

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	13/11/2020 10:36
Date Of Accident	12/11/2020 08:45
Exact Location Of Accident	SLE TWDS TPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH5383R
Insured/Policyholder	
Name Of Registered Owner	ASIA EXPRESS CAR RENTAL PTE LTD
Co Reg No	2XXXXX882D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91998131
Alternative Phone No	OFFICE-91998131

Vehicle Particulars

Manufacturer	HONDA
Model	FREED HYBRID 1.5G AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE

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	DMHCSNA00001962000
Cover Note Number	

Driver

Name of Driver	LIM KOK KEE
NRIC No	SXXXX541F
Date Of Birth	11/09/1964
Occupation	OUTDOOR
Date Of Driving Pass	05/07/1985
Driving Experience	35 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98465090
Fax Number	
Contact Number	OFFICE-98465090
EEmail Address	NOEMAIL

Address	BLK 122 GEYLANG EAST CENTRAL #10-70
Postcode	380122
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7449999 - FAX NO: 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20201112/2077.

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	FBN2485Z
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

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 KOK KEE

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMH5383R

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

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.



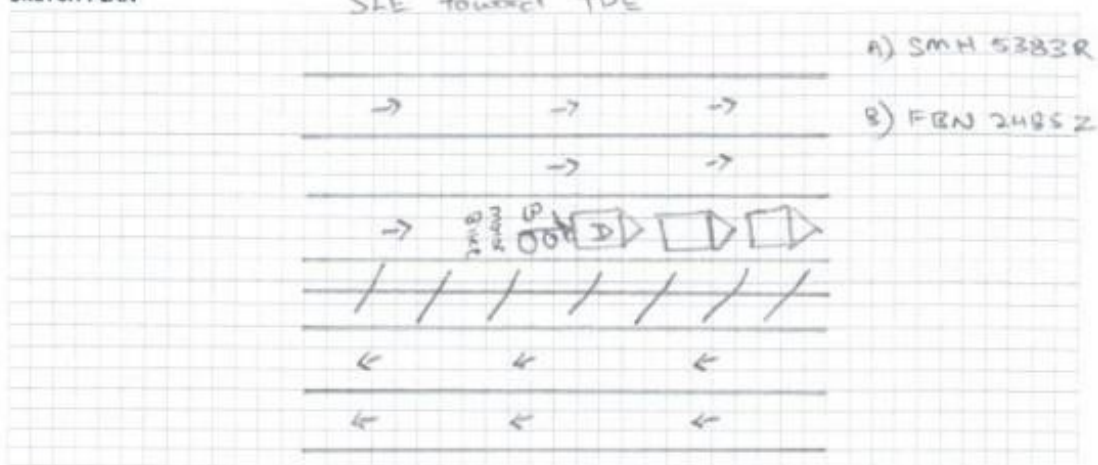
Policyholder's Signature
Date & Time: 12/11/20

Driver's Signature
(If driver is not the policyholder)
Date & Time: 12/11/20

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving SMH 5383R, I was driving toward SLE - TPE
and ~~the~~ ~~the~~ car suddenly a big impact bang on my back of my
Car. I when down and saw (FBN 24852) bang in to my back
of my Car.

DECLARATION

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

Policyholder's Signature

Date & Time: 12/11/20

Driver's Signature

(If driver is not the policyholder)

Date & Time: 12/11/20

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20201112/2077

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

1 of 3

Report No. T/20201112/2077

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/11/2020 15:48	Vide Report No.: L/20201112/0046	Station Diary No.: 13
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Informant's Particulars

Name of Informant: LIM KOK KEE	Address: APT BLK 122 GEYLANG EAST CENTRAL #10-70 SINGAPORE 380122
ID Type / ID No.: NRIC NO / S1647541F	Contact No.: Home/Office: Mobile: 98465090
Nationality: SINGAPORE CITIZEN	Email: danlim1.jbm@gmail.com
Sex: Male Age: 56 Date of Birth: 11/09/1964	Type of Informant: Driver
Race: Chinese	Language: Institution / School Name:
Occupation: GRAB DRIVER	Driving Licence Information: Class: 3 Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/11/2020 08:40	Type of Location:
Location: SELETAR EXPRESSWAY	Lamp Post Number: 430	Weather: Sunny	Road Surface: Dry	Road Speed Limit:
Traffic Flow:	Traffic Control:	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
FBN2485Z	Motorcycle	HONDA	CB150R MANUAL	Black		0
SMH5383R	Car	HONDA	FREED HYBRID 1.5G AUTO	Silver	Seriously Damaged	3

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20201112/2077

Police Station Of Origin:
MacPherson NPP
54 Pipl Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

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Report No. T/20201112/2077

CONTINUATION OF REPORT

Driver			
Name	LIM KOK KEE	ID No.	S1647541F
Related Vehicle	SMH5383R (Car)	Contact No.	98485090
Hospital/Clinic	K.L Tay Clinic & Surgery	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	12/11/2020	Date Discharge	12/11/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the above mentioned date, time and location, I was driving my car (SMH5383R) at the said incident location together with my 3 other Grab passenger.

A few moments later, the car in front of me stopped. I then stopped my car. After which, about 3 to 4 seconds later, I heard a loud sound coming from the rear of my car.

I then went out of my car and took a look and discovered a motorcyclist was lying on the floor with his bike. It is due to the motorcyclist hitting the rear of my car resulted him to be lying on the floor.

As such I called the ambulance for assistance.

I wish to state that due to the impact, my car rear window glass is totally shattered and the rear middle portion of my car are dented.

I have already visited the doctor and the doctor said that I suffered a discomfort at my neck and shoulder area with slight headache.

One of my female Grab passenger suffered some cuts from the neck area and has already been attended by the paramedics which told her that she is alright.

As such I am lodging this report for insurance claims.

Police Report



**SINGAPORE
POLICE FORCE**



T/20201112/2077

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Report No. T/20201112/2077

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

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:

G /
Sgt 2 MUHAMMADNOORZAINALLL BIN
ROSLAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
12/11/2020 15:48

Officer In Charge Of Case:
TP / GIT /
Staff Sgt TAN JUN YAN
Contact No.: 65476311

Classification Of Case:

Authentication Stamp
NP168



**SINGAPORE
POLICE FORCE**

SIGNATURE

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

