

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 30/08/2021 15:20 (SGT)
Date of Accident 28/08/2021 18:50 (SGT)
Exact Location of Accident Tampines Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMM6662C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LAM JUN HAO DERRICK
NRIC No SXXXX518G
Email Address chuaioanne73@gmail.com
Mobile Phone No (Phone) +65-98256356
Alternative Phone No +65-98256356

VEHICLE PARTICULARS

Manufacturer Lexus
Model Is300
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 1998

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00108152101
Cover Note Number -

DRIVER

Name of Driver LAM JUN HAO DERRICK
NRIC No SXXXX518G

| | |
|--|-------------------------------|
| Date Of Birth | 13/09/1984 |
| Occupation | Indoor |
| Date Of Driving Pass | 22/07/2003 |
| Driving experience | 18 YEARS AND 1 MONTH |
| Gender | Male |
| Mobile Number | (Phone) +65-98256356 |
| Alt. Phone Number | +65-98256356 |
| Email Address | chuaioanne73@gmail.com |
| Address | BLK 310A PUNGGOL WALK #12-532 |
| Address complement | - |
| Postcode | 821310 |
| 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 | 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 vehicle 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/20210829/2023

ATTACHMENT(S)

| | |
|---|------------|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Reasons for not uploading a video of the accident | WITH OWNER |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|-------------|
| Vehicle Registration Number | SFE1818D |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | TOMMY QUEK |

| | |
|---|-----------------------|
| Contact Number | (Phone) +65-972521282 |
| 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 JUN HAO DERRICK |
| Gender | Male |
| Phone No | (Phone) +65-98256356 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | SMM6662C |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN**IMPORTANT NOTICE**

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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 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")

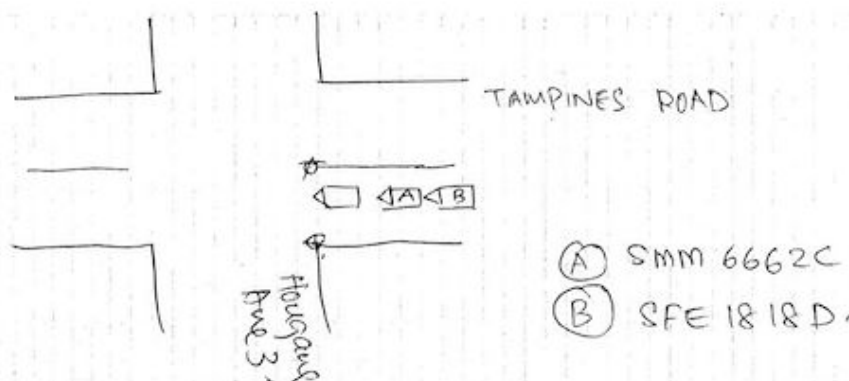
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

 30/08/2021
Witnessed by Reporting Centre Personnel

Sketch Plan


Describe Circumstances of the Accident

Refer to Police report T/20210829/2023 .

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

 31/08/2021
Witnessed by Reporting Centre Personnel





















**SINGAPORE
POLICE FORCE**



T/20210829/2023

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

1 of 4

Report No. T/20210829/2023

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|---|------------------------------|----------------------------|--|
| Date/Time Report Made: 29/08/2021 09:52 | | Vide Report No.: | | Station Diary No.: 26 | |
| Informant's Particulars | | | | | |
| Name of Informant: LAM JUN HAO DERRICK | | Address: APT BLK 310A PUNGGOL WALK #12-532 SINGAPORE 821310 | | | |
| ID Type / ID No.: NRIC NO / S8426518G | | Contact No.: Home/Office: | | Mobile: 98256356 | |
| Nationality: SINGAPORE CITIZEN | | Email: | | | |
| Sex: Male | Age: 36 | Date of Birth: 13/09/1984 | Type of Informant: Driver | | |
| Race: Chinese | | Language: | | Institution / School Name: | |
| Occupation: MANAGER | | Driving Licence Information: Class: 3 | | Date of Expiry: | |

| | | | | | |
|--|---------------|------------------------------------|--|-------------------------------------|--|
| General Information of the Accident | | | | | |
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 28/08/2021 18:50 | Type of Location: Straight Road | |
| Location: TAMPINES ROAD | | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: 70 Km/h | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | 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 |
| SFE1818D | Car | BMW | 318i SEDAN LED | White | Slightly Damaged | 1 |
| SMM6652C | Car | TOYOTA | LEXUS IS300 4DR SEDAN (AT) (2WD) EXE | Grey | Slightly Damaged | 0 |

| | | | |
|-------------------------------------|--------------------|---------------|----------------------------|
| Details of Vehicle Insurance | | | |
| Vehicle No.: | Insurance Company: | Insurance No. | Effective Expiry Date |



**SINGAPORE
POLICE FORCE**



T/20210829/2023

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

Report No. T/20210829/2023

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|------------------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No. | Effective | Expiry Date |
| SMM6662C | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. | DMPCSNW001081 52101 | 14/08/2021 | 13/06/2022 |

| Details of Person Involved | | | | |
|-----------------------------------|-----------------------|-----|--|---------------------------------|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Driver | | | | |
| Name | Tommy Quek Chin Chong | | ID No. | S7044950A |
| Related Vehicle | SFE1818D (Car) | | Contact No. | 97521282 |
| 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 |
| Driver | | | | |
| Name | LAM JUN HAO DERRICK | | ID No. | S8426518G |
| Related Vehicle | SMM6662C (Car) | | Contact No. | 98256356 |
| 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 |

Brief Details.

On 28/8/21 at about 1853hrs, I was driving my vehicle (SMM6662C) along Tampines Road towards Upper Serangoon Road.

While near to the junction of Hougang Ave 3, I had stopped at the red traffic lights. When the light went green, I had inched forward my vehicle as the front vehicles were also moving forward. Suddenly, another car behind me (SFE1818D) collided head first onto my rear.

We then got out of the vehicle to exchange particulars regarding the accident. After reaching home, I realized I had injured my neck area due to the accident. I had then seeked treatment at Mount Elizabeth Hospital and was given 5 days of MC.

I have video recording of the accident. That is all.



**SINGAPORE
POLICE FORCE**



T/20210829/2023

Police Station Of Origin:
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Report No. T/20210829/2023

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210829/2023

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/20210829/2023

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 /
Staff Sgt LOW JIANGHAN, JEFFREY

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time

29/08/2021 09:52

Officer In Charge Of Case:

TP / AEIT /
SI TAN JEOK LENG
Contact No.: 65476151

Classification Of Case:

SN 168

Authentication Stamp
NP168



SIGNATURE