

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	27/11/2024 17:10 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	26/11/2024 21:45 (SGT)
Exact Location of Accident	Bukit Panjang Ring Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCX8889M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM YU SIN
NRIC No	S6945951Z
Email Address	LIMYUSIN@HOTMAIL.COM
Mobile Phone No	(Phone) +65-90488889
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ALTIS
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	1798
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	5149586313

DRIVER

Name of Driver	LIM YU SIN
NRIC No	S6945951Z
Date Of Birth	31/12/1969
Occupation	Outdoor
Driving Pass Date	15/12/1994
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	29 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90488889
Alt. Phone Number	-
Email Address	LIMYUSIN@HOTMAIL.COM
Address	BLK 943 HOUGANG STREET 92 #7-119
Address complement	-
Postcode	530943
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	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	UNKNOWN
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

REFER TO POLICE REPORT: T/20241126/7152 & T/20241127/7068.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNP4896E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM YU SIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SCX8889M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

English version: *1. Introduction: Study 1 & 2*

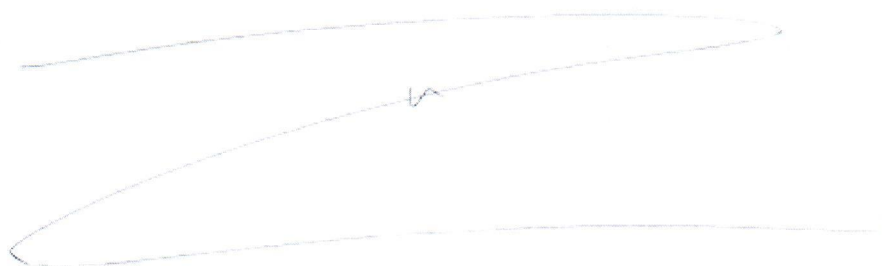
Sketch Plan

DRIVER'S DECLARATION OF THE ACCIDENT

Refer to traffic police report

no: T/2024/126 / 7152,

T/2024/127 / 7068



Declaration

I hereby declare that the information provided is true and correct.



**SINGAPORE
POLICE FORCE**



T/20241126/7152

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

1 of 3

Report No. T/20241126/7152

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/11/2024 23:30	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LIM YU SIN			Address: 943 HOUGANG STREET 92 #07-119 SINGAPORE 530943		
ID Type / ID No.: NRIC NO / S6945951Z			Contact No.: Home/Office: Mobile: 90488889		
Nationality: SINGAPORE CITIZEN			Email: LIMYUSIN@HOTMAIL.COM		
Sex: Male	Age: 54	Date of Birth: 31/12/1969	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Private-hire car driver			Driving Licence Information: Class: 3 Date of Expiry: 10/10/2027		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/11/2024 21:45	Type of Location: Bend
Location: BUKIT PANJANG RING ROAD				
Weather: Clear		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCX8889M	Motor car	TOYOTA	Altis Hybrid	Grey	Slightly Damaged	1
SNP4896E	Motor car	HONDA	Shuttler	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SCX8889M		5149586313	27/09/2024	18/10/2025



**SINGAPORE
POLICE FORCE**



T/20241126/7152

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

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Report No. T/20241126/7152

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM YU SIN	ID No.	S6945951Z
Related Vehicle	SCX8889M (Motor car)	Contact No.	90488889
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 10/10/2027
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Passenger			
Name	DON	ID No.	NIL
Related Vehicle	SCX8889M (Motor car)	Contact No.	87155161
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/11/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	Slight
Passenger			
Name	DON	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
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

Brief Details.

I, Lim Yu Sin (S6945951Z) was ferry a passenger Mr. Don contact number 87155161 from Zheng Hua Community Club to 32 Dunlop Street around 9.30pm.
My car plate number SCX8889M Toyota Altis Hybrid Grey in colour.
As I was turning out from Pending Road from Bukit Panjang Hawker road left bend and ensure that there was not incoming car from my right. a White Honda Shuttler (SNP4896E) from my rear hit on my rear. My rear bumper and rear boot was dented.
My passenger Mr. Don claim he has encounter back pain. I offer to send him to hospital. he update me he will check the condition tomorrow morning. I have given him my contact number and update him i will log a police report for this accident.



SINGAPORE
POLICE FORCE



T/20241126/7152

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

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Report No. T/20241126/7152

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

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

Signature Of Interpreter:
Not applicable

Date/Time:
26/11/2024 23:30

Officer In Charge Of Case:
TP / AEIT /
LOW MENG FATT
Contact No.: 97577566

Classification Of Case:

This report is lodged at Rochor NPC Kiosk 1
NP168



**SINGAPORE
POLICE FORCE**



T/20241127/7068

1 of 3

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

Report No: T/20241127/7068

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/11/2024 15:19		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM YU SIN			Address: 943 HOUGANG STREET 92 #07-119 SINGAPORE 530943		
ID Type / ID No.: NRIC NO / S6945951Z			Contact No.: Home/Office: Mobile: 90488889		
Nationality: SINGAPORE CITIZEN			Email: LIMYUSIN@HOTMAIL.COM		
Sex: Male	Age: 54	Date of Birth: 31/12/1969	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: 26/11/2024 21:45	Type of Location: Bend
Location: BUKIT PANJANG RING ROAD				
Weather: Clear		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCX8889M	Motor car	TOYOTA	COROLLA ALTIS HYBRID ELEGANCE(A UTO)(2WD)	Grey		1
SNP4896E	Motor car			White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20241127/7068

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

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Report No: T/20241127/7068

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SCX8889M	NTUC Income Insurance Co-Operative Limited	5149586313	27/09/2024	18/10/2025

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LIM YU SIN		ID No.	S6945951Z
Related Vehicle	SCX8889M (Motor car)		Contact No.	90488889
Hospital/Clinic	CARE MEDICAL CLINIC		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/11/2024		Date Discharge	NIL
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Slight	
Driver				
Name	ONG KIAN KWONG		ID No.	S8618518J
Related Vehicle	SNP4896E (Motor car)		Contact No.	90708578
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	

Brief Details.

I wish to cover my previous report no.T/20241126/7152.

On 27/11/2024 I felt unwell , I went to care medical pte Ltd consult doctor and was given 5 days MC.

That all.



SINGAPORE
POLICE FORCE

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



T/20241127/7068

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Report No. T/20241127/7068

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
LOW MENG FATT
Contact No.: 97577566

NP168

Signature Of Informant:

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

Date/Time:
27/11/2024 15:19

Classification Of Case: