

## 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 .....	18/04/2022 16:39 (SGT)
Date of Accident .....	17/04/2022 15:22 (SGT)
Exact Location of Accident .....	Lebuhraya Utara-Selatan, Taman Serdang Raya, Seri Kembangan, Selangor, Malaysia
Additional Location Information .....	NORTH SOUTH EXPRESSWAY
Country/State of Loss .....	Malaysia/Wilayah Persekutuan

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLD8470K
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LUM SONG KIM (LIN SONGJIN)
NRIC No .....	S8323419I
Email Address .....	henry_16788@hotmail.com
Mobile Phone No .....	(Phone) +65-91779462
Alternative Phone No .....	(Home) +65-91779462

#### VEHICLE PARTICULARS

Manufacturer .....	Mazda
Model .....	3
Variant .....	1.5A
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? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1500

#### INSURANCE COMPANY

Name of Insurance Company .....	Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	P10678233R00
Cover Note Number .....	-

#### DRIVER

Name of Driver .....	KANG CHIEW YING
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NRIC No .....	S8682204J
Date Of Birth .....	03/04/1986
Occupation .....	Indoor
Date Of Driving Pass .....	28/11/2016
Driving experience .....	5 YEARS AND 5 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-96472260
Alt. Phone Number .....	-
Email Address .....	henry_16788@hotmail.com
Address .....	674A YISHUN AVENUE 4 #10-728 FERN GROVE @ YISHUN
Address complement .....	-
Postcode .....	761674
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 .....	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 .....	4
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	HUSBAND
Gender .....	Male

#### PASSENGER 2

Name .....	SON
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Yishun North Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008529999
Alt. Police Station Phone No .....	(Fax) +65-68522299
Police Station Address .....	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### 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 .....	SKR505K
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 .....	SCR6500D
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 3

Vehicle Registration Number .....	SMG6158Z
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) .....	-

# **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

Witnessed by Reporting Centre Personnel

## **Sketch Plan**

North South Expressway	KM 38	A D A A B	A SLD 8470 K
			B SKR 505 K
			C SCR 6500 D
			D SMG 6158 Z

Refer to police report.

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre  
Personnel

































**SINGAPORE  
POLICE FORCE**



L/20220418/2046

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**POLICE REPORT (NP299)**

Report No. L/20220418/2046

Police Station Of Origin  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Date/Time Report Made 18/04/2022 15:22	Vide Report No.	Station Diary No. 57
Name Of Informant KANG CHIEW YING	Address APT BLK 674A YISHUN AVENUE 4 #10-728 SINGAPORE 761674	
ID Type / ID No. NRIC NO / S8682204J	Contact No. Home/Office	Mobile 96472260
Nationality MALAYSIAN	Email Address	
Occupation HOUSEWIFE	Sex Female	Age 36
Institution/School Name	Date of Birth 03/04/1986	Race Chinese
Date/Time Of Incident 17/04/2022 18:20	Location Of Incident NORTH SOUTH EXPRESSWAY MALAYSIA	

**Brief details.**

On 17/04/2022 at about 1820hrs, I was driving my husband's (Lum Song Kim, S8323419I) vehicle bearing the registration number SLD8470K with my family from Kuala Lumpur, Malaysia back to Singapore. When I was driving along KM38 North South Expressway to South, on the most right lane of the expressway. At that time, I noticed that the traffic was heavy. I was just following the car in front and was keeping a safe distance. Suddenly saw that the car in front made a stop and I also applied my brakes. I could see that the car is getting closer. Suddenly, I heard and felt an impact. I then alighted and

Signature Of Officer Recording The Report: L / SR STAFF SGT MOHAMMED ZUFARHAN BIN BOHARI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/04/2022 15:22
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / INSP (1) MOHAMAD ZAKRI BIN MOHAMAD RASHED Contact No.:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



L/20220418/2046

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20220418/2046

realized that I was involved in a chain accident. There was another vehicle, SKR505K which hit onto the rear of my vehicle. I had collided to the rear of another vehicle SMG6158Z. The vehicle SMG6158Z had hit onto the rear of another vehicle SMG6158Z which then hit onto another vehicle, SCR6500D in front of it. I am not too sure on how the accident happened as it was too fast. My 9 year old son, Charsley Lum Chee Heng sustained bruises on his right cheek. He also suffered dizziness and vomited. My husband also felt pain on his head. I also have pain on the left side of my neck due to the collision. My car suffered damages on the front and rear bumper, bonnet, boot, front and rear panels, head lamp, tail lamp, radiator, fenders and the right side doors. I have an in car camera installed.

Signature Of Officer Recording The Report:  
L / SR STAFF SGT MOHAMMED  
ZUFARHAN BIN BOHARI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
18/04/2022 15:22

Officer In-Charge Of Case:  
L / Woodlands Police Divisional Investigation Branch /  
INSP (1) MOHAMAD ZAKRI BIN MOHAMAD  
RASHED  
Contact No.:

Classification Of Case: