

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	17/04/2024 15:56 (SGT)
Reported by	Actual Driver
Date of Accident	16/04/2024 09:05 (SGT)
Exact Location of Accident	Braddell Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG3144M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	EDWARD SURVEYS
Company Reg No	5XXXX646K
Email Address	EDWINCW27@GMAIL.COM
Mobile Phone No	(Phone) +65-96866676
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1499

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5092642553

DRIVER

Name of Driver	LIM CHIN WEI
NRIC No	SXXXX341B
Date Of Birth	18/08/1976
Occupation	Outdoor

Driving Pass Date	23/08/2001
Driving experience	22 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96866676
Alt. Phone Number	-
Email Address	EDWINCW27@GMAIL.COM
Address	BLK247 HOUGANG AVE 3
Address complement	#07-462
Postcode	530247
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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)	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

AS PER SKETCH PLAN ATTACHED

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	SMY8406A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private hire
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)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM CHIN WEI
Gender	Male
Phone No	(Phone) +65-96866676
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBG3144M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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7. By the lodgment 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.
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature Date
& Time

[Handwritten Signature]

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



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

SKETCH PLAN

B A

A - GB63144M
B - SMY8406A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report attached : T/20240416/7035

* Kindly take note that you have 14 days to revert to Own Insurance Claim (own damage).

DECLARATION

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



Policyholder's Signature Date

[Signature]

Driver's Signature

(If not the same person as the policyholder, please sign)



Reporting Centre Personnel's Signature

(Date)











CHASSIS NO: VM20105085
U.L.W : 1200 KGS
M.L.W : 1930 KGS
P. CAP : F: 1 DRIVER, 1 OTHER
R: 00
TYRE SIZE : F: 165xR14 6PLY
R: 165xR14 8PLY (S)



**SINGAPORE
POLICE FORCE**



T/20240416/7035

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

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Report No. T/20240416/7035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/04/2024 13:07	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LIM CHIN WEI			Address: 247 HOUGANG AVENUE 3 #07-462 SINGAPORE 530247		
ID Type / ID No.: NRIC NO / S7625341B			Contact No.: Home/Office: Mobile: 96866676		
Nationality: SINGAPORE CITIZEN			Email: EDWINCW27@GMAIL.COM		
Sex: Male	Age: 47	Date of Birth: 18/08/1976	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Self Employed			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/04/2024 09:05	Type of Location:
Location: BRADDELL ROAD				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBG3144M	Motor van					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20240416/7035

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

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Report No. T/20240416/7035

CONTINUATION OF REPORT

Driver			
Name	LIM CHIN WEI	ID No.	S7625341B
Related Vehicle	GBG3144M (Motor van)	Contact No.	96866676
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	07	Degree of	Serious

Brief Details.

On the stated date and time, I was driving GBG3144M along Braddell Road towards Bartley Road direction.

I had gradually come to a stop due to traffic conditions ahead when suddenly, a huge impact slammed into the rear of my vehicle, catching me completely off guard.

As my body lurched forward, I knocked my left knee against the dashboard and my right hand against the steering wheel as a result.

Upon alighting, I realised that SMY8406A had crashed into my vehicle's rear, leaving it dented in.

The front portion of SMY8406A was also badly damaged.

Initially, I was still feeling ok.

However, shortly after leaving the scene, I started feeling a sting coming from the areas I had knocked.

Thereafter, my neck, shoulders and back areas started feeling stiff and sore.

As such, I sought treatment at my family clinic Intemedical Kovan and was given 7 days MC for injuries caused by the accident.



**SINGAPORE
POLICE FORCE**

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



T/20240416/7035

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Report No. T/20240416/7035

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
NORA BTE BACHOK
Contact No.: 65476172

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

Date/Time:
16/04/2024 13:07

Classification Of Case:

NP168