

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	21/10/2024 11:23 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/10/2024 13:35 (SGT)
Exact Location of Accident	Bayshore Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ1623E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SYLVIA LIM WEI XIN
NRIC No	SXXXX312H
Email Address	sylvia0408@gmail.com
Mobile Phone No	(Phone) +65-81825839
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
Variant	-
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	1595
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	5129629826-01

DRIVER

Name of Driver	SYLVIA LIM WEI XIN
NRIC No	SXXXX312H
Date Of Birth	04/08/1981
Occupation	Indoor
Driving Pass Date	01/09/2021
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	3 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-81825839
Alt. Phone Number	-
Email Address	sylvia0408@gmail.com
Address	29 JALAN KUANG
Address complement	-
Postcode	488884
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	Collided into Property
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Geylang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008486999
Alt. Police Station Phone No	(Fax) +65-68486799
Police Station Address	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKECTH PLAN & POLICE REPORT.

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	XE9762P
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC7413K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

SKETCH PLAN**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for investigation.
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")

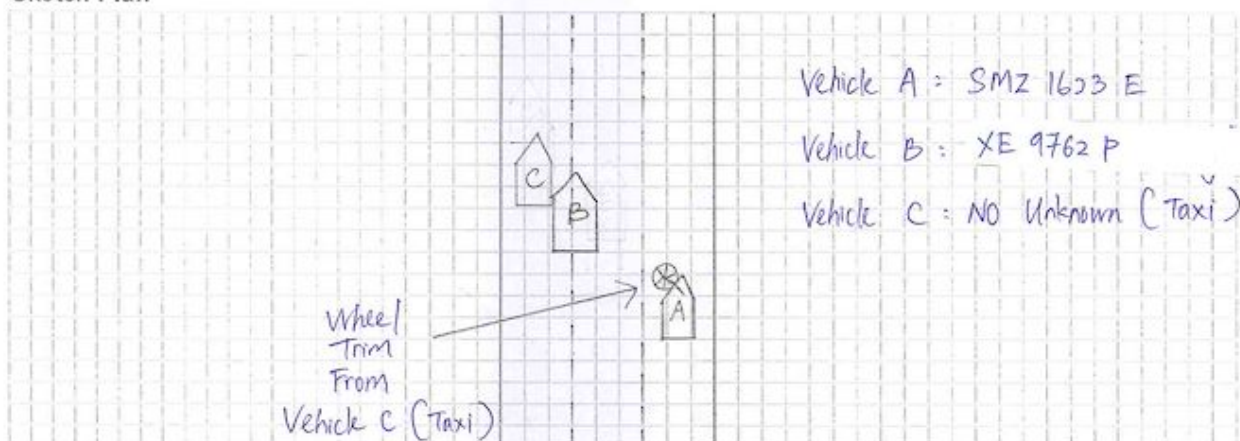
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.


