, IT IS IMPOSSIBLE THAT THE DRIVER CANNOT HEAR.

WITNESS:

NAME ANDREW ANG CHOON HER  
HP: 8448 7168

THE WITNESS WILL BE CONTACTING ME TOMORROW 27/11/2019 AS I NEED TO RETURN BACK ONE OF HIS PHONE WITH MALAYSIA DATA THAT HE BORROW ME.

Police report



T/20191128/2149

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Report No. T/20191128/2149

**Continuation of CSF For NP168**

**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.

Case Sensitivity                      No

Officer-In-Charge of Case        TP / AEIT /  
                                                 MOHAMAD ZULFAZDLI BIN ABDULLAH

Classification of Case              1) INJURY / OTHERS



Police report



T/20191128/2149

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Report No. T/20191128/2149

**Continuation of CSF For NP168**

PROPERLY.

THE WITNESS HAPPENED TO BE AT THE COUNTER ON MY RIGHT WHICH ENABLED HIM TO WITNESS THE WHOLE INCIDENT AND OFFERED SAYING THAT HE GOT THE VIDEO CLIP WHICH WAS TAKEN BY HIS CAR CAMERA THAT WOULD HELP WITH THE CASE AND CAN ALSO BE MY WITNESS IF THERE IS ANY NEED OF INTERVIEW OR INVESTIGATION.



SINGAPORE  
POLICE FORCE

Signature: \_\_\_\_\_

## Police report



T/20191128/2149

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Report No. T/20191128/2149

**Continuation of CSF For NP168**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM LIANG WEE	ID No.	S7114142Z
Related Vehicle	SJV7171J (Car)	Contact No.	83887171
Hospital/Clinic	HEALTHPLUS CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	28/11/2019	Date Discharge	28/11/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	UNKNOWN	ID No.	NIL
Related Vehicle	SKN1018P (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
WITNESS			
Name	ANDREW ANG CHOON HER	ID No.	S7324768C
Related Vehicle	SME7168Z (Car)	Contact No.	84487168
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 Facts.**

ON REFERENCE TO THE INCIDENT NO. T/20191127/2003 I WOULD LIKE TO AMEND THE FOLLOWING

WHEN I REACH THE JB CUSTOM AT AROUND 1625HRS, THE TRAFFIC FLOW WAS SLOW AND THE JAM WAS LONG. AFTER I HAD MY PASSPORT STAMPED AND CLEARANCE AT THE CUSTOM, MY VEHICLE MOVED FORWARD AND STOPPED AND GIVE WAY TO ONCOMING VEHICLES, SUDDENLY A VEHICLE SKN1018P FROM MY LEFT WHICH SUPPOSE TO BE THE NEXT COUNTER ON MY LEFT SIDE TURNED VERY QUICKLY AND HIT MY VEHICLE ON THE LEFT BUMPER, RIM, TYRE AND WHEEL AND HE DROVE OFF VERY QUICKLY AND I WAS UNABLE TO CHASE HIM OR STOP HIM. MY VEHICLE WAS ALREADY DAMAGED AND COULD NOT OPERATE

Police report



T/20191128/2149

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Report No. T/20191128/2149

**Case Summary Form (CSF For NP168)**

Manual NP168 Form Serial No T/20191127/2003

Report Number T/20191128/2149

Vide Report Number T/20191127/2003

Date/Time of Report Made 28/11/2019 18:42

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant LIM LIANG WEE

ID Type / ID No. NRIC NO / S7114142Z

Home/Office

Mobile 83887171

Email

Type of Accident Injury / Others

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 26/11/2019 16:25

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJV7171J	Car	MERCEDES BENZ	C200 AMG LINE PREMIUM AUTO	White	Seriously Damaged	0
SKN1018P	Car	AUDI	A4 1.8 TFSI MU (EU6)			0
SME7168Z	Car	MERCEDES BENZ	E 200CGI	Grey		0

## Police report



**SINGAPORE  
POLICE FORCE**



T/20191127/2003

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

1 of 4

Report No. T/20191127/2003

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/11/2019 00:23		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LIM LIANG WEE			Address: APT BLK 132 BEDOK RESERVOIR ROAD #05-1261 EUNOS SPRING SINGAPORE 470132		
ID Type / ID No.: NRIC NO / S7114142Z			Contact No.: Home/Office: Mobile: 83887171		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 01/05/1971	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PROJECT DIRECTOR			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 26/11/2019 16:25	Type of Location:
Location: Along Road 1 <del>Woodlands Crossing</del> JOHOR BAHRU CUSTOM				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJV7171J	Car	MERCEDES BENZ	C200 AMG LINE PREMIUM AUTO	White	Seriously Damaged	0
SKN1018P	Car	AUDI	A4 1.8 TFSI MU (EU6)	White		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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## Police report



**SINGAPORE  
POLICE FORCE**



T/20191127/2003

2 of 4

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

Report No. T/20191127/2003

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJV7171J	FWD Singapore Pte. Ltd	PNPV2019-00005558	20/03/2019	19/03/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LIM LIANG WEE		ID No.	S7114142Z
Related Vehicle	SJV7171J (Car)		Contact No.	83887171
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
Driver				
Name	Unknown Driver		ID No.	NIL
Related Vehicle	SKN1018P (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
WITNESS				
Name	ANDREW ANG CHOON HER		ID No.	NIL
Related Vehicle	NIL		Contact No.	84487168
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

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo

