

## 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 Actual 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 First Submission .....	11/09/2024 16:07 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	10/09/2024 14:45 (SGT)
Exact Location of Accident .....	Clementi Rd, Singapore
Additional Location Information .....	AFTER PASIR PANJANG TWDS BUKIT TIMAH ENTERING AYE (CITY)
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLE7096J
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LAI WEI LIM
NRIC No .....	S7814527G
Email Address .....	LIAMLAI@YAHOO.COM
Mobile Phone No .....	(Phone) +65-90038081
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Subaru
Model .....	Forester
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 .....	2500
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number .....	P10577342R03

#### DRIVER

Name of Driver .....	LUO LISHA
NRIC No .....	S8086892H
Date Of Birth .....	20/05/2015
Occupation .....	Indoor
Driving Pass Date .....	02/01/2016
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	8 YEARS AND 8 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-98567077
Alt. Phone Number .....	-
Email Address .....	LIAMLAI@YAHOO.COM
Address .....	50 LORONG 5 TOA PAYOH #05-65
Address complement .....	-
Postcode .....	310050
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 .....	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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20240911/7017.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBH9111M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE B
No. Of Passenger (Including Driver) .....	-

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	GBL8591X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE C
No. Of Passenger (Including Driver) .....	-

## DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	GBK9192M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE D
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	LUO LISHA
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-

Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLE7096J
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

IMPORTANT NOTICE

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

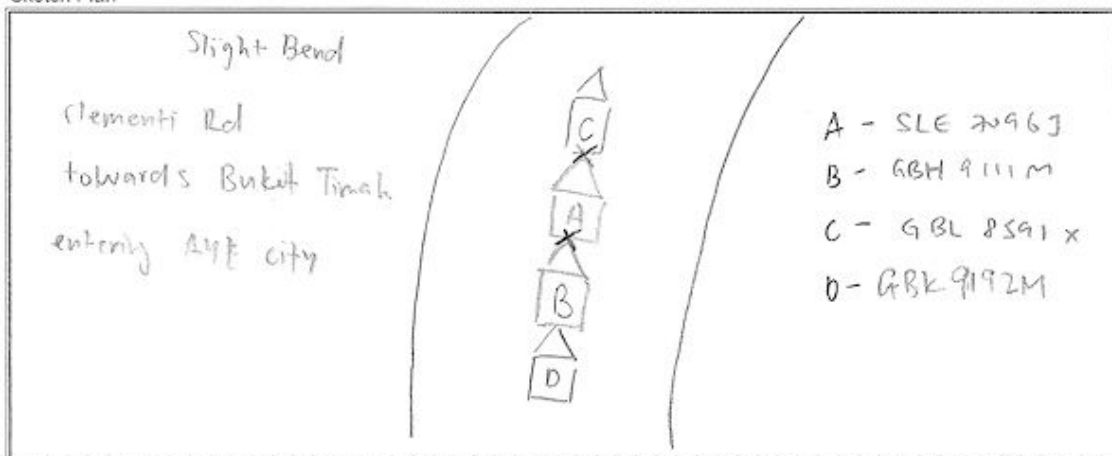
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan



vJun2022

1

## Describe Circumstance of the Accident

THE VEHICLE FRONT STOPPED. I STOPPED  
MY VEH AS WELL.

MOMENTS LATER, I FELT AN IMPACT FROM  
THE REAR OF MY VEH.

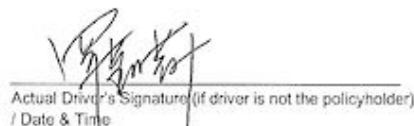
DUE TO THE IMPACT, MY VEH PROPELLED  
FORWARD AND COLLIDED OVER THE REAR OF  
VEH. C.

WHEN I ALIGHTED ~~THE~~ FROM MY VEH.  
I REALISED THAT A TOTAL OF 4 VEH INVOLVED  
IN THIS COLLISION, INCLUDING MYSELF.

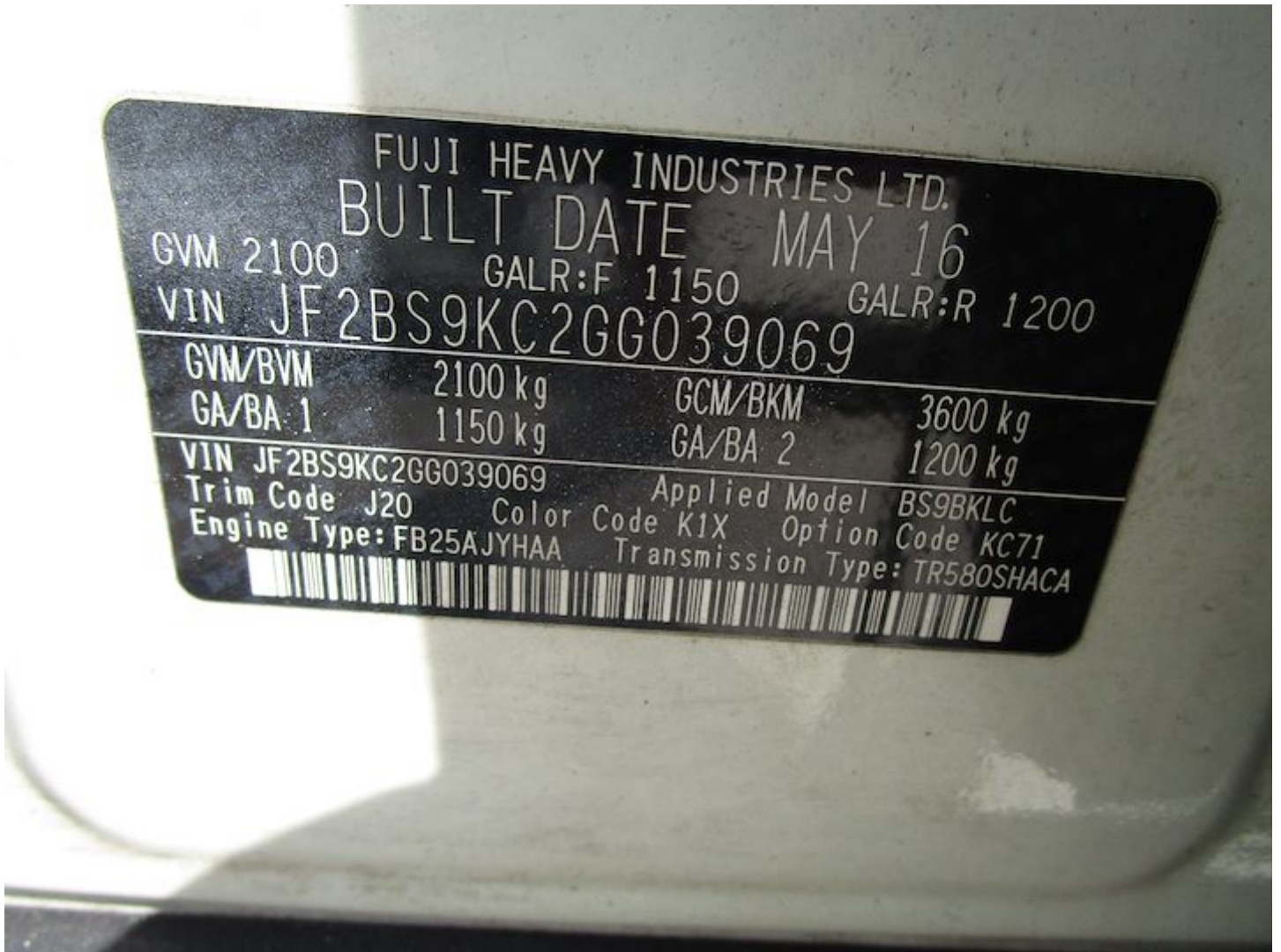
## Declaration

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

  
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)





























































**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20240911/7017

1 of 3

Report No. T/20240911/7017

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/09/2024 09:58		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LUO LISHA			Address: 50 50 LORONG TOA PAYOH #05-65 SINGAPORE 310050		
ID Type / ID No.: NRIC NO / S8086892H			Contact No.: Home/Office: Mobile: 98567077		
Nationality: SINGAPORE CITIZEN			Email: LISHALUOLS@GMAIL.COM		
Sex: Female	Age: 44	Date of Birth: 09/08/1980	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Intellectual property agent			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/09/2024 14:45	Type of Location: Bend
Location:  CLEMENTI WEST STREET 1				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: CHAIN COLLISION				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH9111M	Motor van					0
GBK9192M	Lorry					0
GBL8591X	Motor van					0
SLE7096J	Motor car					0