09.04am
21.10.2024
Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

Refer to Police Report.
Report NO : T/20241019/2039

Declaration

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

09.04 am
21.10.2024

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel













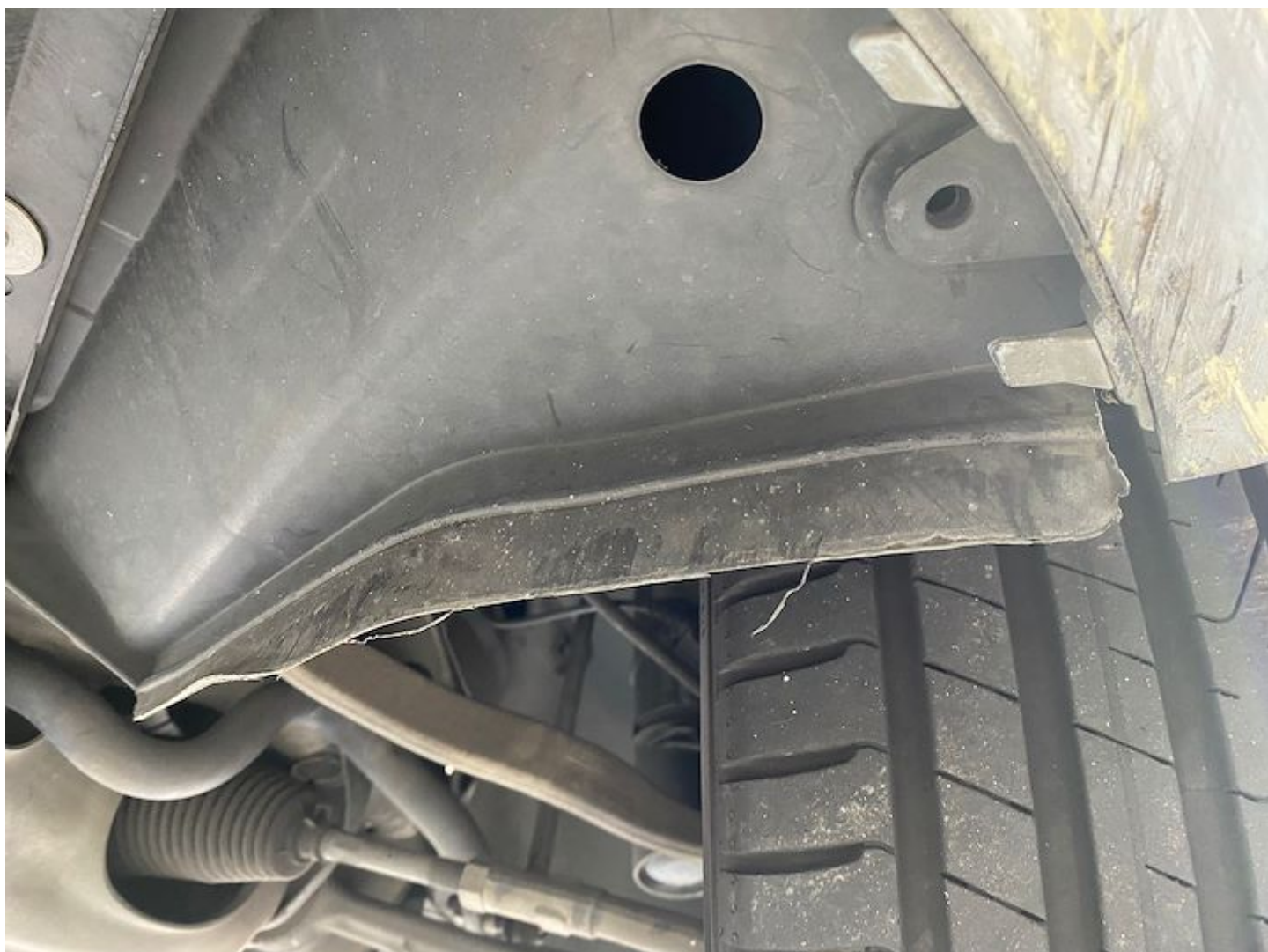






























**SINGAPORE
POLICE FORCE**



T/20241019/2039

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

1 of 3

Report No. T/20241019/2039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/10/2024 16:54		Vide Report No.:		Station Diary No.: 57
Informant's Particulars				
Name of Informant: SYLVIA LIM WEI XIN		Address: 29 JALAN KUANG SINGAPORE 488884		
ID Type / ID No.: NRIC NO / S8167312H		Contact No.: Home/Office: Mobile: 81825839		
Nationality: SINGAPORE CITIZEN		Email: sylvia0408@gmail.com		
Sex: Female	Age: 43	Date of Birth: 04/08/1981	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: Financial consultant		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 19/10/2024 13:35	Type of Location: Straight Road
Location: BAYSHORE ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SMZ1623E	Motor car				Slightly Damaged	0

Details of Person Involved

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



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T/20241019/2039

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1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

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Report No. T/20241019/2039

CONTINUATION OF REPORT

Driver			
Name	SYLVIA LIM WEI XIN		ID No. S8167312H
Related Vehicle	NIL		Contact No. 81825839
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 19/10/2024 at about 1.36pm, I was driving my vehicle bearing vehicle registration plate number SMZ1623E, along ECP expressway lane one after Exit 7B when a big truck, in the second lane swerved into lane 3 and collided with a yellow taxi on the third lane. Suddenly, one of the taxi's wheel hub rolled toward my moving car on the first lane. I could not stop at that point of time to check the damages to my vehicle as I was driving on the first lane.

Later on, I made a checked on my vehicle after I had parked my car at Trivex Building, 8 Burn Road S369977, and discovered minor scratches on the front left bumper and crack on the front light casing. I was advised by my insurance agent to lodge a Road Traffic Accident report. I was not injured in the accident, and I do not have any passenger at that point of time.



**SINGAPORE
POLICE FORCE**



T/20241019/2039

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

3 of 3

Report No. T/20241019/2039

CONTINUATION OF REPORT

Signature of Officer Recording The
G /
SR STAFF SGT MUHAMMAD
SHAHIDIN BIN MUHAMMAD
SHARIF

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
SUPT (1A) CHUA SOON KEONG
Contact No.: 65476030

Signature Of Informant:

Date/Time:
19/10/2024 16:54

Classification Of Case:

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:

Original Report No: SD0B24AL0001 Vehicle Registration No: SMZ 1623 E
 Name (as shown in NRIC): Sylvia Lim Wei Xin NRIC/FIN/Passport No: S8167312H
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 29 Jalan Kuang Singapore (A88884)
 Contact (Tel): - Mobile No.: 8182 5839
 Email Address: sylvia0408@gmail.com
 Date of Accident: 19/10/2024 Time of Accident: 13:35 HRS
 Place of Accident: Bayshore Rd
 Insurance Company: Income Insurance Limited

(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:

Vehicle no of taxi is SHC7413 K.

 Policyholder / Driver's Signature
 Date:

 Reporting Centre Personnel's Signature
 Name: TANG CHON XIANG
 NRIC/FIN No.: -
 Date: 22/11/2024



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5129629826-01

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SMZ1623E**
 Chassis Number : WDD2040312A850854
2. Name of Policyholder : SYLVIA LIM WEI XIN
3. Effective Date of Insurance : 01 Dec 2023
4. Expiry Date of Insurance : 30 Nov 2024
5. Persons or Classes of Persons entitled to drive#
 (a) The Policyholder.
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.
 Provided that the person driving 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.
6. Limitations as to Use#
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
ROADSIDE ASSISTANCE AND WELLNESS COVER	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: SYLVIA LIM WEI XIN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : DICKSON INSURANCE BROKER PTE. LTD. (00000573832)

Date of Issue : 17 Nov 2023 13:12 hrs

For INCOME INSURANCE LIMITED

Chief Executive