

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	04/10/2024 17:18 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/10/2024 17:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ECP TOWARDS CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH5155H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM HOCK HENG FELIX
NRIC No	S6908620I
Email Address	AUGUSTINE20022002@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-97454830
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	NOAH 2.0X CVT
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1986
Vehicle Fuel	Petrol
First Registration Date	25/01/2019
Chassis no	ZRR800394118
Effective Date/Time of Ownership	25/01/2019 09:01 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Etika Insurance Pte Ltd
Policy Number / Cover Note Number	M0042692

DRIVER

Name of Driver	ALPHONSUS DANIEL LIM JIE WEI
NRIC No	S9805570C
Date Of Birth	25/02/1998
Occupation	Indoor
Driving Pass Date	20/01/2023
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	1 YEAR AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98250208
Alt. Phone Number	-
Email Address	ALPHONSUSLIM98@GMAIL.COM
Address	333 TAMPINES STREET 32 #05-532 S520333
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	9
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 ATTACHED POLICE REPORT.

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	SNH9017K
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	SLL9316A
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	SHC7209J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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 4

Vehicle Registration Number	SHB5570H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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 5

Vehicle Registration Number	SHF632A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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 6

Vehicle Registration Number	SJH8880M
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 7

Vehicle Registration Number	SDU9222J
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 8

Vehicle Registration Number	SND1544D
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ALPHONSUS DANIEL LIM JIE WEI
Gender	Male
Phone No	(Phone) +65-98250208
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMH5155H
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.
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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

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

ECP TOWARDS CHANGI

Witnessed by Reporting Centre Personnel



A: SMH5155H /
 B: SNG9017K /
 C: SLL9316A /
 D: SHC7209J /
 E: SHB5570H /
 F: SHF632A /
 G: SJH8880M /
 H: SDU9222J /
 I: SND15440 /

Describe Circumstances of the Accident

F


I (SMH5155H) WAS TRAVELLING ALONG ECP TOWARDS CHANGI. VEHICLE AHEAD STOPPED I FOLLOWED SUIT TO APPLY MY BRAKES AND MANAGED TO STOP IN TIME. MOMENTS LATER, VEHICLE B (SNG9017K) REAR-ENDED MY VEHICLE THE IMPACT CAUSED MY VEHICLE TO SURGE FORWARD TO COLLIDE WITH VEHICLE F (SHF632A) AHEAD. THE IMPACT ALSO CAUSED VEHICLE'S C (SLL9316A) AND VEHICLE G TO BE PUSHED UP ABOVE THE VEHICLE F AND MY VEHICLE. AFTER ALIGHTING FROM MY VEHICLE, I REALISED I WAS INVOLVED IN A 9-CAR COLLISION.


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.

