

## 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 .....	18/11/2024 13:41 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	15/11/2024 21:15 (SGT)
Exact Location of Accident .....	One Marina Blvd, Singapore 018989
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMY3094Z
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	Lim Chuan Lam (Lin QuanNan)
NRIC No .....	S7131270D
Email Address .....	dennis.1833@hotmail.com
Mobile Phone No .....	(Phone) +65-91833036
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	BMW
Model .....	X1
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 hire
Transmission .....	Auto
CC .....	1499
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5137427907-01

#### DRIVER

Name of Driver .....	Lim Chuan Lam (Lin QuanNan)
NRIC No .....	S7131270D
Date Of Birth .....	03/09/1971
Occupation .....	Outdoor
Driving Pass Date .....	29/10/2014
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	10 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-91833036
Alt. Phone Number .....	-
Email Address .....	dennis.1833@hotmail.com
Address .....	Blk 700A Ang Mo Kio Ave 6 #04-308
Address complement .....	-
Postcode .....	561700
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 - Opening Door of Vehicle
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 .....	Gareth Jones
Gender .....	Male

#### 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

See attachment police report no. T/20241118/7052

#### ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
Was there any video captured by Car Camera? ..... Yes  
Reasons for not uploading a video of the accident ..... with workshop

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SKQ4978H  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... Kenny  
Contact Number ..... (Phone) +65-84221001  
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 Chuan Lam  
Gender ..... Male  
Phone No ..... (Phone) +65-91833036  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... SMY3094Z  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... No

**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.

*[Signature]*

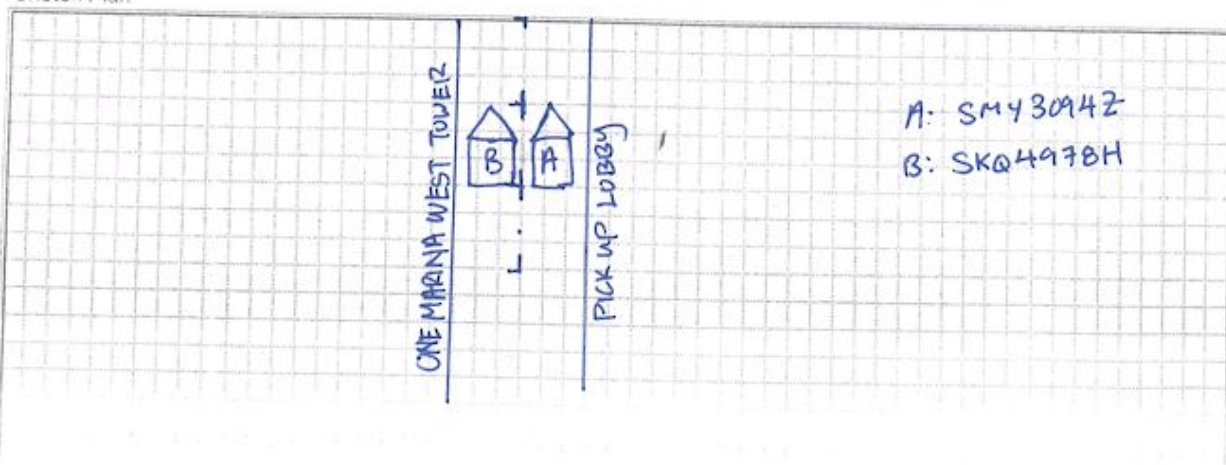
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel  
(Name as in Form 1/1/1/1/1/1)

**Sketch Plan**



Describe Circumstance of the Accident

REFER TO POLICE REPORT T/20241118/7052

Declaration

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

*[Signature]*

Policyholder's Signature / Date & Time

Accident Driver's Signature / If driver is not the policyholder, / Date & Time

Witness's Signature / Date & Time  
(Name as in NRIC/ID card)













































# SINGAPORE POLICE FORCE



T/20241118/7052

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

1 of 3

Report No. T/20241118/7052

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/11/2024 12:02	Vide Report No.:	Station Diary No.:
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## Informant's Particulars

Name of Informant: LIM CHUAN LAM			Address: 700A ANG MO KIO AVENUE 6 #04-308 SINGAPORE 561700		
ID Type / ID No.: NRIC NO / S7131270D			Contact No.: Home/Office: Mobile: 91833036		
Nationality: SINGAPORE CITIZEN			Email: DENNIS.1833@HOTMAIL.COM		
Sex: Male	Age: 53	Date of Birth: 03/09/1971	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Private-hire car driver			Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/11/2024 21:15	Type of Location:
Location:  MARINA BOULEVARD				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKQ4978H	Motor car	TOYOTA	ALTIS	Blue		1
SMY3094Z	Motor car	BMW	X1 SDRIVE20I LED NAV	Silver		0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SMY3094Z	NTUC Income Insurance Co-Operative Limited	5137427907-01	28/06/2024	29/05/2025



**SINGAPORE  
POLICE FORCE**



T/20241118/7052

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

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Report No. T/20241118/7052

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	KENNY	ID No.	NIL
Related Vehicle	SKQ4978H (Motor car)	Contact No.	84221001
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
<b>Driver</b>			
Name	LIM CHUAN LAM	ID No.	S7131270D
Related Vehicle	SMY3094Z (Motor car)	Contact No.	91833036
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

**Brief Details.**

ON THE ABOVE DATE AND TIME I WAS DRIVING VEHICLE A ( SMY3094Z ). I JUST PICKED UP MY CUSTOMER FROM THE LOBBY. WHEN I WAS GOING STRAIGHT ABOUT THE EXIT THE BUILDING, SUDDENLY VEHICLE B ( SKQ4978H ) REAR PASSENGER DOOR SWING OPEN AND HIT ONTO ME RIGHT FRONT PORTION OF MY VEHICLE. WE THEN EXCHANGE PARTICULARS. AFTER THE ACCIDENT I WAS FEELING ACHE AND STRAINS ON MY NECK AND SHOULDER





**SINGAPORE  
POLICE FORCE**

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



T/20241118/7052

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Report No. T/20241118/7052

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:  
18/11/2024 12:02

Classification Of Case:

