

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	21/11/2024 16:19 (SGT)
Reported by	Actual Driver
Date of Accident	21/11/2024 12:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Hougang St 61
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB4831P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Lim Lye Hin
NRIC No	S1703553C
Email Address	DAMIENLIMWK@GMAIL.COM
Mobile Phone No	(Phone) +65-98570424
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	LANCER EX 1.6 AT LED TAIL LAMP
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	1590
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DHOM133000832400

DRIVER

Name of Driver	LIM WAI KIT, DAMIEN
NRIC No	S8927927E
Date Of Birth	21/08/1989
Occupation	Indoor
Driving Pass Date	15/10/2008
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	16 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90077851
Alt. Phone Number	-
Email Address	DAMIENLIMWK@HOTMAIL.COM
Address	BLK 475C UPPER SERANGOON CRESCENT 18-547 SINGAPORE 533475
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	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)	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	Diana Lim
Gender	Female

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

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 GBF6257G
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 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 LIM WAI KIT, DAMIEN
 Gender -
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SLB4831P
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person Diana Lim
 Gender -
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SLB4831P
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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:

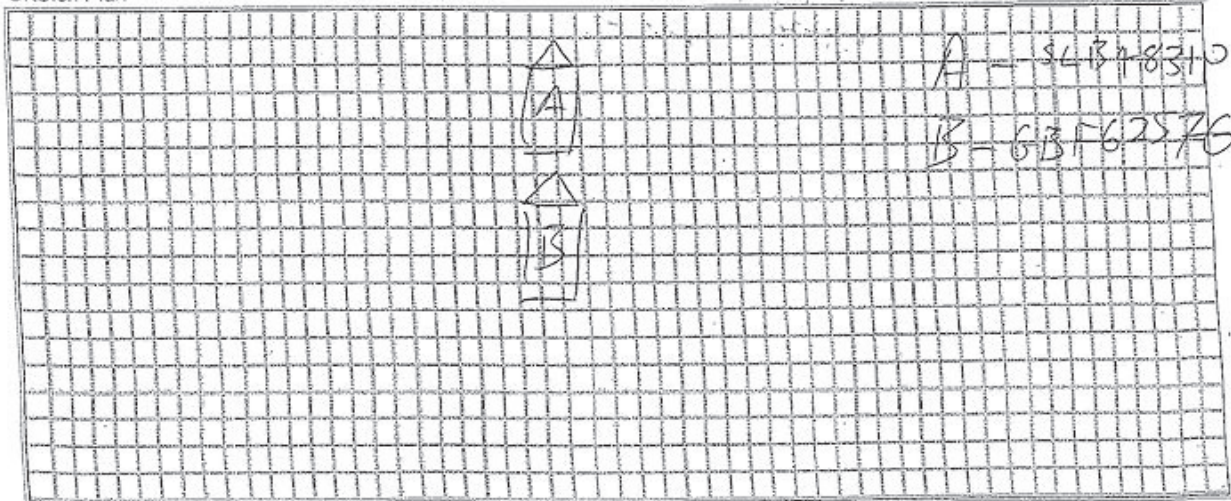
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



vJun2022

Describe Circumstance of the Accident

At a zebra crossing along Honggang Street 61 while waiting for the crossing to clear, GBF6257G collided into the rear of my vehicle.

Declaration

(We declare the foregoing particulars are true in every respect.)

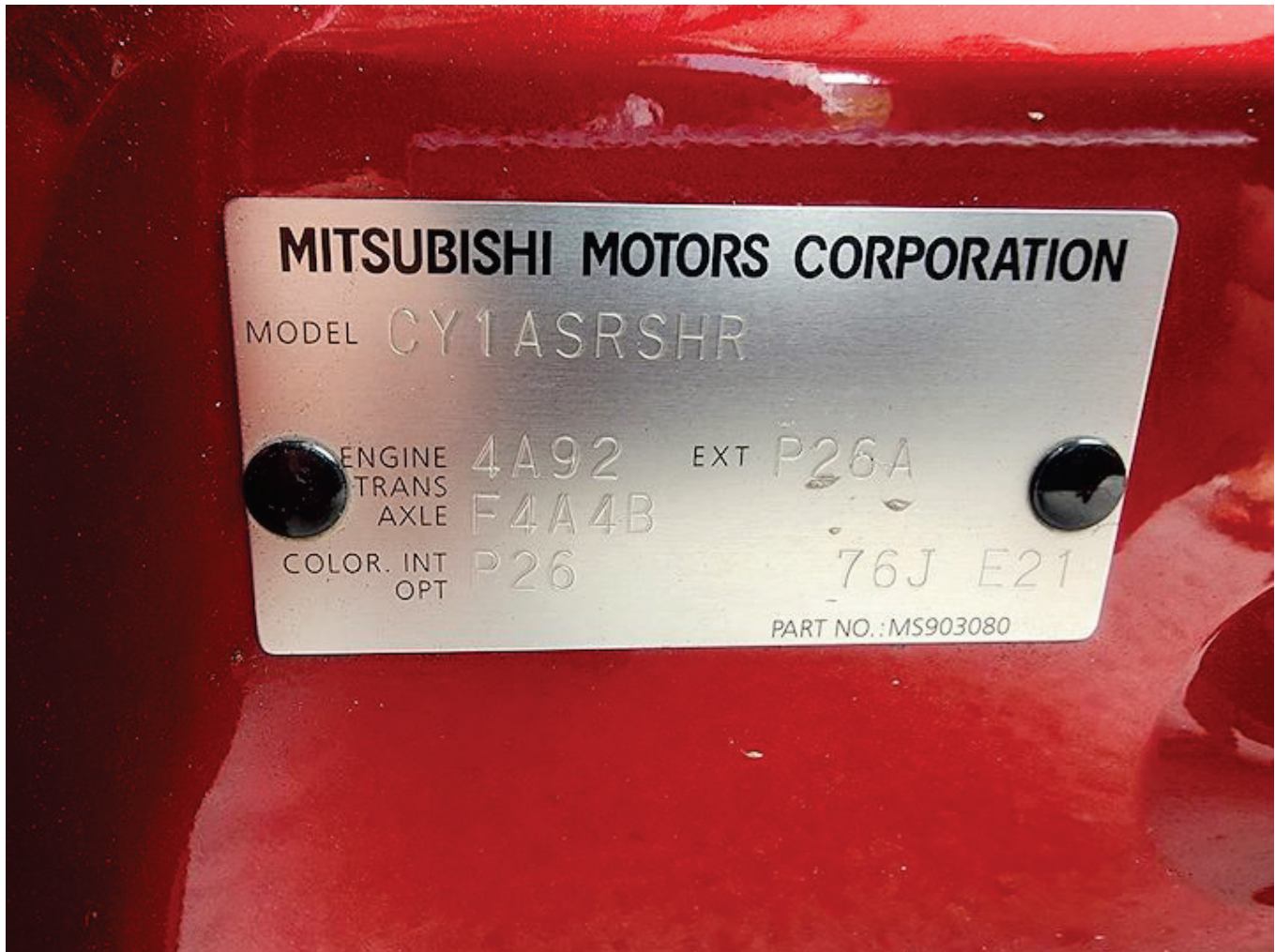
1545 hrs.
21/11/2024.

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 NRIC/ID card)





























**SINGAPORE
POLICE FORCE**



T/20241122/7036

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

1 of 3

Report No. T/20241122/7036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/11/2024 12:10		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: Lim Wai Kit Damien			Address:		
ID Type / ID No.: NRIC NO / S8927927E			Contact No.: Home/Office:		Mobile: 90077851
Nationality: SINGAPORE CITIZEN			Email: damienlimwk@gmail.com		
Sex: Male	Age: 35	Date of Birth: 21/08/1989	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Regional sales manager			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/11/2024 12:15	Type of Location: Straight Road
Location: HOUGANG STREET 61				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF6257G	Lorry	TOYOTA	DYNA	Grey		1
SLB4831P	Motor car	MITSUBISHI	Lancer	Red		2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20241122/7036

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

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Report No. T/20241122/7036

CONTINUATION OF REPORT

Driver			
Name	SIM BOON HONG		ID No. S6918243G
Related Vehicle	GBF6257G (Lorry)		Contact No. 90271110
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
Driver			
Name	LIM WAI KIT DAMIEN		ID No. S8927927E
Related Vehicle	SLB4831P (Motor car)		Contact No. 90077851
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	21/11/2024		Date Discharge NIL
No. of Days granted Medical Leave (MC)	04		Degree of Injury Slight
Passenger			
Name	DIANA LIM SHU FEN		ID No. S9219049H
Related Vehicle	SLB4831P (Motor car)		Contact No. 91549792
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	21/11/2024		Date Discharge NIL
No. of Days granted Medical Leave (MC)	05		Degree of Injury Slight

Brief Details.