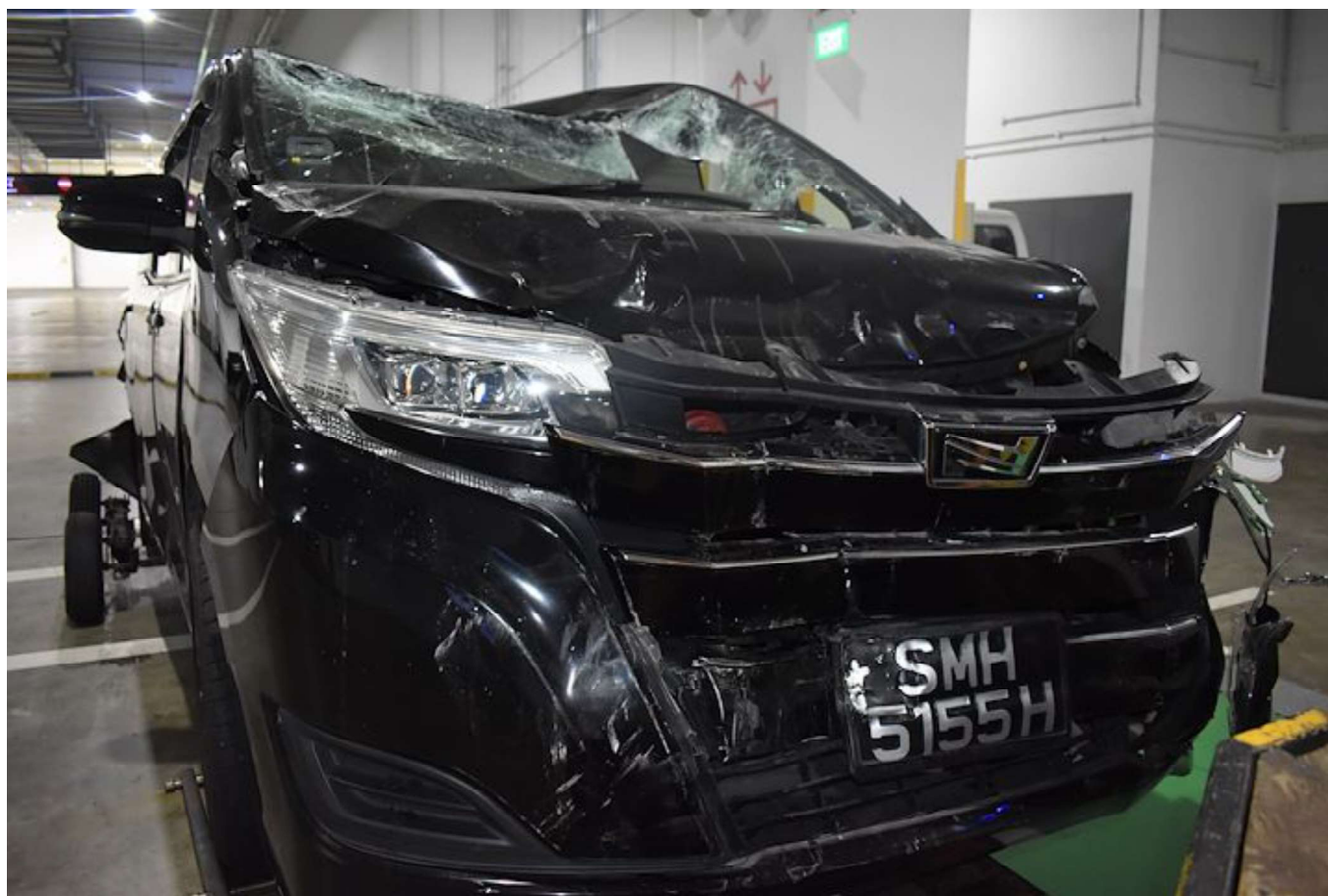

Policyholder's Signature / Date & Time

 04/10/1555pm
Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

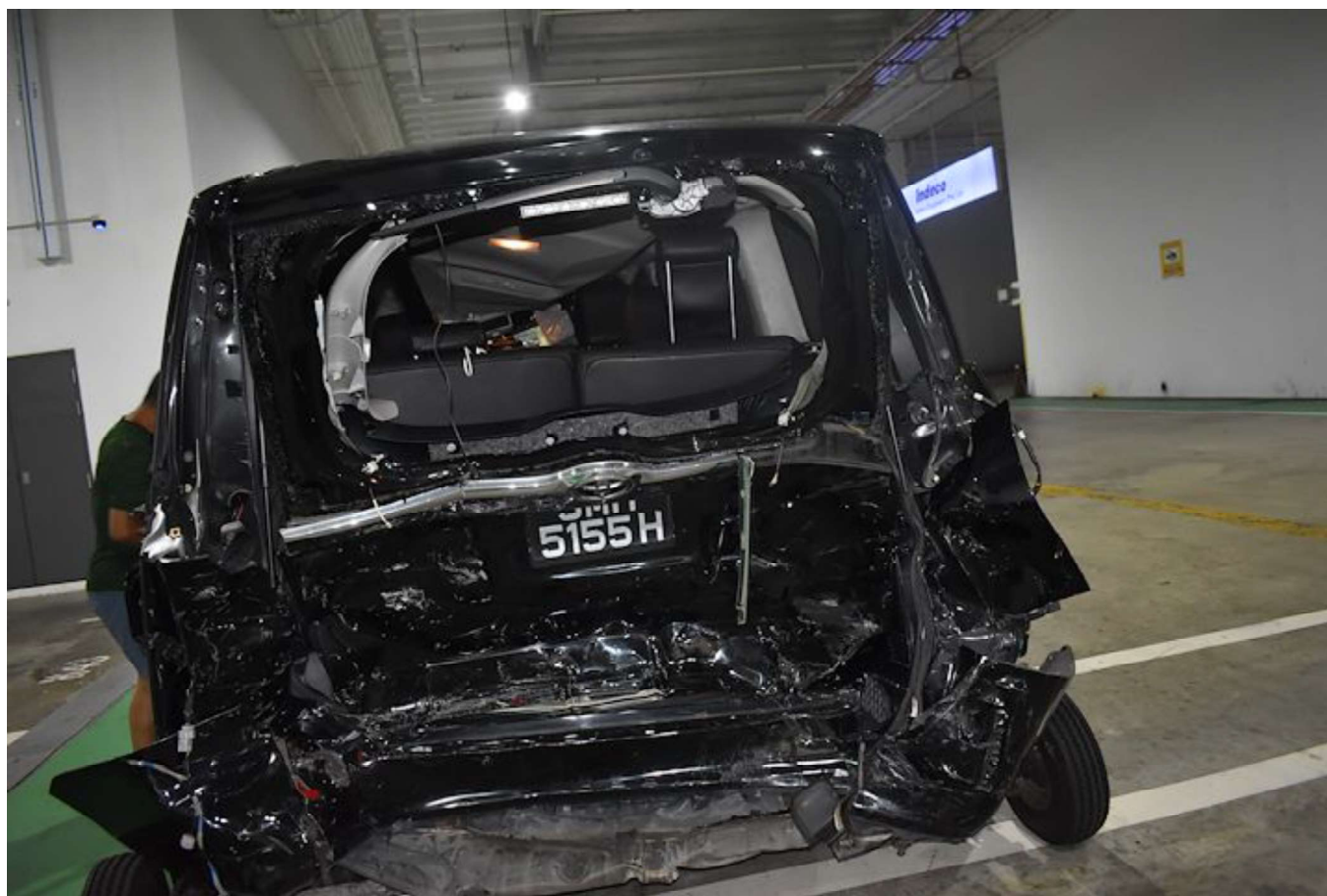










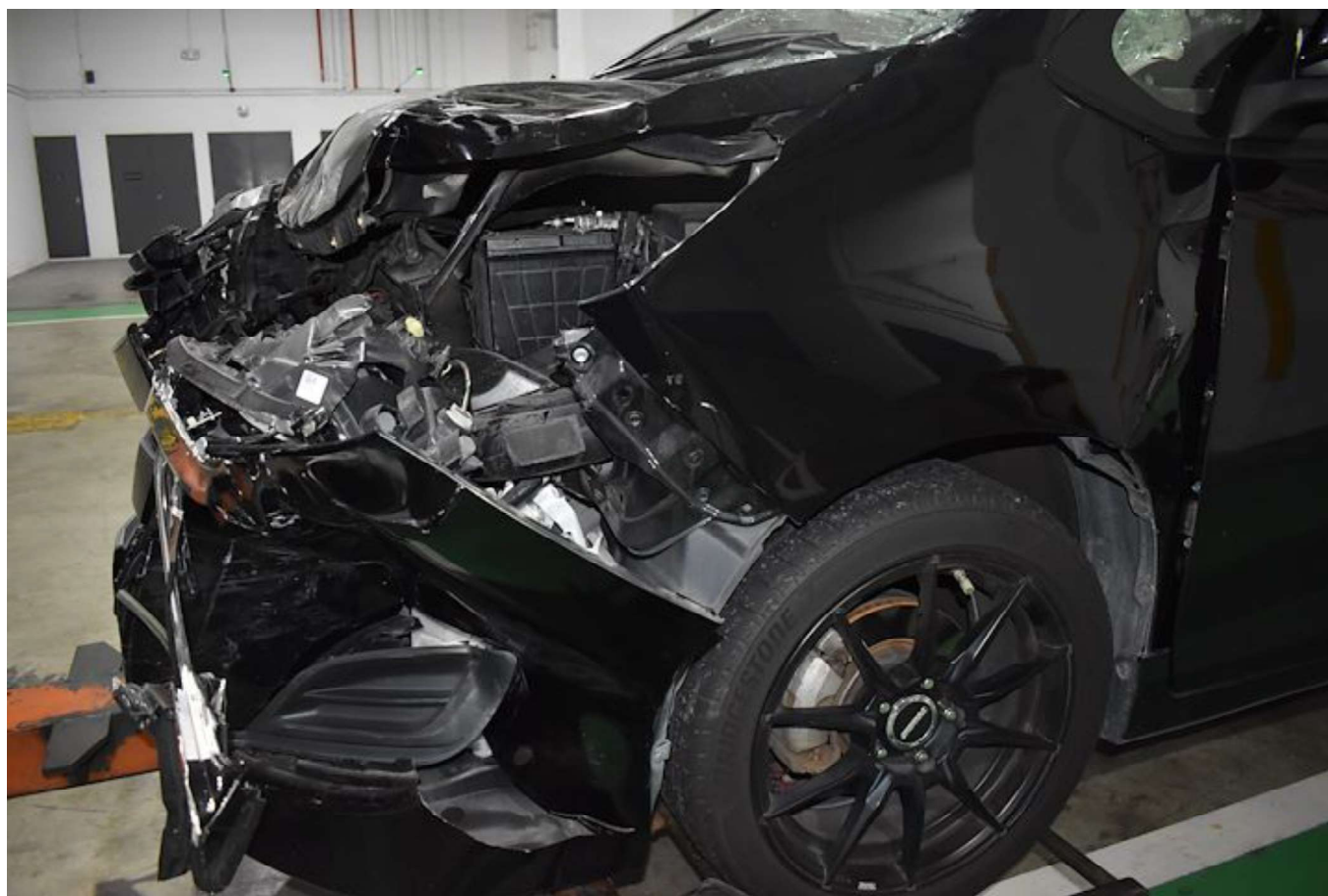




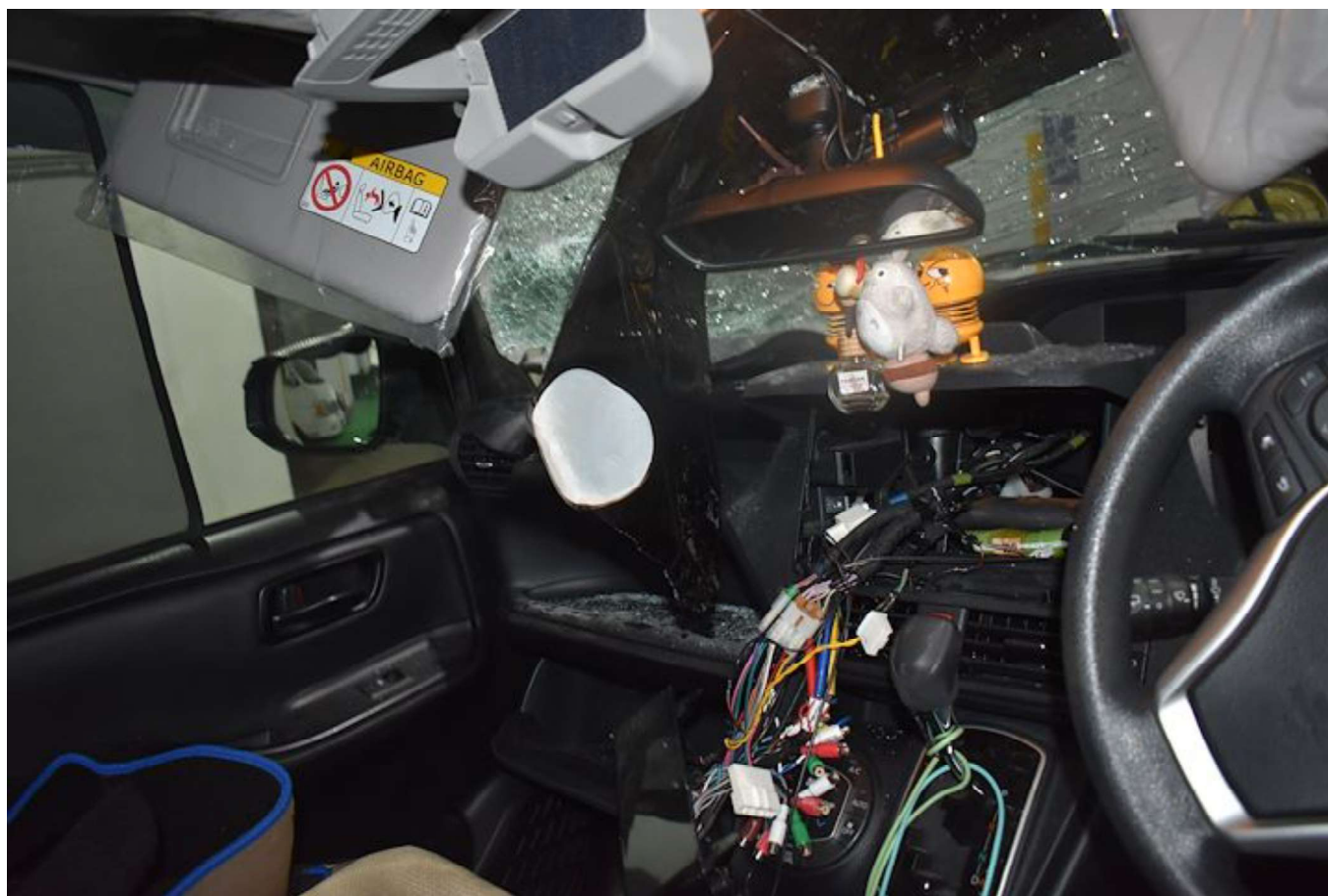












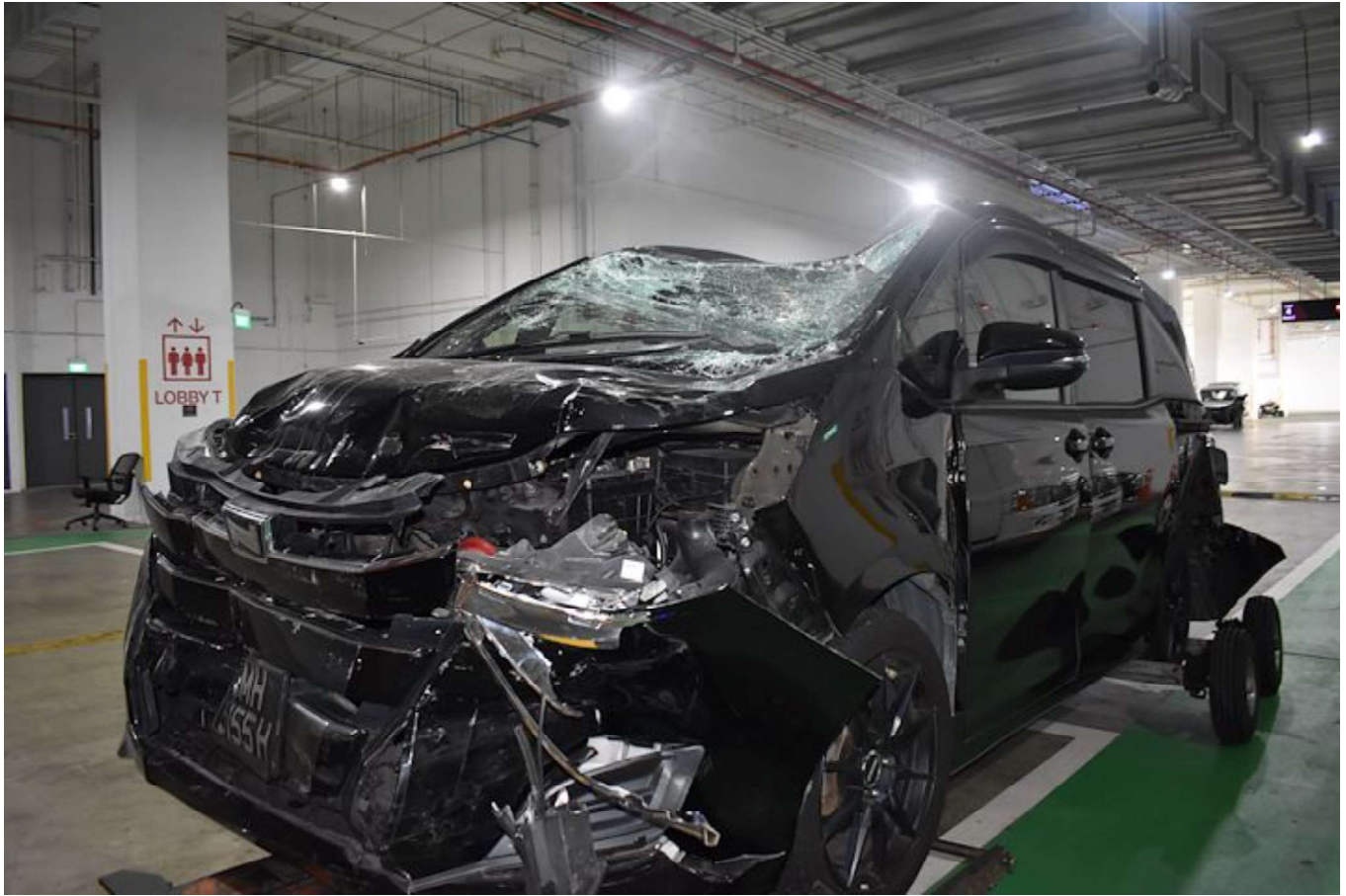












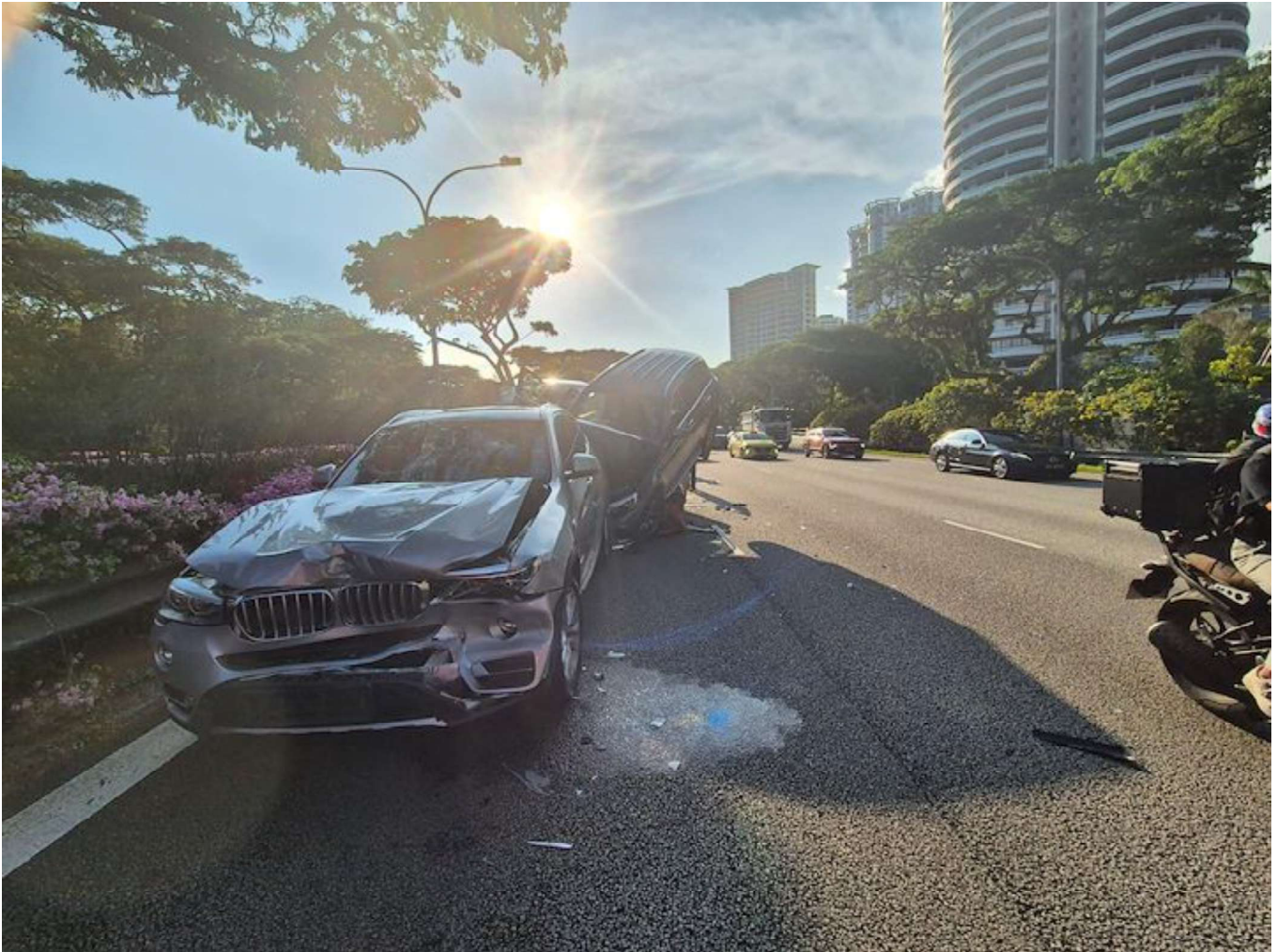


