

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	14/11/2024 10:46 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	12/11/2024 21:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CORPORATION RD BEFORE JURONG WEST AVENUE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG1853G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM ENG POH
NRIC No	S7928542J
Email Address	adryanlimster@gmail.com
Mobile Phone No	(Phone) +65-93397113
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Forte
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	1600
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	5116510934-04

DRIVER

Name of Driver	LIM ENG POH
NRIC No	S7928542J
Date Of Birth	03/10/1979
Occupation	Indoor
Driving Pass Date	14/09/2001
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	23 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93397113
Alt. Phone Number	-
Email Address	adryanlimster@gmail.com
Address	BLK 239B BOON LAY DRIVE
Address complement	#09-299
Postcode	642239
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 - Head to Rear
Weather Conditions	Clear
Road Surface	Wet

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?	Yes
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	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER AS POLICE REPORT

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	SD CARD WITH TRAFFIC POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKU9666D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NEO YURONG , MELVIN
Contact Number	-
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 ENG POH
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	45
Injuries Sustained	STRAIN ON LOWER SHOULD AREA, NECK AREA , LOWER BACK , AND LEFT ANKLE AREA
Injured person in which vehicle?	SKG1853G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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

14/11/2024

Sketch Plan

10:30Hrs

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

Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card)

Muhammad Sumardi Bin Mohd Affandi

S995530

		A- SKG1853G B- SKU9666D CORPORATION ROAD BEFORE JURONG WEST AVENUE 2
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Describe Circumstance of the Accident

_____ REFER TO GEARS _____

Declaration

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


 Policyholder's Signature / Date & Time
 14/11/2024
 10:30hrs

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


 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)
 Muhammad Sumardi Bin Mohd Affandi
 S995530

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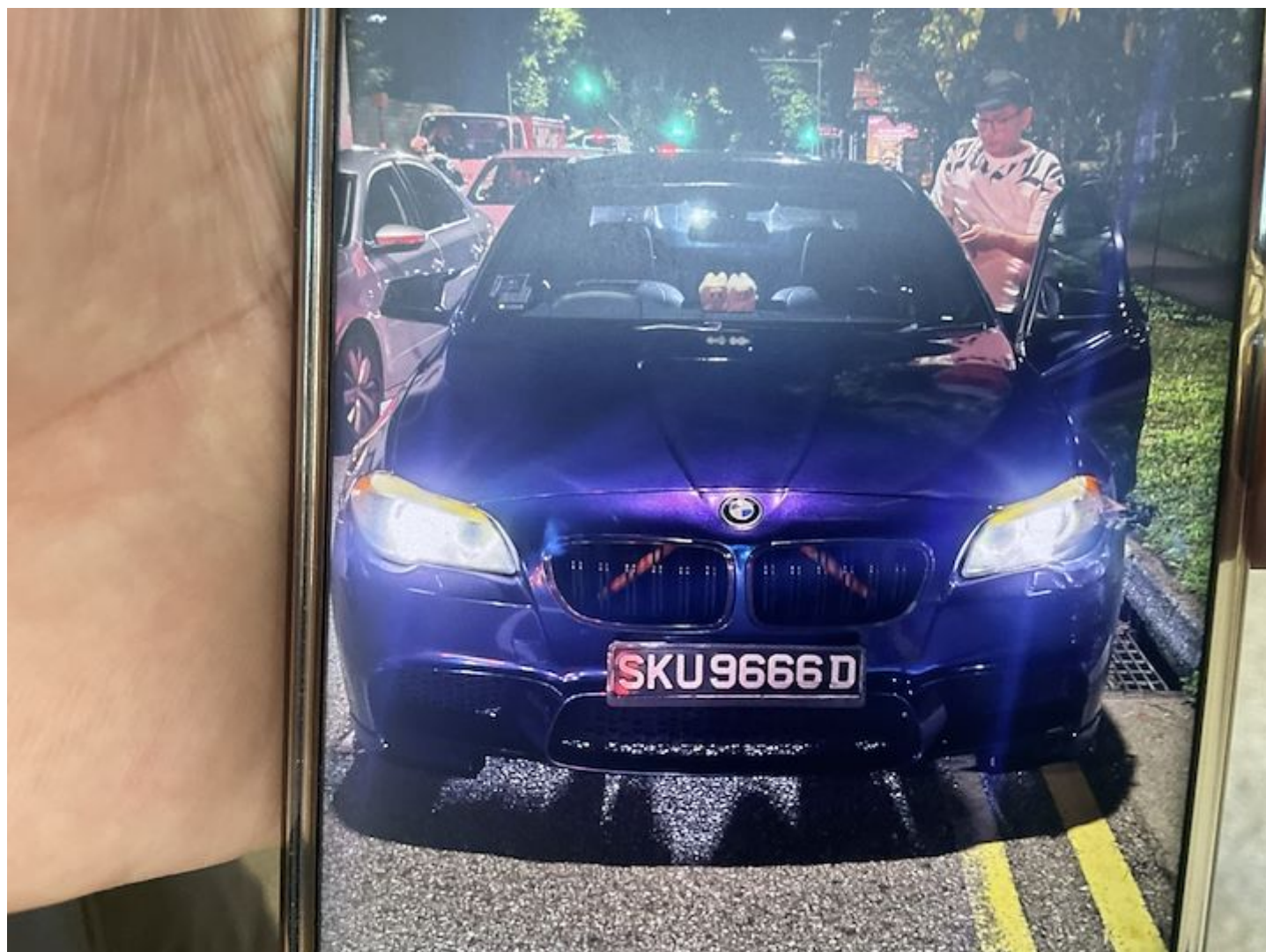


