



## 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 ..... 13/12/2024 15:58 (SGT)  
Reported by ..... Both Policyholder and Actual Driver  
Date of Accident ..... 12/12/2024 21:37 (SGT)  
Exact Location of Accident ..... Yishun Ave 7, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SCX3E

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... KHOO WEN LI, CHRISTINE  
NRIC No ..... S9504867F  
Email Address ..... REPORTING@MYCAR.SG  
Mobile Phone No ..... (Phone) +65-91529139  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Byd  
Model ..... SEAL PREMIUM  
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 ..... 230  
Vehicle Fuel ..... -  
First Registration Date ..... 30/07/2024  
Chassis no ..... LGXCH6CD3R2127806  
Effective Date/Time of Ownership ..... -

#### INSURANCE COMPANY

Name of Insurance Company ..... Etiqa Insurance Pte Ltd  
Policy Number / Cover Note Number ..... M0062895

#### DRIVER



Name of Driver .....	LIM WAN HENG
NRIC No .....	S9374078E
Date Of Birth .....	18/01/1993
Occupation .....	Indoor
Driving Pass Date .....	18/10/2011
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	13 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97963252
Alt. Phone Number .....	-
Email Address .....	WANHENG18@GMAIL.COM
Address .....	467B YISHUN AVENUE 6 #09-1311
Address complement .....	-
Postcode .....	762467
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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) .....	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 .....	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 THE ATTACHED POLICE REPORT

#### 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 .....	SNK8407J
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 .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	LIM WAN HENG
Gender .....	Male
Phone No .....	(Phone) +65-97963252
Address .....	467B YISHUN AVENUE 6 #09-1311
Address Complement .....	-
Post Code .....	762467
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK & BACK
Injured person in which vehicle? .....	SCX3E
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:

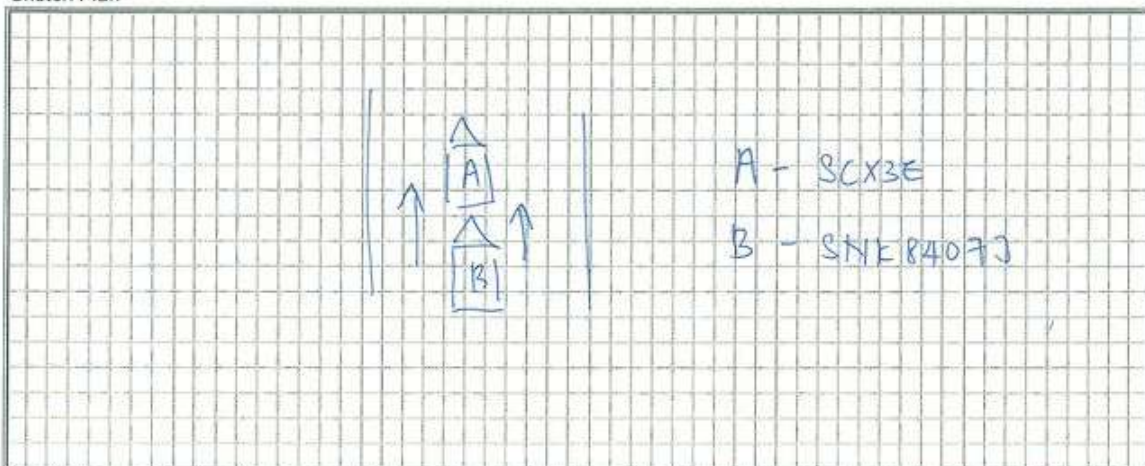
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

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Describe Circumstance of the Accident

Refer to police Report - T/20241212/7053

Declaration

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



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/20241213/7053

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

1 of 3

Report No. T/20241213/7053

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/12/2024 14:19		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LIM WAN HENG			Address: 467B YISHUN AVENUE 6 #09-1311 SINGAPORE 762467		
ID Type / ID No.: NRIC NO / S9374078E			Contact No.: Home/Office: Mobile: 97963252		
Nationality: SINGAPORE CITIZEN			Email: WANHENG18@GMAIL.COM		
Sex: Male	Age: 31	Date of Birth: 18/01/1993	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Company director			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/12/2024 21:35	Type of Location: T-Junction
Location:  YISHUN AVENUE 6				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCX3E	Motor car	BYD			Slightly Damaged	0
SNK8407J	Motor car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20241213/7053

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

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Report No. T/20241213/7053

CONTINUATION OF REPORT

Driver:			
Name	LIM WAN HENG		ID No. S9374078E
Related Vehicle	SCX3E (Motor car)		Contact No. 97963252
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	13/12/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Serious
Driver:			
Name	TAN LI LIN		ID No. S7127471C
Related Vehicle	SNK8407J (Motor car)		Contact No. 96965119
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 have videos and pictures of the incident.

Happened at a T junction, Yishun Avenue 6

Right turn traffic light was red.

Car SNK8407J rear ended my car, SCX3E

There was a pedestrian crossing

**SINGAPORE  
POLICE FORCE**

T/20241213/7053

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

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Report No. T/20241213/7053

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: 13/12/2024 14:19
Officer In Charge Of Case: TP / AEIT / BOON YEN KIAN Contact No.: 65472079	Classification Of Case:

NP168