

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 | 02/11/2020 20:17 |
| Date Of Accident | 31/10/2020 22:20 |
| Exact Location Of Accident | PIE (TUAS) BEFORE CTE (SLE) EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SMM1530H |
| Insured/Policyholder | |
| Name Of Registered Owner | LIM HUI TING |
| NRIC No | SXXXX257D |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-90022041 |
| Alternative Phone No | OFFICE-90022041 |

Vehicle Particulars

| | |
|--|-------------------|
| Manufacturer | HONDA |
| Model | CIVIC 1.6 VTI CVT |
| 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 | TOKIO MARINE INSURANCE SINGAPORE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 19-MS007027-R00 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | LINUS TAN ZHUN WEI |
| NRIC No | SXXXX911F |
| Date Of Birth | 14/07/1995 |
| Occupation | INDOOR |
| Date Of Driving Pass | 23/07/2015 |
| Driving Experience | 5 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90022041 |
| Fax Number | |
| Contact Number | OFFICE-90022041 |
| Email Address | NOEMAIL |

| | |
|---|----------------------------------|
| Address | BLK 96B HENDERSON ROAD #05-68 |
| Postcode | 152096 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | CHILDREN |
| 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) | 4 |
| Passenger 1 | NAME: : CHERYL LAU XI XUAN GENDER: : FEMALE |
| Passenger 2 | NAME: : CHARMINE LAU GENDER: : FEMALE |
| Passenger 3 | NAME: : JOEY NG GENDER: : MALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 42 FAJAR ROAD , POSTCODE: 679005 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-8929999 - FAX NO: 67673650 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20201101/2035.

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 | SLV2698R |
| 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 OTHER VEHICLE PROPERTY 2

| | |
|-------------------------------------|-------------|
| Vehicle Registration Number | SJP1092A |
| 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 | LINUS TAN ZHUN WEI |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | SMM1530H |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

DETAILS OF INJURED PERSON 2

| | |
|---|--------------------|
| Name | CHERYL LAU XI XUAN |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | SMM1530H |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

DETAILS OF INJURED PERSON 3

| | |
|----------------------------------|--------------|
| Name | CHARMINE LAU |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | SMM1530H |
| Were seat belts worn? | YES |

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 4

Name JOEY NG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMM1530H

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE

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- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (ii) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature
Date / time:



Driver's signature
(if driver is not policy holder)
Date / time:



reporting centre personnel's Signature
Date / time:

SKETCH PLAN


SKETCH PLAN

A - SUM1530H
B - SLV2698R
C - SJP1092A

NO. 10

Refer to police report - 7/22/2016/2035

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

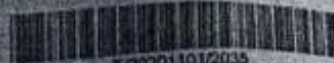

Driver's signature
(if driver is not policy holder)
Date & time:

reporting centre personnel's Signature
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20201101/2035

1 of 5

Report No. T/20201101/2035

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|---|--|----------------------------|------------------|
| Date/Time Report Made: 01/11/2020 13:41 | | Vide Report No. | | Station Diary No.: 36 | |
| Informant's Particulars | | | | | |
| Name of Informant: LINUS TAN ZHUN WEI | | | Address: APT BLK 96B HENDERSON ROAD #05-68 SINGAPORE 152096 | | |
| ID Type / ID No.: NRIC NO / S9524911F | | | Contact No.: Home/Office: | | Mobile: 90022041 |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 25 | Date of Birth: 14/07/1995 | Type of Informant: Driver | | |
| Race: Chinese | | Language: | | Institution / School Name: | |
| Occupation: MANAGER | | Driving Licence Information: Class: 3A | | Date of Expiry: | |

General Information of the Accident

| | | | | |
|--|------------------------------|------------------------------------|---|------------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 31/10/2020 22:10 | Type of Location: Straight Road |
| Location: PAN-ISLAND EXPRESSWAY | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | Traffic Volume: Moderate | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | Anyone conveyed by ambulance: Yes | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|----------------------|-----------------|
| SJP1092A | Car | | | | Slightly Damaged | 4 |
| SLV2698R | Car | | | | Slightly Damaged | 1 |
| SMM1530H | Car | | | | Seriously Damaged | 3 |

Police Report



**SINGAPORE
POLICE FORCE**



T/20201101/2035

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Report No. T/20201101/2035

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No. 1800-8929999

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|--------------------|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | ONG BEE LING | ID No. | NIL |
| Related Vehicle | SJP1092A (Car) | Contact No. | 90708969 |
| 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 |
| Passenger | | | |
| Name | TAY LAY GECK | ID No. | NIL |
| Related Vehicle | SLV2696R (Car) | Contact No. | 88156381 |
| 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 |
| Passenger | | | |
| Name | CHERYL LAU LI XUAN | ID No. | NIL |
| Related Vehicle | SMM1530H (Car) | Contact No. | 90263217 |
| 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 | Slight |

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Panjang N.P.C
1 Selegie Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999



T/20201101/2035

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Report No. T/20201101/2035

CONTINUATION OF REPORT


| | | | |
|-----------------------------------|----------------------------|--|-----------------------------------|
| Passenger | | ID No. | |
| Name | CHERMINE LAU | NIL | |
| Related Vehicle | SMM1530H (Car) | Contact No. | 90263142 |
| Hospital/Clinic | SINGAPORE GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 31/10/2020 | Date Discharge | 01/11/2020 |
| No. of Days granted Medical Leave | NIL | Degree of Injury | Slight |
| Driver | | ID No. | |
| Name | LINUS TAN ZHUN WEI | S9524911F | |
| Related Vehicle | SMM1530H (Car) | Contact No. | 90022041 |
| 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 | Slight |
| Passenger | | ID No. | |
| Name | JOEY NG | NIL | |
| Related Vehicle | SMM1530H (Car) | Contact No. | 83680088 |
| Hospital/Clinic | SINGAPORE GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 31/10/2020 | Date Discharge | 01/11/2020 |
| No. of Days granted Medical Leave | NIL | Degree of Injury | Serious |

Brief Details.


On 31st October 2020 at about 10:10pm, I was driving (SMM1530H) along PIE towards Tuas, near to CTE/SLE exit, around Saint Andrew JC. I was driving along the most left lane. While driving, I notice the vehicle (SJP1092A) in front of me slowing down and I followed suit. I then came to a stop. All of a sudden, there was another vehicle (SLV2698R) from behind collided into my vehicle, damaging it badly. Both my passengers were seriously injured. I then called for Police and Ambulance immediately. Shortly later, emergency services arrived and all the drivers exchanged particulars. Both my passengers namely Chermine and Joey had been conveyed to SGH. Chermine was injured on her head with a bruise. Joey was injured on his back and suffered dizziness.

I have CCTV recording in my vehicle. The damaged to my vehicle was to the boot and bonnet. I am not sure the costs of repair to my vehicle.

Police Report

 **SINGAPORE
POLICE FORCE**

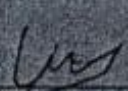
Police Station Of Origin:
Bukit Panjang N.P.C.
1 Sagar Road #01-05 SINGAPORE 677738
Tel No: 1800-6929999


7/20201101/2035

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Report No. T/20201101/2035

CONTINUATION OF REPORT

Police Report

| SINGAPORE POLICE FORCE | |
|--|---|
| Police Station Of Origin: Bukit Panjang N.P.C. 1 Sagar Road #01-05 SINGAPORE 677738 Tel No: 1800-8928999 | |
| Report No: T20201101/2035 | |
| CONTINUATION OF REPORT | |
| <u>Sketch Plan</u> 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 <u>report number</u> as reference. | |
| Signature Of Officer Recording The Report: J/ Sgt 3 AUSTIN TAN RI QUAN | Signature Of Informant:  |
| Signature Of Interpreter: Not applicable | Date/Time: 01/11/2020 13.41 |
| Officer In Charge Of Case: TP / GIT / Staff Sgt MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No: 65476201 | Classification Of Case: |
| Authentication Stamp DP158 | |

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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