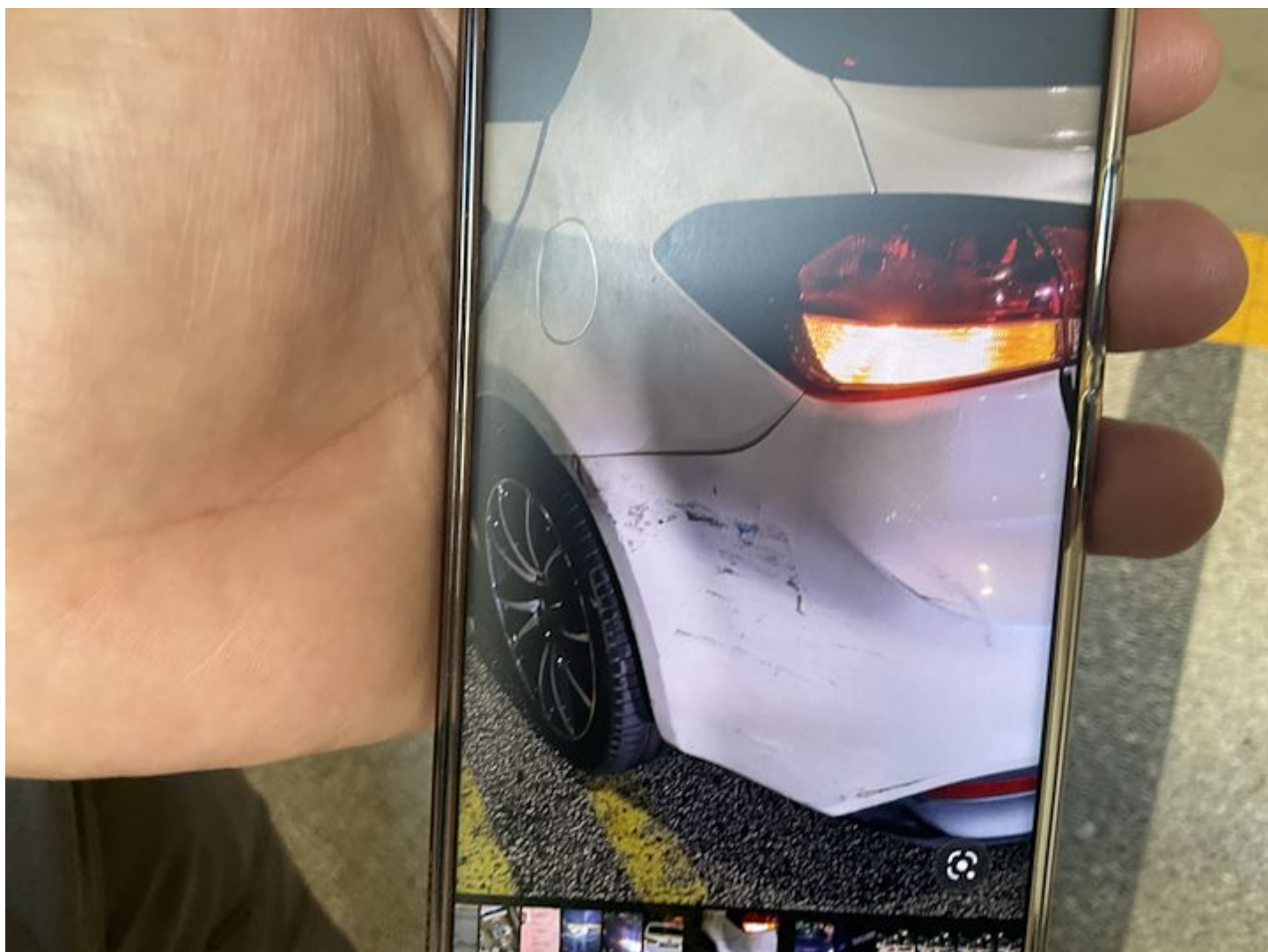


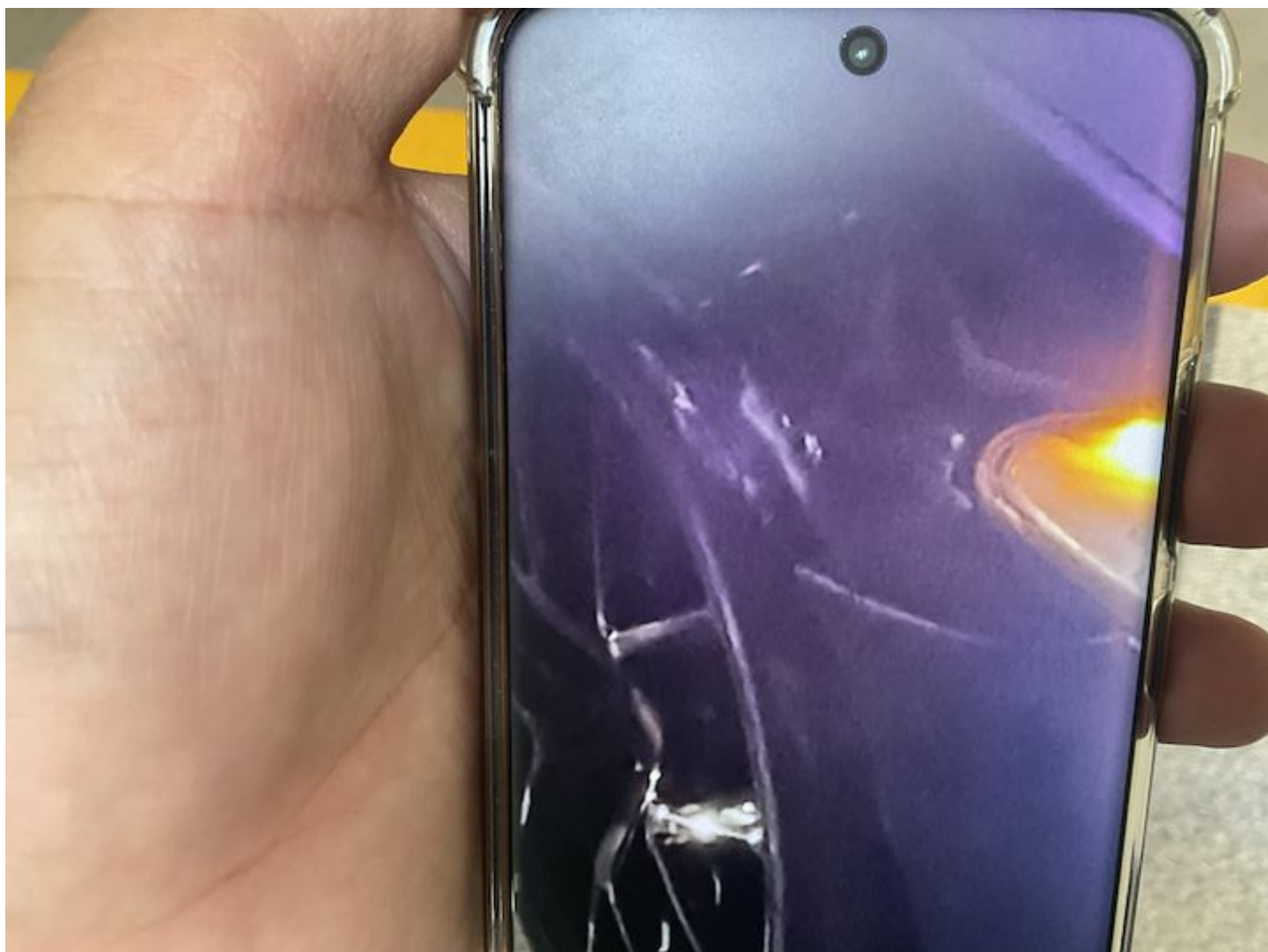















**SINGAPORE
POLICE FORCE**


T/20241113/2019

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 3

Report No. T/20241113/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/11/2024 11:51		Vide Report No.:		Station Diary No.: 36	
Informant's Particulars					
Name of Informant: LIM ENG POH			Address: 239B BOON LAY DRIVE #09-299 SINGAPORE 642239		
ID Type / ID No.: NRIC NO / S7928542J			Contact No.: Home/Office: Mobile: 93397113		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 45	Date of Birth: 03/10/1979	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: Realtor			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 12/11/2024 21:30	Type of Location: Straight Road
Location: JURONG WEST AVENUE 2				
Weather: Clear		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
SKG1853G	Motor car	KIA	Cerato K3	White	Seriously Damaged	1
SKU9666D	Motor car	BMW		Purple	Seriously Damaged	1

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



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T/20241113/2019

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Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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Report No. T/20241113/2019

CONTINUATION OF REPORT

Driver			
Name	LIM ENG POH	ID No.	S7928542J
Related Vehicle	SKG1853G (Motor car)	Contact No.	93397113
Hospital/Clinic	NGTENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	12/11/2024	Date Discharge	13/11/2024
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On the 12 of November 2024 at 2130hrs, I was driving my vehicle bearing plate number SKG1853G when I was hit by a vehicle bearing plate number SKU9666D. At that period of time my vehicle was stationary waiting for the traffic light. The vehicle front hit my vehicle left rear. My vehicle left rear exterior was damaged. After which he drive to my driver side to talk to me. Both of us exchange particulars however we did not exchange handphone numbers and I do not have his full IC Number, I only have his name. Both of us decided to settle with our own car insurance company. Traffic police and ambulance came to the scene and I was conveyed to the hospital at NG TENG FONG GENERAL HOSPITAL as I was not feeling well. The traffic police officer told me to make a police report. No government property was damaged during the accident. I have gotten 3 days MC from the hospital.

**SINGAPORE
POLICE FORCE**

T/20241113/2019

Police Station Of Origin:
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Community Building SINGAPORE 319194
Tel No: 1800-2519999

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Report No. T/20241113/2019

CONTINUATION OF REPORT

Signature of Officer Recording The
E /
SGT 2 IMANSYAH BIN SHAFUL
SAHRIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT AHMAD SYAFIQ BIN HARRIS
Contact No.: 65476201

NP168

Signature Of Informant:

Date/Time:
13/11/2024 11:51

Classification Of Case: