

## 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 .....	19/06/2024 18:03 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	15/06/2024 22:05 (SGT)
Exact Location of Accident .....	Outram, Singapore
Additional Location Information .....	OUTRAM ROAD SINGAPORE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLG3476L
-----------------------------------	----------

#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LIM BENG LEONG
NRIC No .....	S1209611I
Email Address .....	adrian@hwhpl.com
Mobile Phone No .....	(Phone) +65-97523678
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Wish
Variant .....	TOYOTA / WISH 1.8 CVT
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 .....	1798

#### INSURANCE COMPANY

Name of Insurance Company .....	EQ Insurance Company Ltd
Policy Number / Cover Note Number .....	DMPPHQ23-007881

#### DRIVER

Name of Driver .....	LIM BENG LEONG
NRIC No .....	S1209611I
Date Of Birth .....	28/09/1955
Occupation .....	Indoor

Driving Pass Date .....	04/08/1978
Driving experience .....	45 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97523678
Alt. Phone Number .....	-
Email Address .....	adrian@hwhpl.com
Address .....	APT BLK 52 LORONG 6 TOA PAYOH #05-38
Address complement .....	-
Postcode .....	310052
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) .....	2
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 .....	-

#### PASSENGER 1

Name .....	CASTILLO NOELITA
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Toa Payoh Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002519999
Alt. Police Station Phone No .....	(Fax) +65-63548749
Police Station Address .....	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED  
STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD  
TEL 67415336

#### ATTACHMENT(S)

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

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SFV90C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	(Phone) +65-93855975
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 .....	LIM BENG LEONG
Gender .....	Male
Phone No .....	(Phone) +65-97523678
Address .....	APT BLK 52 LORONG 6 TOA PAYOH #05-38
Address Complement .....	-
Post Code .....	310052
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLG3476L
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	CASTILLO NOELITA
Gender .....	Female
Phone No .....	-
Address .....	APT BLK 52 LORONG 6 TOA PAYOH #05-38
Address Complement .....	-
Post Code .....	310052
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLG3476L
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLANIMPORTANT 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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:

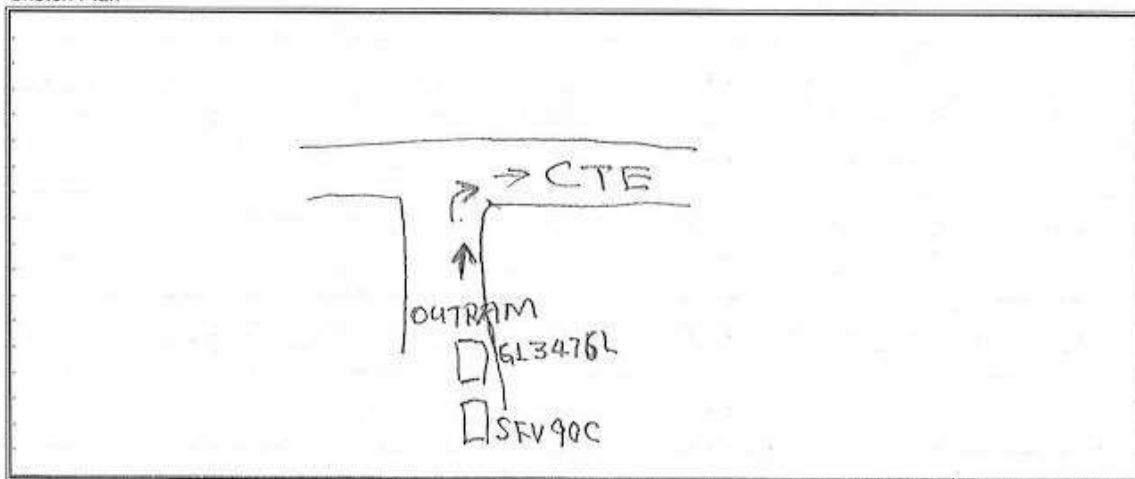
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

Sketch Plan



Describe Circumstance of the Accident

Refer to POLICE REPORT

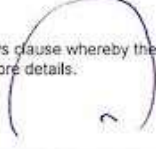
**Declaration**

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

  
Policyholder's Signature / Date & Time

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**


T/20240616/2049

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

1 of 3

Report No. T/20240616/2049

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/06/2024 20:33	Vide Report No.:	Station Diary No.: 39
--	------------------	--------------------------

**Informant's Particulars**

Name of Informant: LIM BENG LEONG	Address: APT BLK 52 LORONG 6 TOA PAYOH #05-38 SINGAPORE 310052		
ID Type / ID No.: NRIC NO / S12096111	Contact No.: Home/Office: Mobile: 97523678		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 68	Date of Birth: 28/09/1955	Type of Informant: Driver
Race: Chinese	Language: Chinese		
Occupation: LICENSED PLUMBER	Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 15/06/2024 22:05	Type of Location: Straight Road
Location:  OUTRAM ROAD			
Weather: Clear	Road Surface: Dry		
Traffic Flow: Dual Carriage Way	Traffic Control: Traffic Light - Working	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
SFV90C	Motor car	JAGUAR	F-PACE R-SPORT 3.0 V6 SC SR	White	Slightly Damaged	0
SLG3476L	Motor car	TOYOTA	WISH 1.8 CVT	Grey	Slightly Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20240616/2049

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

2 of 3

Report No. T/20240616/2049

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SFV90C (Motor car)	Contact No.	93855975
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	LIM BENG LEONG	ID No.	S12096111
Related Vehicle	SLG3476L (Motor car)	Contact No.	97523678
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	16/06/2024	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of	NIL

**Brief Details.**

On 15/06/2024 at around 2205hrs, I was driving my vehicle (SLG3476L) along Outram Road. I then kept to the right most lane as I was intending to make a right turn into CTE.

However, as I was approaching the traffic light it then turned red, so I stopped my vehicle. As my vehicle was coming to a complete stop, I then felt an impact from the rear of my vehicle.

I then went down to make a check and discovered that I was rear ended by another vehicle (SFV90C). We then took photos of the damages and exchanged contact details and left the scene shortly after.

On 16/06/2024, As I was feeling sore on the back of my neck region, I then went to Mount Alvernia Hospital to consult a doctor and was given 5 days of MC.





**SINGAPORE  
POLICE FORCE**



T/20240616/2049

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

3 of 3

Report No. T/20240616/2049

CONTINUATION OF REPORT

Signature of Officer Recording The  
E /  
SGT 2 LER RONG XUN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
INSP (1) BOON YEN KIAN  
Contact No.: 65472079

Signature Of Informant:

Date/Time:  
16/06/2024 20:33

Classification Of Case:

NP168