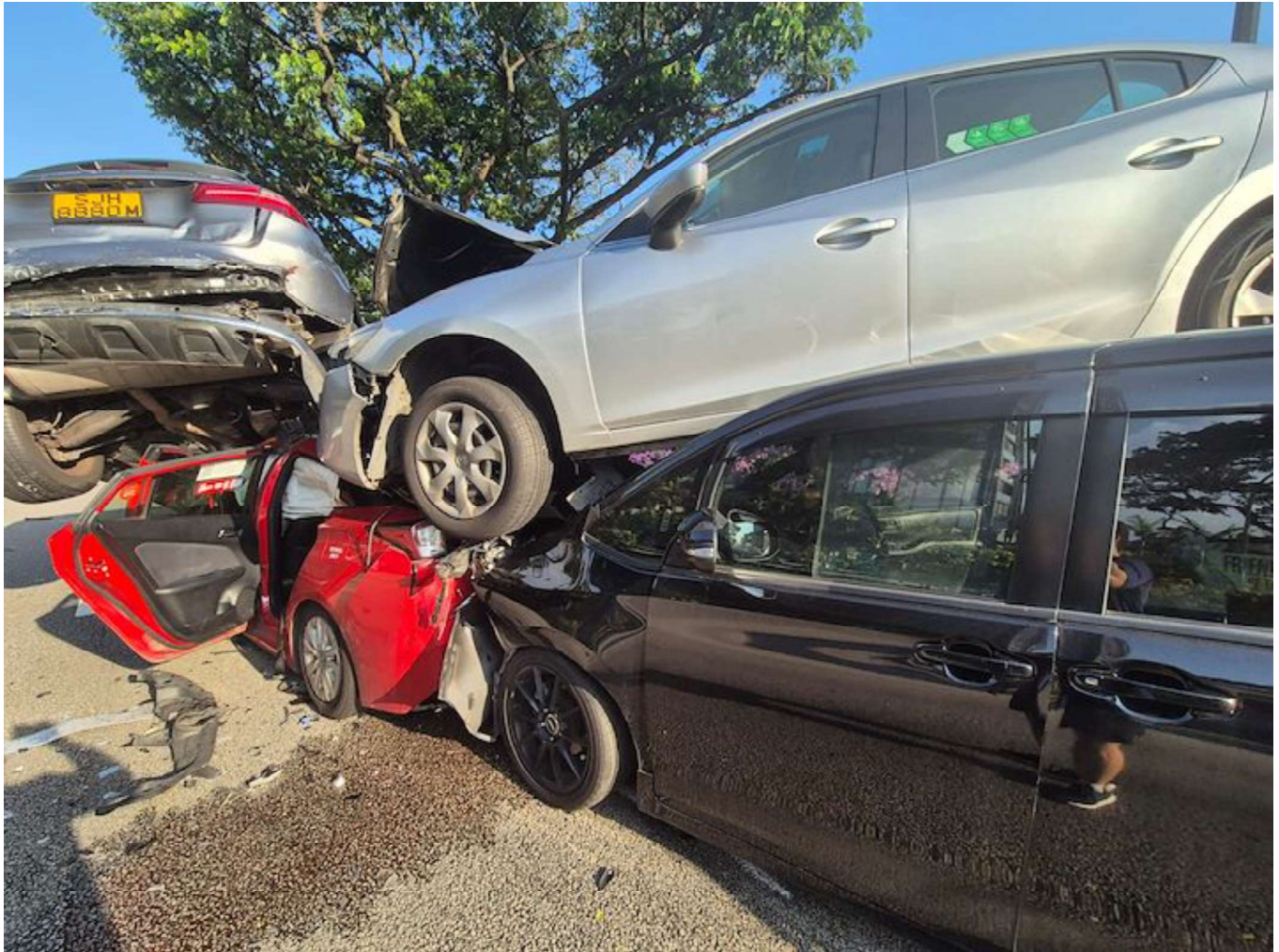
















**SINGAPORE
POLICE FORCE**



T/20241004/7063

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

1 of 3

Report No. T/20241004/7063

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/10/2024 15:42		Vide Report No.: G/20241003/0142		Station Diary No.:	
Informant's Particulars					
Name of Informant: ALPHONSUS DANIEL LIM JIE WEI			Address: 333 TAMPINES STREET 32 #05-532 SINGAPORE 520333		
