

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	19/11/2024 13:24 (SGT)
Reported by	Actual Driver
Date of Accident	19/11/2024 08:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BKE TOWARDS PIE BEFORE EXIT 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN6921L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	OPTIMA WERKZ PTE.LTD.
Company Reg No	2XXXXX455W
Email Address	JANET.ONG@OCLEASING.SG
Mobile Phone No	(Phone) +65-91719288
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Aqua
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1496
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D23MFL0007412_01

DRIVER

Name of Driver	LI ZI'EN,BENJAMIN
NRIC No	SXXXX364H
Date Of Birth	03/10/1988
Occupation	Indoor
Driving Pass Date	26/11/2010
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	14 YEARS
Gender	Male
Mobile Number	(Phone) +65-81018803
Alt. Phone Number	-
Email Address	BENJAMIN.LI.1988@GMAIL.COM
Address	BLK 118 WOODLANDS AVENUE 5
Address complement	#10-39
Postcode	739019
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Raining
Road Surface	Wet

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?	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

REFET TO POLICE REPORTNO : T/20241119/7040

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	SHB1023Y
Vehicle Manufacturer	MG
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Green
Vehicle Category	Taxi
Name of Driver	NG CHAN HOCK
NRIC No	SXXXX404I
Contact Number	(Phone) +65-96930751
Address	BLK 174 YISHUN AVENUE 7
Address complement	#11-847
Postcode	760174
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	GBE7301K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	APPARAJ AATHAVAN
Passport No/FIN	GXXXX223M
Contact Number	(Phone) +65-83814794
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	LI ZI'EN,BENJAMIN
Gender	Male
Phone No	(Phone) +65-81018803
Address	BLK 118 WOODLANDS AVENUE 5
Address Complement	#10-39
Post Code	739019
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLN6921L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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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' 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.



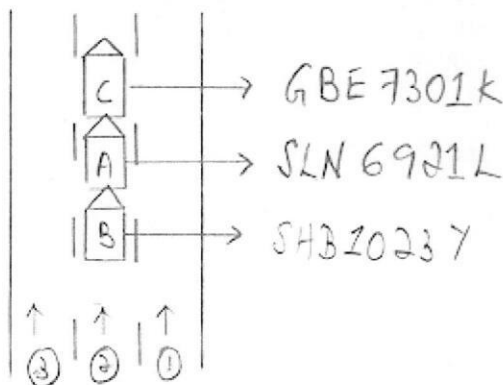
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

Sketch Plan



BKE towards
PIE before Exit 3

Describe Circumstances of the Accident

Refer to report : 1/20241119/7040

*KINDLY TAKE NOTE THAT YOU HAVE 14 DAYS FROM DATE OF ACCIDENT TO CONVERT TO OWN DAMAGE CLAIM

Declaration

We declare the foregoing particulars are true in every respect



Policyholder's Signature / Date & Time

[Signature]

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

[Signature]



Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20241119/7040

1 of 3

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

Report No. T/20241119/7040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/11/2024 11:55			Vide Report No.:		Station Diary No.:	
Informant's Particulars						
Name of Informant: LI ZI'EN, BENJAMIN			Address: 118 WOODLANDS AVENUE 5 #10-39 SINGAPORE 739019			
ID Type / ID No.: NRIC NO / S8838364H			Contact No.:		Mobile: 81018803	
Nationality: SINGAPORE CITIZEN			Email: BENJAMIN.LI.1988@GMAIL.COM			
Sex: Male	Age: 36	Date of Birth: 03/10/1988	Type of Informant: Vehicle Owner			
Race: Chinese			Language: English			
Occupation: Intellectual property manager			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/11/2024 08:20	Type of Location: Straight Road
Location: BANGKIT ROAD				
Weather: Raining		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Chain collision				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE7301K	Lorry					0
SHB1023Y	Taxi	MG		Green		0
SLN6921L	Motor car	TOYOTA	aqua	White	Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20241119/7040

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

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Report No. T/20241119/7040

CONTINUATION OF REPORT

Vehicle Owner			
Name	LI ZI'EN, BENJAMIN	ID No.	S8838364H
Related Vehicle	SLN6921L (Motor car)	Contact No.	81018803
Hospital/Clinic	NEO CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	19/11/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

Brief Details.

At about 08:19 on 19 November 2024, I was driving my car (SLN6921L) on the center lane of BKE towards PIE before exit 3 (4KM mark) when a Green Strides Premier Taxi (SHB1023Y) rear ended my car. During the impact, my car was pushed forward and I made contact with a lorry from Plastercell Specialist Pte Ltd (GBE7301K). Road condition was wet, and traffic was heavy but slow moving.

We took photos and exchanged particulars with everyone. Aetos officers were on scene to direct traffic but left after we were escorted to the side of the expressway.



**SINGAPORE
POLICE FORCE**

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



T/20241119/7040

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Report No. T/20241119/7040

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
PHNG KAR SOON
Contact No.: 65476439

NP168

Signature Of Informant:

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

Date/Time:
19/11/2024 11:55

Classification Of Case: