

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 01/04/2021 14:25 (SGT)
Date of Accident 30/03/2021 21:40 (SGT)
Exact Location of Accident Upper Paya Lebar Rd, Singapore
Additional Location Information TRAFFIC JUNCTION OF UPPER SERANGOON ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGL2075A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ERVIDA SITUMEANG
NRIC No SXXXX920F
Email Address akbbnb@gmail.com
Mobile Phone No (Phone) +65-87226374
Alternative Phone No +65-87226374

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Lancer
Variant -
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 - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1584

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00118612000
Cover Note Number -

DRIVER

Name of Driver LAM EDDIE @ABDUL HADI LAM ARIFFIN
NRIC No SXXXX062H

Date Of Birth	21/10/1974
Occupation	Indoor
Date Of Driving Pass	20/04/1993
Driving experience	27 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87226374
Alt. Phone Number	-
Email Address	akbbnb@gmail.com
Address	BLK 351C ANCHORVALE ROAD #02-209
Address complement	-
Postcode	543351
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Serangoon Neighbourhood Police Centre
Police Station Address	50 Serangoon Avenue 2 #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210331/2111

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU6133H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KOH NGUEN SONG
NRIC No	SXXXX414H

Contact Number	(Phone) +65-81596666
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	LAM EDDIE @ABDUL HADI LAM ARIFFIN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SGL2075A
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 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 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.

Policyholder's Signature / Date & Time



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

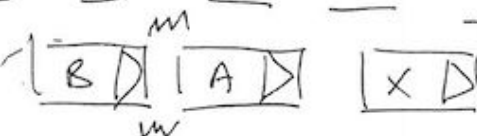
 01/04/2021

Witnessed by Reporting Centre Personnel

Sketch Plan

① SGL 2075A

② SLU6133H



Describe Circumstances of the Accident

Refer to traffic police report 200.
T/20210331/2111

Declaration

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

Witnessed by Reporting Centre Personnel















SINGAPORE
POLICE FORCE



T/20210331/2111

Police Station Of Origin
Serangoon N P C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No 1800-4880999

1 of 3

Report No. T/20210331/2111

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/03/2021 17:19	Vide Report No.:	Station Diary No.: 53
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Informant's Particulars

Name of Informant: LAM EDDIE			Address: APT BLK 351C ANCHORVALE ROAD #02-209 SINGAPORE 543351	
ID Type / ID No.: NRIC NO / S7434062H			Contact No.: Home/Office: Mobile: 87226374	
Nationality: SINGAPORE CITIZEN			Email:	
Sex Male	Age: 46	Date of Birth: 21/10/1974	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Sales			Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/03/2021 21:35	Type of Location: X-Junction
Location: UPPER PAYA LEBAR ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
SGL2075A	Car	MITSUBISHI	LANCER 1.6A	Grey	Slightly Damaged	0
SLU6133H	Car	HONDA	VEZEL 1.5X HYBRID A	Red	Slightly Damaged	0

Details of Person Involved

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



SINGAPORE
POLICE FORCE



T/20210331/2111

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

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Report No. T/20210331/2111

CONTINUATION OF REPORT

Driver			
Name	LAM EDDIE	ID No.	S7434062H
Related Vehicle	SGL2075A (Car)	Contact No.	87226374
Hospital/Clinic	MY FAMILY CLINIC (HOUGANG CENTRAL)	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	31/03/2021	Date Discharge	31/03/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	KOH NGUAN SONG	ID No.	S1177414H
Related Vehicle	NIL	Contact No.	81596666
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 Details.

On 30/03/2021 at about 2135hrs, I was driving my vehicle (SGL 2075A) along Upper Paya Lebar. I stopped my vehicle at the junction of Upper Paya Lebar and waited at the traffic light to right onto Upper Serangoon Road towards Kovan. Suddenly, the vehicle (SLU 6133H) hit onto the rear of my vehicle. I alighted my vehicle and took some photos of the damages on both vehicles, both driver also exchanged our particulars with each other. As a result, there were some damages at the rear of my vehicle.

While exchanging the particulars with the driver, I felt pain on my back and neck and I told the driver too. After that, we both left the scene, I went home and also reported it to my car insurance agent.

On 31/03/2021 at about 0900hrs, I felt pain on my whole back and my neck thus I seek medical assistance at The family clinic located at Hougang Central. I was given 3 days medical certificate by DR Ong Kok Liang Jason.



SINGAPORE
POLICE FORCE



T/20210331/2111

Police Station Of Origin
Serangoon N.P.C.
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

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Report No: T/20210331/2111

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:
F /
Sgt 3 TAN SHU XUAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
31/03/2021 17:19

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

Authentication Stamp
NP16B



SINGAPORE
POLICE FORCE
SERANGOOON NORTH

SN 156

SIGNATURE



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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0821410004 Vehicle Registration No: SGL
 Name (as shown in NRIC): LAM KEDDIK G ABDEL HADI NRIC/FIN/Passport No: 87226374
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 87226374
 Email Address: _____
 Date of Accident: _____ Time of Accident: _____
 Place of Accident: UPP PAYA LABAR JUNCTION OF UPP SARAWOOD RD
 Insurance Company: China Impuls

(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:

Policy number to AMPENW00118612000

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rosli