**SINGAPORE  
POLICE FORCE**



T/20240911/7017

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20240911/7017

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LUO LISHA	ID No.	S8086892H
Related Vehicle	SLE7096J (Motor car)	Contact No.	98567077
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 (MC)	03	Degree of Injury	Serious

**Brief Details.**

THE VEHICLE C FRONT STOPPED. I STOPPED MY VEHICLE AS WELL.  
MOMENTS LATER, I FELT AN IMPACT FROM THE REAR OF MY VEHICLE.  
DUE TO THE IMPACT, MY VEHICLE PROPILLED FORWARD AND COLLIDED ONTO THE REAR OF VEHICLE C.  
WHEN I ALIGHTED FROM MY VEHICLE, I REALISED THAT A TOTAL OF 4 VEHICLE INVOLVE IN THIS ACCIDENT, INCLUDING MINE.  
VEHICLE C NUMBER PLATE GBL8591X.  
ACTUAL ACCIDENT LOCATION - CLEMENTI ROAD AFTER PASIR PANJANG TOWARDS BUKIT TIMAH ENTERING AYE CITY.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20240911/7017

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Report No. T/20240911/7017

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
LEE GUANG HUI  
Contact No.: 65476414

NP168

Signature Of Informant:  
The identity of the person making this report has been  
authenticated by Singpass. No signature is required.

Date/Time:  
11/09/2024 09:58

Classification Of Case:



It pays to choose

**Budget  
Direct**  
insurance

**Certificate of Insurance**

 Comprehensive Car Policy  
 Policy Number: P10577342R03

Motor Vehicles (Third-Party Risks And Compensation) Act 1960 of Singapore, Motor Vehicles (Third-Party Risks And Compensation) Rules of Singapore, Road Transport Act 1987 of Malaysia, Road Transport (Amendment) Act 2019 of Malaysia, Motor Vehicles (Third-Party Risks) Rules, 1959 of Malaysia, or any Amendment, Act or Acts passed in substitution thereof.

**Certificate Number P10577342R03 (Comprehensive / Authorised Driver Plan)**

<b>1) Vehicle Registration Number</b>	:	SLE7096J
<b>Chassis Number</b>	:	JF2BS9KC2GG039069
<b>2) Effective Date / Time of Commencement of Insurance for the Purpose of the Act</b>	:	29/07/2024 (00:00)
<b>3) Date / Time of Expiry of Insurance</b>	:	28/07/2025 (23:59)
<b>4) Excess (i) Policy</b>	:	S\$ 600.00
<b>(ii) Windscreen</b>	:	S\$ 100.00
<b>5) Policyholder</b>	:	Lai Wei Lim
<b>6) Persons or Classes of Persons Entitled to Drive*</b>		
Drivers named as a Main / Named Driver in this Certificate of Insurance and any other person provided he is driving on the Policyholder's order or with the Policyholder's permission. Household members of the Main Driver not named in this Certificate of Insurance will not be covered.  Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by any reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act 1961 of Singapore and its registration under the said Road Traffic Act has not been cancelled at the time of accident or loss. Please refer to the Product Disclosure Document for full terms and conditions.		
Main Driver / Date of Birth	:	Lai Wei Lim(27/05/1978)
Named Driver(s) / Date of Birth	:	Luo Lisha (09/08/1980)
<b>7) Limitation as to use*</b>		
Use only for social, domestic and pleasure purposes. The Policy does not cover use for hire or reward, tuition or driving tests, racing, pace-making, reliability trials, speed-testing or the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.  * Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960 of Singapore and Section 95 of the Road Transport Act 1987 of Malaysia, are not to be included under these headings.		
<b>8) Finance Company</b>	:	Maybank Singapore Limited

I / We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act 1960 of Singapore and Part IV of the Road Transport Act 1987 of Malaysia or any Amendment, Act or Acts passed in substitution thereof.

 Issued in Singapore on  
 15/08/2024

**Auto & General Insurance (Singapore) Pte. Limited**  
*Trading as Budget Direct Insurance*

**Simon Birch**  
 Chief Executive Officer

Auto & General Insurance (Singapore) Pte. Limited (Co. Reg. No. 201626103G), trading as **Budget Direct Insurance**  
 190 Clemenceau Avenue, #03-01, Singapore Shopping Centre, Singapore 239924 Tel: 6221 2111 budgetdirect.com.sg

It pays to choose

**Budget**
**Certificate of Insurance**