ID Type / ID No.: NRIC NO / S9805570C			Contact No.: Home/Office: Mobile: 98250208		
Nationality: SINGAPORE CITIZEN			Email: ALPHONSUSLIM98@GMAIL.COM		
Sex: Male	Age: 26	Date of Birth: 25/02/1998	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: RADIOGRAPHER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/10/2024 17:30	Type of Location:
Location: EAST COAST PARKWAY				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDU9222J	Motor car					0
SHB5570H	Motor car					0
SHC7209J	Motor car					0
SHF632A	Motor car					0
SJH8880M	Motor car					0



**SINGAPORE
POLICE FORCE**



T/20241004/7063

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

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Report No. T/20241004/7063

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLL9316A	Motor car					0
SMH5155H	Motor car					0
SND1544D	Motor car					0
SNH9017K	Motor car					0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ALPHONSUS DANIEL LIM JIE WEI		ID No. S9805570C
Related Vehicle	SMH5155H (Motor car)		Contact No. 98250208
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)	05	Degree of Injury	Slight

Brief Details.

I (SMH5155H) WAS TRAVELLING ALONG ECP TOWARDS CHANGI. VEHICLE F (SHF632A) AHEAD STOPPED I FOLLOWED SUIT TO APPLY MY BRAKES AND MANAGED TO STOP IN TIME. MOMENTS LATER, VEHICLE B (SNH9017K) REAR-ENDED MY VEHICLE THE IMPACT CAUSED MY VEHICLE TO SURGE FORWARD TO COLLIDE WITH VEHICLE F (SHF632A) AHEAD. THE IMPACT ALSO CAUSED VEHICLE'S C (SLL9316A) AND VEHICLE G TO BE PUSHED UP ABOVE THE VEHICLE F AND MY VEHICLE. AFTER ALIGHTING FROM MY VEHICLE, I REALISED I WAS INVOLVED IN A 9-CAR COLLISION.



**SINGAPORE
POLICE FORCE**

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



T/20241004/7063

3 of 3

Report No. T/20241004/7063

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
MOHAMAD BURHAN BIN SBTU
Contact No.: 65476214

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

Date/Time:
04/10/2024 15:42

Classification Of Case:

NP168