

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 Submission 01/12/2020 15:16 (SGT)
Date of Accident 28/11/2020 12:30 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information CTE TWDS AYE BEFORE BRADDELL EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLX4623H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LAI LAM TUCK
NRIC No SXXXX999D
Email Address THOMAS888SG@GMAIL.COM
Mobile Phone No (Phone) +65-98768955
Alternative Phone No +65-98768955

VEHICLE PARTICULARS

Manufacturer Honda
Model Fit
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company FWD
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number PNCV2019-00000160-01
Cover Note Number -

DRIVER

Name of Driver LAI LAM TUCK
NRIC No SXXXX999D
Date Of Birth 13/04/1957
Occupation Outdoor

Date Of Driving Pass	14/02/1978
Driving experience	42 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98768955
Alt. Phone Number	+65-98768955
Email Address	THOMAS888SG@GMAIL.COM
Address	71 CHOA CHU KANG LOOP #02-18
Address complement	-
Postcode	689673
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Aljunied Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002809999
Alt. Police Station Phone No	(Fax) +65-62815960
Police Station Address	Blk 13 Joo Seng Road #01-69 Singapore 360013
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT AND POLICE REPORT T/20201128/2087

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKW5216K
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHD3689C
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Taxi
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person LAI LAM TUCK
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? SLX4623H
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

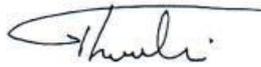
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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:

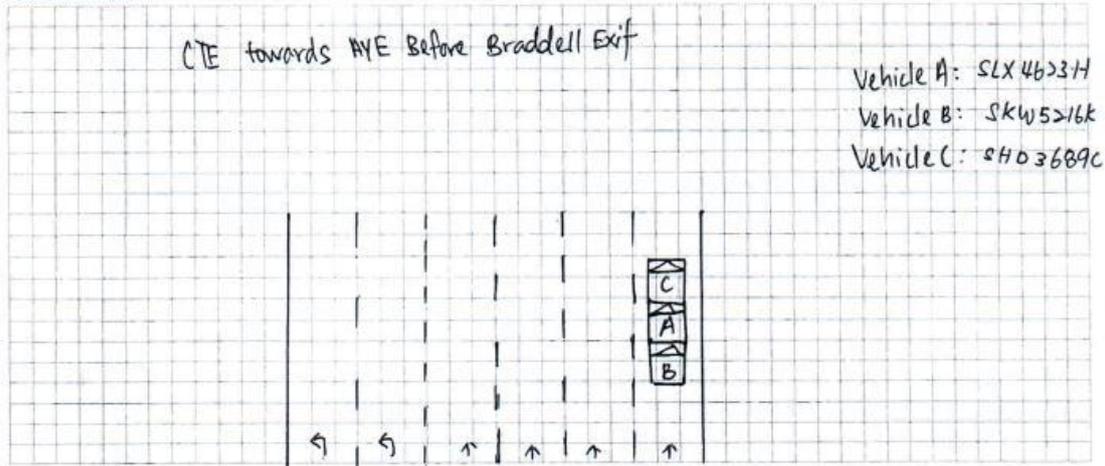


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle A (SLX4623H) was travelling along
 at the stated location on Lane 1. As in front vehicle slowed down and came to
 a stop, I followed suit. Suddenly, I felt a huge impact from my rear portion
 causing my vehicle to surge forward and collided onto vehicle C (SHD3689C). I
 alighted and realised I am involved in a chain collision consisting of 3 vehicle.

DECLARATION

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

[Signature]

Policyholder's Signature
 Date & Time:

[Signature]

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

[Signature]

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























**SINGAPORE
POLICE FORCE**



T/20201128/2087

Police Station Of Origin:
Aljunied NPP
13 Joo Seng Road #01-69 SINGAPORE
360013
Tel No: 1800-2809999

1 of 4
Report No. T/20201128/2087

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/11/2020 17:50	Vide Report No.: E/20201128/0093	Station Diary No.: 17
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Informant's Particulars

Name of Informant: LAI LAM TUCK		Address: 71 CHOA CHU KANG LOOP #02-18 NORTHVALE SINGAPORE 689673	
ID Type / ID No.: NRIC NO / S1226999D		Contact No.: Home/Office: Mobile: 98768955	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 63	Date of Birth: 13/04/1957	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: 28/11/2020 12:30	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Lamp Post Number: 251				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SHD3689C	Car					0
SKW5216K	Car					0
SLX4623H	Car	HONDA	FIT 1.3GF CVT	Silver	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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T/20201128/2087

Police Station Of Origin:
Aljunied NPP
13 Joo Seng Road #01-69 SINGAPORE
360013
Tel No: 1800-2809999

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Report No. T/20201128/2087

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLX4623H	FWD Singapore Pte. Ltd	PNCV2019-00000160-01	28/03/2020	27/03/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	RAVINDRAN S/O SENATAMBY		ID No.	S1538556A
Related Vehicle	SHD3689C (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
Driver				
Name	REMUS TAY GENG KWENG		ID No.	S9912822D
Related Vehicle	SKW5216K (Car)		Contact No.	96844820
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	LAI LAM TUCK		ID No.	S1226999D
Related Vehicle	SLX4623H (Car)		Contact No.	98768955
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20201128/2087

Police Station Of Origin:
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Tel No: 1800-2809999

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Report No. T/20201128/2087

CONTINUATION OF REPORT

Brief Details.

On 28/11/2020 at about 1230hrs, I was travelling in my vehicle (SLX4623H) on the right most lane of CTE (City), slightly before the Braddell road exit, lamp post 251. I was ferrying 3 passengers including a very young child, travelling behind a blue colour taxi (SHD3689C). As the traffic was quite heavy at that point of time, the taxi in front of me came to a complete stop and I follow suit. Suddenly, a vehicle (SKW5216K) collided into me from behind which resulted in me surging forward and colliding into the taxi. We alighted to make a check on each other and our vehicles.

From the looks of it, the drivers and passengers did not suffer any visible injuries. I exchanged particulars with both driver and shortly after, Traffic Police officers arrived vide incident E/20201128/0093. We told the officers what happened and subsequently, my 3 passengers were conveyed to hospital by ambulance to make further checks on the young child to make sure that there are no injuries.

My vehicle sustained damages to both the front and back. The front bumper is dented and the bonnet cannot be closed. The headlights are also cracked. The rear bumper and boot door is totally dented. I called for a tow truck to tow my vehicle back to the workshop.

I wish to state that I did not suffer injuries and I do not feel any pains in my body after the accident. I also wish to further state that I have a in car camera facing the front of my vehicle. It was working at the time of accident and the SD card has already been taken by the Traffic Police officer.

I am lodging this report for record and insurance claims purposes.



**SINGAPORE
POLICE FORCE**



T/20201128/2087

Police Station Of Origin:
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13 Joo Seng Road #01-69 SINGAPORE
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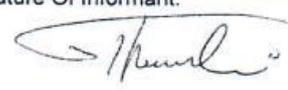
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CONTINUATION OF REPORT

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: E / Sgt 2 GARY LEW QI HAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 28/11/2020 17:50
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD SYARIFUDDIN MUHAMMAD AJMAIN Contact No.: 65476367	Classification Of Case: SN 29
Authentication Stamp NP168	

