SR0824CG0001 / Ryder Auto Pte Ltd ENTRY DATE & TIME: 16/12/2024 08:53 (SGT) SUBMITTED BY: ZEPH CHAN VERSION: 1 (16/12/2024 08:53 (SGT))

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 witholding 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 16/12/2024 08:53 (SGT) Reported by **Actual Driver** Date of Accident 10/12/2024 15:30 (SGT) Exact Location of Accident Singapore Additional Location Information **CENTRAL EXPRESSWAY** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJR971J

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LOO SENG LEONG NRIC No. SXXXX436H Email Address SANDYLIMPH@GMAIL.COM Mobile Phone No (Phone) +65-98816696 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Hyundai Model Accent 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 1368 Vehicle Fuel First Regisration Date Chassis no Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2008817837-01

DRIVER



Name of Driver NRIC No Date Of Birth Occupation Driving Pass Date Driving License Pass Class Driving License Validity Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address complement Postcode	LIM PANG HUAN SXXXX648H 07/01/1964 Indoor 18/12/2018 3 Valid 6 YEARS Female (Phone) +65-98816696 - SANDYLIMPH@GMAIL.COM 108 SERANGOON NORTH AVE 1 #08-697 - 550108
Is the driver the policyholder? If No, Relationship of the Driver with the Insured	No 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 Weather Conditions Road Surface	Chain Collision Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 3 Yes Yes Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
REFER TO ATTACHED POLICE REPORT.	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	No No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNJ6783R
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SND9408L
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 Gender	LIM PANG HUAN Female
Phone No	-
Address	=
Address Complement	_
Post Code	=
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJR971J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

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- 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. 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)

Lunderstand, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Ryder Auto Pte Ltd Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre Policyholder's Signature / Date & & Time Personnel

CTE Sketch Plan

A: SJR971J B: SND9408L Describe Circumstances of the Accident

		-,1
	71	

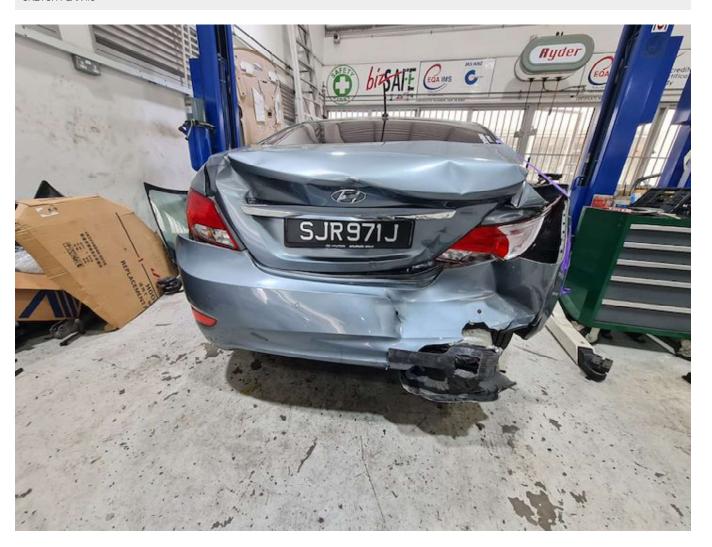
If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be reade within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

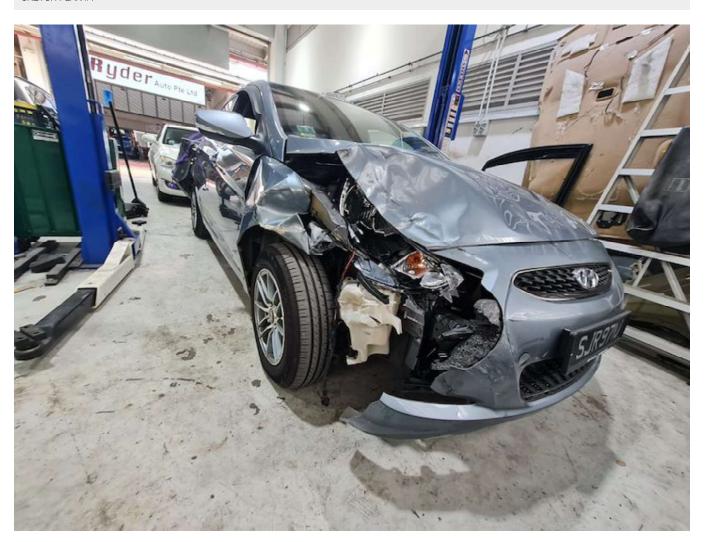
Policyholder's Signature / Date &

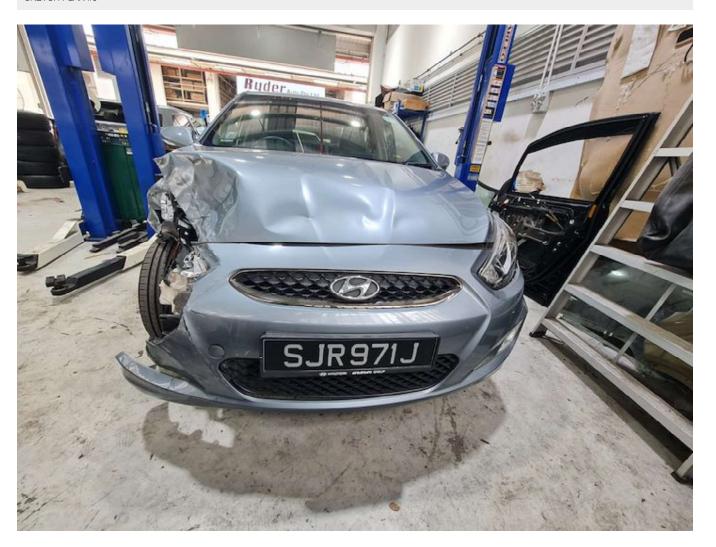
Driver's Signature (If driver is not the policyholder) / Date & Time

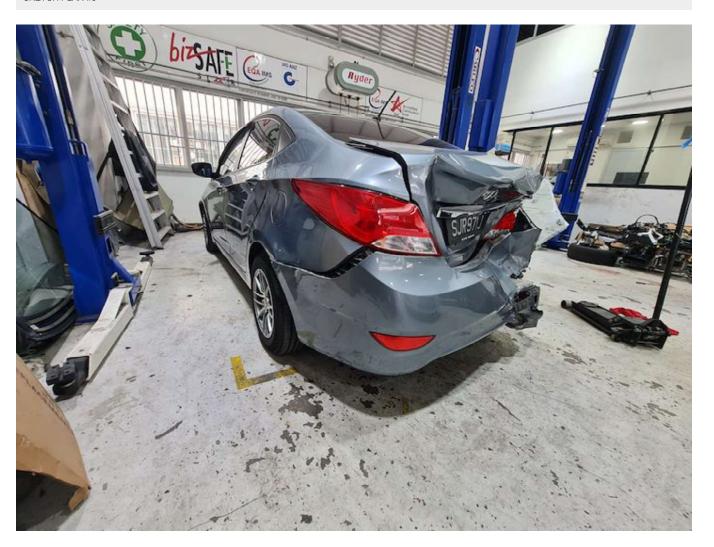
Witnessed by Reporting Centre Personnel

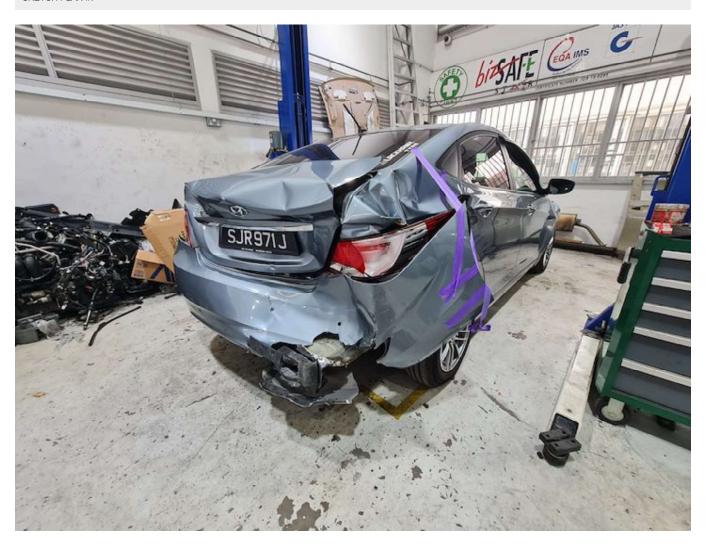
Ryder Auto Pte Ltd

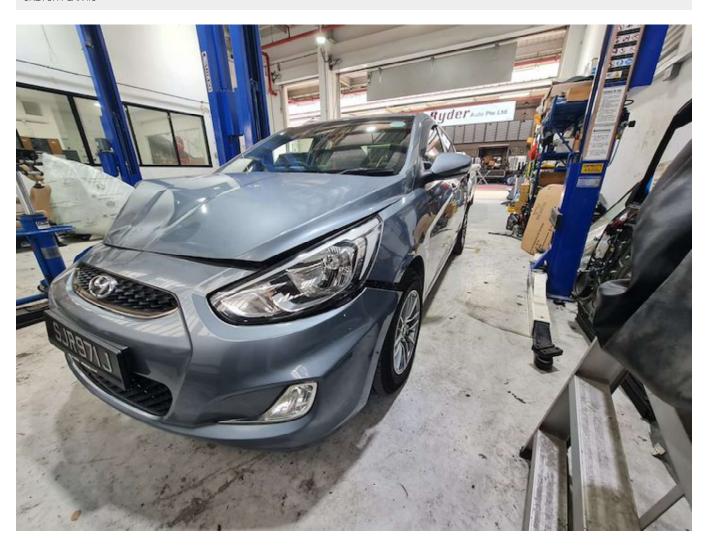


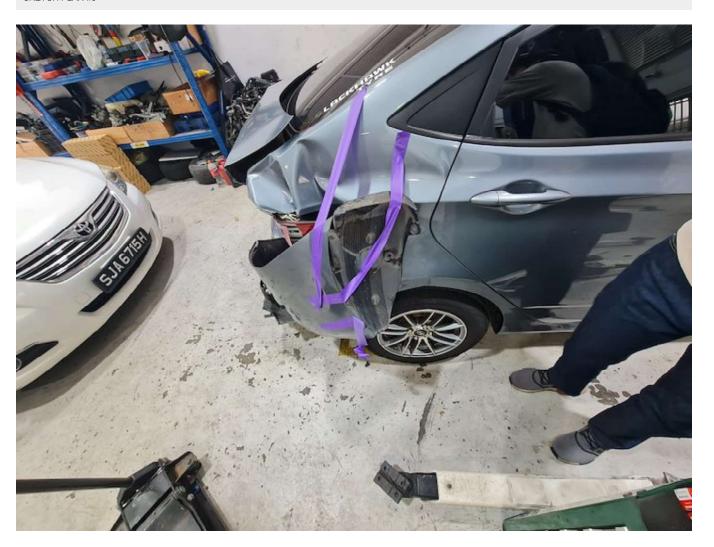




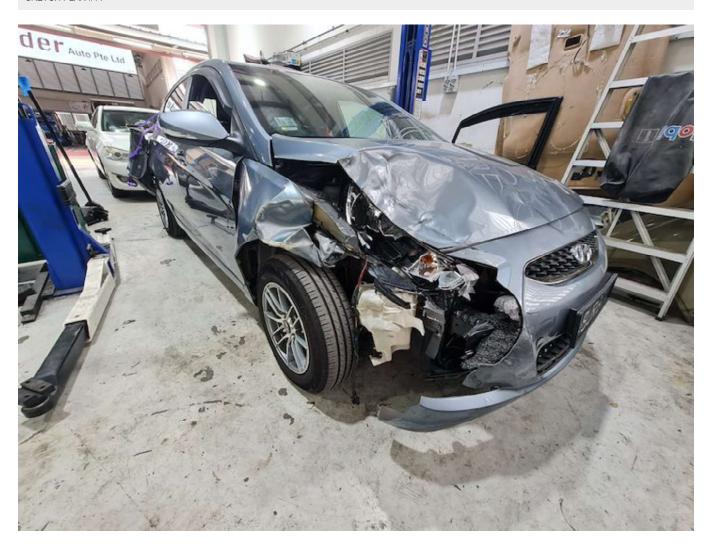


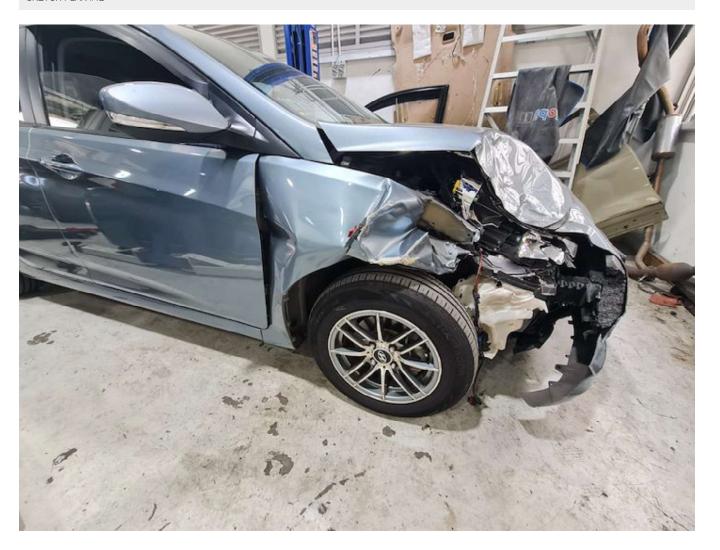


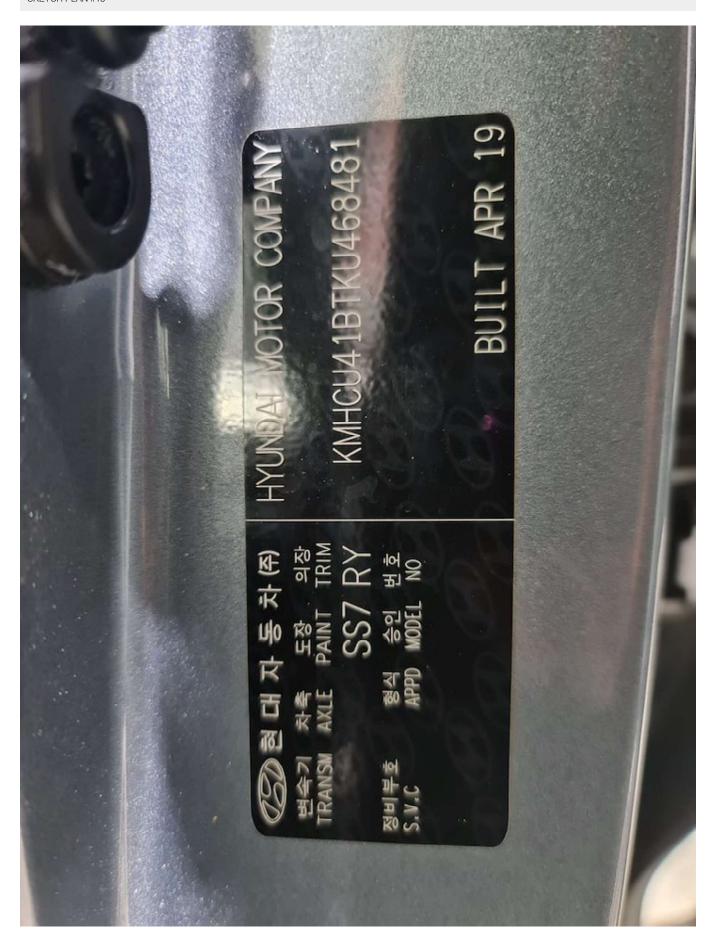




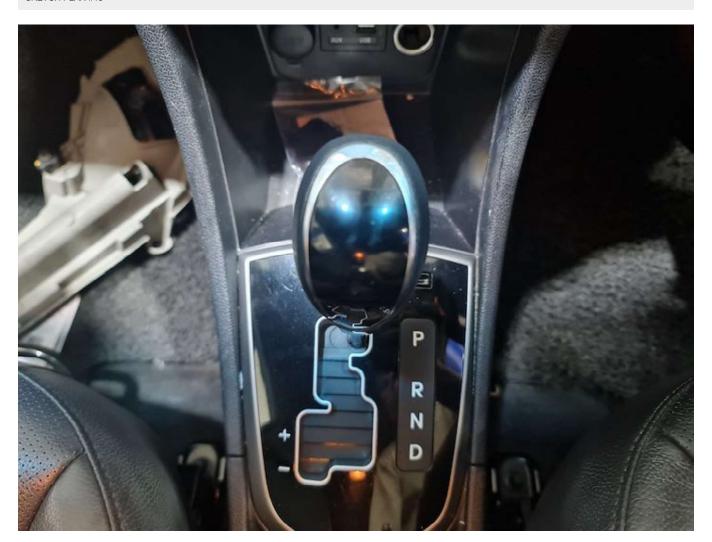


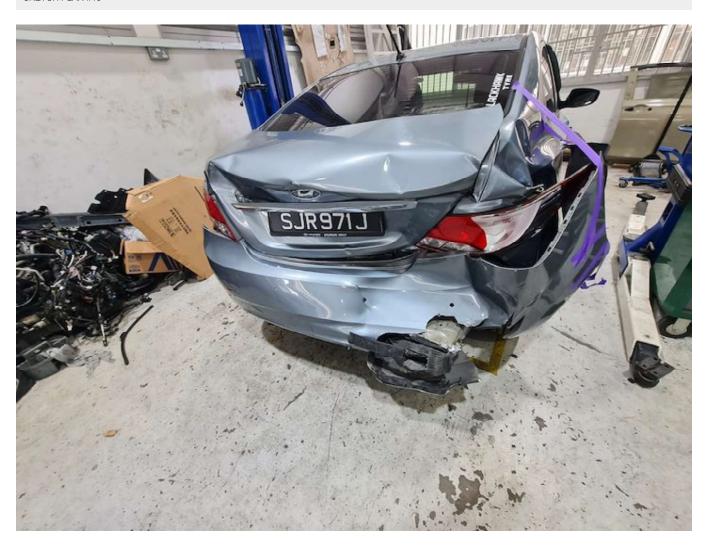




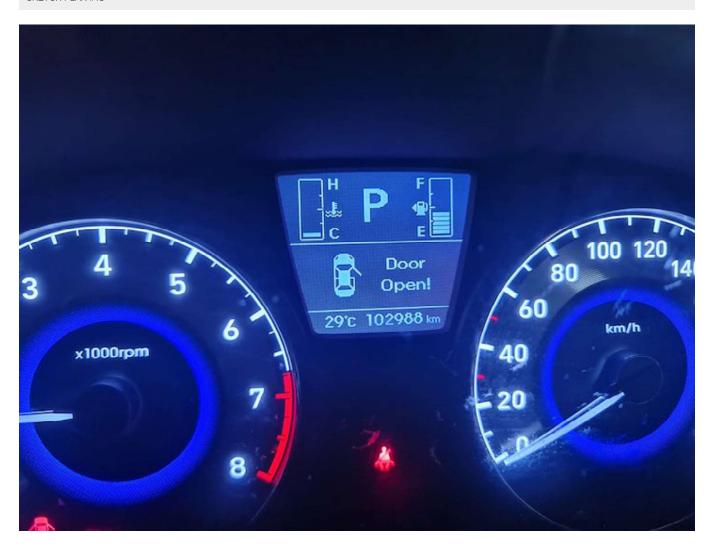
















1 of 3 Report No. T/20241212/7072

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

Date/Time Report Made: 12/12/2024 16:27		ade:	Vide Report No.: Station Di			
Informant	s Particular	S		NEED TO A SECOND		
Name of I			Address: 108 SERANGOON NORTH SINGAPORE 550108	AVENUE 1 #08-697 HWI YOH COURT		
ID Type / ID No.: NRIC NO / \$1665648H		ВН	Contact No.: Home/Office:	Mobile: 98816696		
Nationality: SINGAPORE CITIZEN		N	Email: sandylimph@gmail.com			
Sex: Age: Date of Birth: Female 60 07/01/1964 Race: Chinese			Type of Informant: Driver			
			Language: English Driving Licence Information: Class: Date of Expiry:			
Section of All States	Occupation: Food and beverage operations manager					

Type of Accident:	Non-Injury Conveyed By Ambula	Drink Drive: ance No	Date/Time of Accident: 10/12/2024 15:30	Type of Location EXPRESSWAY
Location: CENTRAL EXPRE	SSWAY	Road Surface:		
		Dry		
Clear Traffic Flow: Two Way			Tra Hea	ffic Volume:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJR971J	Motor car	HYUNDAI	ACCENT	Grey	Seriously Damaged	0
	Motor car			Grey	Seriously Damaged	0
	Motor car			Red	Slightly Damaged	1

Details of Vel	nicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective Date Ex	piry Date



T/20241212/7072

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20241212/7072

CONTINUATION OF REPORT

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SJR971J	AXA AFFIN GENERAL INSURANCE BHD			

Details of Person	Involved					
Any Pedestrian In	volved: No					
No. of Pedestrian	s Injured: NIL		Use of Pec	lestrian	Crossin	ig: NA
Driver		E TRIS		RELIT	136/1	
Name	LIM PANG HUAN			ID No		S1665648H
Related Vehicle	SJR971J (Motor car)			Conta	ct No.	98816696
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dis			narge	NIL	
No. of Days grant	ed Medical Leave (MC)	NIL	Degree of	Injury	NIL	
Passenger						
Name	Unknown Passenger			ID No		NIL
Related Vehicle	(Motor car)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch	arge	NIL	
No. of Days grant	ed Medical Leave (MC)	NIL	Degree of	Injury	NIL	

Brief Details.

I WAS DRVING ALONG CTE TOWARDS ANG MO KIO ON THE 4TH LANE WHILE I SLOW DOWN BECAUSE THE CAR IN FRONT WAS SLOWING DOWN WHEN SUDDENLY THERE WAS A LOUD BANG, BEHIND CAR HIT MY BACK. THEN I STOPPED THE CAR AS I WAS STILL IN SHOCK INSIDE THE CAR. AMBULANCE THEN CAME AND CONVEYED ME TO TAN TOCK SENG HOSPITAL.



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



3 of 3 Report No. T/20241212/7072

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: 12/12/2024 16:27
Officer In Charge Of Case: TP / TPIB / MUHAMMAD GHAZALI BIN ABDUL RAZAK Contact No.: 65476367	Classification Of Case:
This report is lodged at Traffic Police Kiosk 1	

NP168