

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	02/11/2024 10:41 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/10/2024 13:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE towards AYE , Near AMK AVE 3 Exit
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM132R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Boh Chan Nam
NRIC No	SXXXX303J
Email Address	angelinebohsh@gmail.com
Mobile Phone No	(Phone) +65-97661567
Alternative Phone No	+65-96945254

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Allion
Variant	Allion 1.5A
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	1497
Vehicle Fuel	Petrol
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Singapore Life Ltd
Policy Number / Cover Note Number	11101659

DRIVER

Name of Driver	Boh Chan Nam
NRIC No	SXXXX303J
Date Of Birth	19/03/1958
Occupation	Outdoor
Driving Pass Date	15/09/1978
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	46 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97661567
Alt. Phone Number	+65-96945254
Email Address	angelinebohsh@gmail.com
Address	786 Yishun Ring Road #10-3508
Address complement	-
Postcode	760786
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	Lam Moi Choon
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Please Refer To Police Report

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number PC7897C
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour White
Vehicle Category Bus
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 SKP8681S
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category NA / Unknown
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 Boh Chan Nam
Gender Male
Phone No (Phone) +65-97661567
Address 786 Yishun Ring Road
Address Complement -
Post Code 760786
Approximate Age Years Old 66
Injuries Sustained Spine Fracture, Multiple lacerations & Sprains
Injured person in which vehicle? SJM132R
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? Yes

INJURED 2

Name of injured person Lam Moi Choon
Gender Female
Phone No (Phone) +65-94362923
Address 786 Yishun Ring Road
Address Complement -
Post Code 760786
Approximate Age Years Old -
Injuries Sustained Seat Belt Lacerations, Sprains, Bruising & Bleeding
Injured person in which vehicle? SJM132R

Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

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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 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

Sketch Plan

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

Cte towards MYE, Exit AMK Ave 3.



Witnessed by Reporting Centre Personnel



A: SJM 132R
B: white/blue striped bus

please Refer to Police Report.

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

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

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20241101/7104

1 of 3

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

Report No. T/20241101/7104

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/11/2024 18:36		Vide Report No.: F/20241029/0081		Station Diary No.:	
Informant's Particulars					
Name of Informant: BOH CHAN NAM			Address: 786 YISHUN RING ROAD #10-3508 SINGAPORE 760786		
ID Type / ID No.: NRIC NO / S1305303J			Contact No.: Home/Office:		Mobile: 96945254
Nationality: SINGAPORE CITIZEN			Email: angelinebohsh@gmail.com		
Sex: Male	Age: 66	Date of Birth: 19/03/1958	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Retiree			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident					
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/10/2024 13:20	Type of Location: EXPRESSWAY	
Location: CENTRAL EXPRESSWAY towards AYE, near AMK AVE 3 EXIT					
Weather: Sunny		Road Surface: Dry			
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJM132R	Motor car	TOYOTA	Allion	Silver	Totally Damaged	1
	Motor car					0
	BUS			White	Seriously Damaged	20

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SJM132R	SINGLIFE	11101659	18/12/2023	17/12/2024



**SINGAPORE
POLICE FORCE**



T/20241101/7104

2 of 3

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

Report No. T/20241101/7104

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver			
Name	BOH CHAN NAM	ID No.	S1305303J
Related Vehicle	SJM132R (Motor car)	Contact No.	96945254
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	29/10/2024	Date Discharge	01/11/2024
No. of Days granted Medical Leave (MC)	46	Degree of Injury	Serious
Passenger			
Name	LAM MOI CHOON	ID No.	S1305308A
Related Vehicle	SJM132R (Motor car)	Contact No.	94362923
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/10/2024	Date Discharge	30/10/2024
No. of Days granted Medical Leave (MC)	28	Degree of Injury	Serious
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	(BUS)	Contact No.	NIL
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.

I am in vehicle number SJM 132 R, travelling at 80km/h on CTE towards AYE, around AMK Ave 3 on Lane 1 (nearest to divider). A white bus on Lane 2, with blue strip side swiped my vehicle hitting my vehicle front passenger door and pushed my vehicle towards the middle barrier. Police and Ambulance arrived at the scene. My wife, Lam Moi Choon, S1305308A and I were injured and sent to Tan Tock Seng hospital via an ambulance. Lam Moi Choon was admitted to hospital with seat belt bruises and airbag injuries. After xray and ct scan, she was subsequently discharged on 30 October. All injuries are documented with Tan Tock Seng. I was also hospitalised with spine fracture and wounds on knees, shoulder and hips. I am discharged from hospital on 1 November 2024, after getting all cleared from doctors.