On 21st Nov 2024 (12.18PM), I was driving a red Mitsubishi Lancer EX 1.6 (SLB 4831 P) along Hougang Street 61 towards the direction of Hougang Neighbourhood Police Centre, when I stopped at a sheltered pedestrian crossing between Block 682 and 685, as required by traffic laws. I had come to a complete stop in order to allow pedestrians to cross safely. My wife was in the passenger seat.

As we were stationary, my car was unexpectedly struck from behind by a lorry (Toyota Dyna - GBF 6257 G) traveling in the same direction. The collision caused my vehicle to lurch forward forcefully.

The lorry failed to stop in time, and there was a significant impact that caused damage to the rear of my vehicle. We felt pain in our neck and back areas possibly whiplash from the impact and the sudden nature of the collision caused a momentary shock and concern for our safety. We have a front camera and a video recording of the incident where car was lurch forward in stationary position, size of video exceeds 2 MB.



**SINGAPORE
POLICE FORCE**

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



T/20241122/7036

3 of 3

Report No. T/20241122/7036

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
CHUA SOON KEONG
Contact No.: 65476030

NP168

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

Date/Time:
22/11/2024 12:10

Classification Of Case:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN, S65590206 / GST Reg. No. M406017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SK0N24BLM00E Vehicle Registration No : SLB4831P
Name (as shown in NRIC) : _____ NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : _____ Time of Accident : _____
Place of Accident : _____
Insurance Company : _____

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include ~~additional~~ additional information or make the following amendments:

Add police report

Policyholder / Driver's Signature
Date:

**KAN FOOK SING MOTOR
WORKSHOP**

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



Member of the UOB Group

United Overseas Insurance Limited
146 Robinson Road
#02-01 UOI Building
Singapore 068909

Tel (65) 6222 7733
Fax (65) 6327 3869 / 6327 3870
Fax (65) 6327 3872 (claims)
Email: contactus@uoi.com.sg
uoi.com.sg

Co Reg. No. 197100152R

CERTIFICATE OF INSURANCE**ORIGINAL**

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO.	DHOM133000832400	Type of Cover / Plan	COMPREHENSIVE / ESSENTIAL
Vehicle Number	SLB4831P	Engine	4A92CG0241
Name of Insured	LIM LYE HIN	Chassis	JMYSRCY1AGU003436
Restricted Driver(s)	NOT APPLICABLE	Hire Purchase	MAYBANK SINGAPORE LIMITED
Period of Insurance	11/04/2024 TO 10/04/2025		
Excess	INSURED AND NAMED DRIVERS - SGD 500/- OTHERS - SGD 1,500/- YOUNG AND/OR INEXPERIENCE DRIVER UNDER THE AGE OF 25 AND/OR HELD A VALID LICENCE FOR LESS THAN 3 YEARS - SGD 3,000/- WINDSCREEN DAMAGE CLAIM - SGD 100/- WINDSCREEN DAMAGE WITH SOLAR FILM - SGD 500/-		

PRIVATE CAR - INDIVIDUAL OWNERSHIP [MX1/PVI]**AUTHORISED DRIVER**

- (1) The Insured;
 (2) Any other person who is driving on the Insured's order or with his permission;
 (3) In the event of the death of the Insured
 (a) any member of the Insured's family or a paid driver who has been driving the car during the lifetime of the Insured and permission to drive had not been withdrawn prior to the death of Insured and;
 (b) any other person who has been given permission to drive the vehicle prior to the death and such permission had not been withdrawn by the Insured.

Provided that the person is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

LIMITATIONS AS TO USE

Use only for social domestic and pleasure purposes and for the Insured's business

THE POLICY DOES NOT COVER

Use for hire or reward or racing pace-making reliability trial or speed-testing or the carriage of goods (other than samples) in connection with any trade or business or use for any purposes in connection with the Motor Trade.

The carriage of passengers pursuant to car-pooling arrangements and payments or any of them made by the passengers thereunder towards the running expenses of any vehicle described in the Schedule shall not be deemed to constitute use for hire or reward.

*Limitation rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

UNITED OVERSEAS INSURANCE LTD

For the Company

A000437 / EUNICE KWAN
Date/Time: 04/03/2024 15:26:42 PM