

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	23/09/2024 16:08 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	23/09/2024 06:50 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	(TUAS) JLN EUNOS FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNQ3414P
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM WU HAO
NRIC No	S8830028I
Email Address	wuhao_88@hotmail.com
Mobile Phone No	(Phone) +65-82017768
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
Variant	1.0SE TURBO 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	988
Vehicle Fuel	Petrol
First Registration Date	-
Chassis no	SHHFK6840HU011967
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D24MPCM001076

DRIVER

Name of Driver	LIM WU HAO
NRIC No	S8830028I
Date Of Birth	21/08/1988
Occupation	Indoor
Driving Pass Date	13/01/2010
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	14 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82017768
Alt. Phone Number	-
Email Address	wuhao_88@hotmail.com
Address	BLK 647A TAMPINES STREET 62 #08-183
Address complement	-
Postcode	521647
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	LOUISA
Gender	Female

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

PLEASE REFER TO POLICE REPORT T/20240923/7074

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 SNL1905D
Vehicle Manufacturer Honda
Vehicle Model HRV 1.5 DX
Vehicle Variant -
Vehicle Colour Black
Vehicle Category Private car
Name of Driver JUSTIN
Contact Number (Phone) +65-93368409
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage FRONT PORTION
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person LOUISA
Gender Female
Phone No (Phone) +65-90080190
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained MINOR HEAD INJURY AND NECK STRAIN
3DAYS MC
Injured person in which vehicle? SNQ3414P
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN**IMPORTANT NOTICE**

1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorized Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful 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. 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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

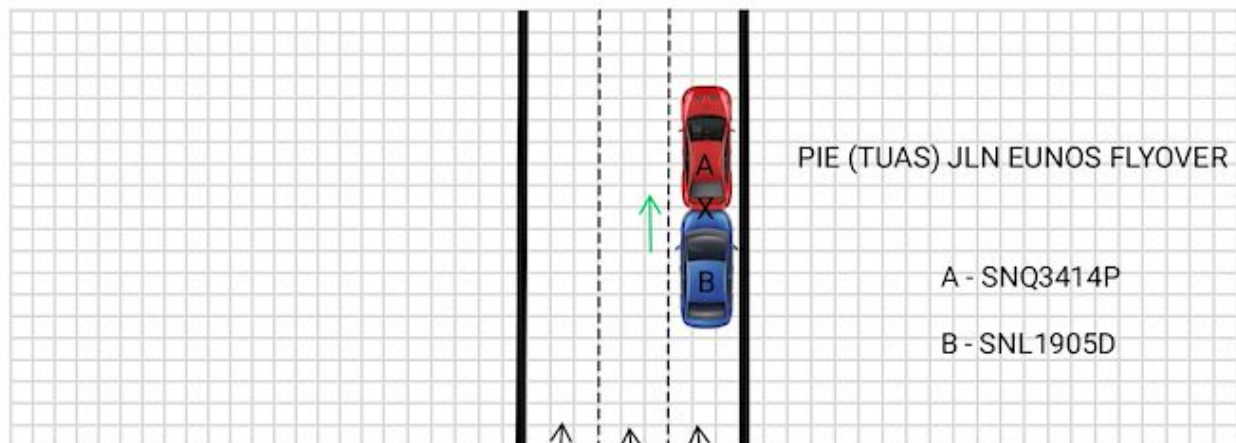
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan 23/09/2024 1600HRS



Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT T/20240923/7074

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

23/09/2024 1600HRS

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



Witnessed by Reporting Centre
Personnel

























**SINGAPORE
POLICE FORCE**



T/20240923/7074

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

1 of 3

Report No. T/20240923/7074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/09/2024 15:28		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: LIM WU HAO		Address: 647A TAMPINES STREET 62 #08-183 SINGAPORE 521647		
ID Type / ID No.: NRIC NO / S8830028I		Contact No.: Home/Office: Mobile: 82017768		
Nationality: SINGAPORE CITIZEN		Email: LIMWUHAO@GMAIL.COM		
Sex: Male	Age: 36	Date of Birth: 21/08/1988	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: Other engineering professionals		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/09/2024 06:50	Type of Location: Bridge
Location: TO PIE (TUAS)				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SNL1905D	Motor car	HONDA	HRV	Black	Slightly Damaged	0
SNQ3414P	Motor car	HONDA	CIVIC 1.0SE TURBO CVT	Red	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SNQ3414P	INDIA INTERNATIONAL INSURANCE PTE LTD	D24MPCM001076	15/06/2024	14/06/2025



**SINGAPORE
POLICE FORCE**



T/20240923/7074

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

2 of 3

Report No. T/20240923/7074

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JUSTIN	ID No.	NIL
Related Vehicle	SNL1905D (Motor car)	Contact No.	93368409
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)	NIL	Degree of Injury	NIL
Passenger			
Name	LOUISA	ID No.	NIL
Related Vehicle	SNQ3414P (Motor car)	Contact No.	90080190
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	Slight
Driver			
Name	LIM WU HAO	ID No.	S88300281
Related Vehicle	SNQ3414P (Motor car)	Contact No.	82017768
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)	NIL	Degree of Injury	NIL

Brief Details.

ON 23/09/2024 AT ABOUT 0650HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER SNQ3414P ENROUTE FROM HOME AT TAMPINES TO WORK AT TENGAH AIRBASE FOR WORK PURPOSES. WHILE DRIVING ALONG LANE 1 OF PIE (TUAS) JLN EUNOS FLYOVER, DOWNSLOPE PART, THE VEHICLES INFRONT SLOWED DOWN AND CAME TO A STOP. I TOO SLOWED DOWN AND CAME TO A STOP. SHORTLY AFTER THE FRONT OF VEHICLE (B) BEARING REGISTRATION NUMBER SNL1905D HIT ONTO THE REAR OF MY VEHICLE. I AM NOT INJURED. MY PASSENGER HAD MINOR HEAD INJURY AND NECK STRAIN.



**SINGAPORE
POLICE FORCE**

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



T/20240923/7074

3 of 3

Report No. T/20240923/7074

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:
23/09/2024 15:28

Classification Of Case:



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: SJ0G249N0012 Vehicle Registration No: SNQ3414P
 Name (as shown in NRIC): LIM WU HAO NRIC/FIN/Passport No: SXXXX028I
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 23/09/2024 Time of Accident: 06:50
 Place of Accident: PIE, Singapore
 Insurance Company: India International Insurance Pte Ltd

(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:

UPDATE INJURED PASSENGER GENDER

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 23.09.2024