**SINGAPORE
POLICE FORCE**

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



T/20241101/7104

3 of 3

Report No. T/20241101/7104

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
CHEN WEIXIANG, BEN
Contact No.: 94575539

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

Date/Time:
01/11/2024 18:36

Classification Of Case:

This report is lodged at Yishun North NPC Kiosk 1
NP168



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:

SD0824B20001

SJM132R

Original Report No: _____ Vehicle Registration No: _____

Name (as shown in NRIC): Boh Chan Nam _____ NRIC/FIN/Passport No: S1305303J _____

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: 786 Yishun Ring Road #10-3508 _____ Singapore (760786)

Contact (Tel): 9766 1567 _____ Mobile No.: _____

Email Address: angelinebohsh@gmail.com _____

Date of Accident: 29 October 2024 _____ Time of Accident: 13:20 _____

Place of Accident: CTE towards AYE, Near AMK AVE 3 Exit _____

Insurance Company: Singlife _____

(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:

I am the driver of SJM 132 R and had previously made a report bearing No. T/20241101/7104.

I wish to make this supplementary report given that I was updated by IO Intan who informed me

that the bus which collided into my vehicle bears the registration number PC 7897C. I have also been informed and verily

believe that another motor vehicle bearing registration number SKP 8681 S was involved in this accident. Save for the inclusion

of this new information, the particulars of my previous police statement No. T/20241101/7104 remains true and correct.

Policyholder / Actual Driver's Signature
Date: 4 November 2024

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card): Yaosheng S9818759F
Date: 05/11/2024



Car Insurance

Policy Schedule

POLICYHOLDER

INSURED:
FAMILY NAME: Boh
GIVEN NAME: Chan Nam

COVER

PLAN TYPE: Motor Lite
COVER TYPE: Comprehensive

EXCESS

(Excess payable if the claim is admissible)

OWN DAMAGE POLICY EXCESS SGD 500.00
YOUNG AND/OR INEXPERIENCED DRIVER EXCESS: SGD 2,500.00
(Aged 24 and below or has held a valid driving license for less than 2 years.)
note: in addition to Own Damage Policy Excess if applicable
WINDSCREEN EXCESS: SGD 100.00
All excess subject to GST if applicable

USE INSURED AGAINST

Use for social, domestic and pleasure purposes and for use in connection with the policyholders own business. The policy does not cover use for (i) Hire and rewards, (ii) Racing, pace making, reliability trial or speed testing, (iii) Driving tuition, (iv) The carriage of goods for hire and reward, (v) Any purpose in connection with the motor trade.

PREMIUM CALCULATION

PREMIUM SGD 867.92
GST @ 8.00% SGD 69.43
TOTAL DUE SGD 937.35
DATE ISSUED 20-Nov-2023 at 12:41hours

POLICY NO.: 11101659

PERIOD OF INSURANCE (both dates inclusive)

FROM: 18-Dec-2023 00:00hours
TO: 17-Dec-2024 23:59hours

AGENT'S DETAILS

CODE: 60008111
NAME: Yee Wei Mah
COMPANY NAME: Financial Alliance Pte Ltd

CAR INSURED

MAKE & MODEL: TOYOTA ALLION A15 1.5 1496cc
REGISTRATION NO.: SJM132R
SUM INSURED: Market Value inclusive of COE
YEAR OF REGISTRATION: 2008
CAR SCHEME: Non off-peak
MODIFICATIONS TO YOUR CAR: No
WHICH DO NOT COMPLY WITH
AND/OR ARE NOT APPROVED BY
LTA:

ADD-ON

No Claims Discount Protector

WHO MAY DRIVE YOUR CAR

You and any driver aged 30 or over

NO CLAIMS DISCOUNT

(This NCD amount is specific to your Singlife policy only)

NCD%: 50
Safe Driver Discount%: 5

POLICY OWNERS' PROTECTION SCHEME (PPF)

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the GIA or SDIC web-sites (www.gia.org.sg or www.sdic.org.sg).

ORIGINAL

Singapore Life Ltd., 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 singlife.com
Company Reg. No. 196900499K GST Reg. No. MR-8500166-8