

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	26/12/2024 13:20 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	23/12/2024 18:20 (SGT)
Exact Location of Accident	Dunearn Rd, Singapore
Additional Location Information	SLIP RD OF DUNEARN RD TO ADAM RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS9912E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM POH CHIN SERENE
NRIC No	SXXXX669Z
Email Address	SERENE.GENIAUX@GMAIL.COM
Mobile Phone No	(Phone) +65-96249982
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
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	5141664785

DRIVER

Name of Driver	LIM POH CHIN SERENE
NRIC No	SXXXX669Z
Date Of Birth	07/11/1967
Occupation	Outdoor
Driving Pass Date	12/08/1993
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	31 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96249982
Alt. Phone Number	-
Email Address	SERENE.GENIAUX@GMAIL.COM
Address	253 ARCADIA RD
Address complement	#03-10
Postcode	289849
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	Raining
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?	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 ATTACH

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	YP9840C
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)	-

INJURED PERSONS DETAILS

INJURED 1


Name of injured person	DRIVER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	SMS9912E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-


Circumstance of the Accident


Please refer to police report attached.

7/2024/225/7056

Declaration
We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)


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SKETCH PLAN**IMPORTANT NOTICE**

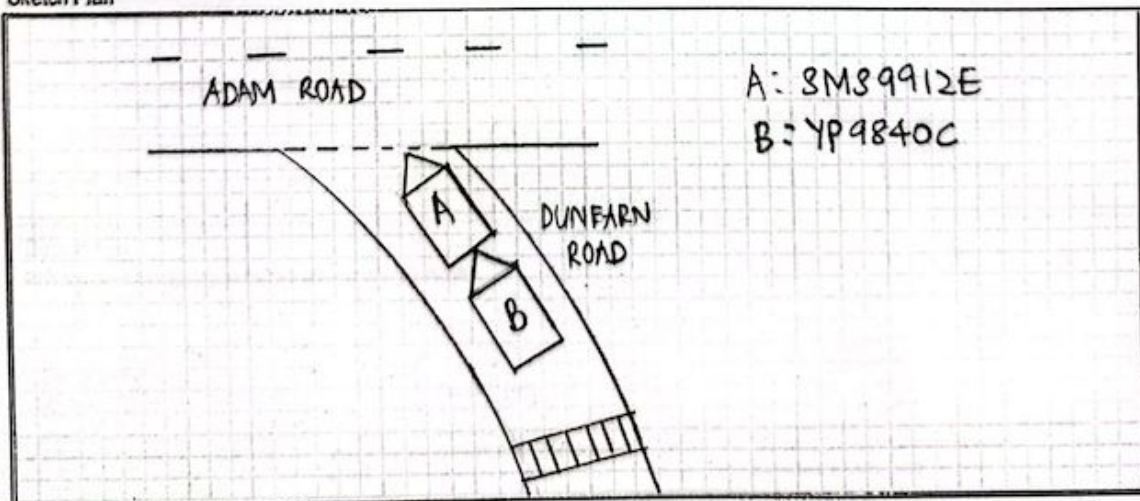
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5. Any false reporting may be referred to the Traffic Police Department for investigation.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at 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.

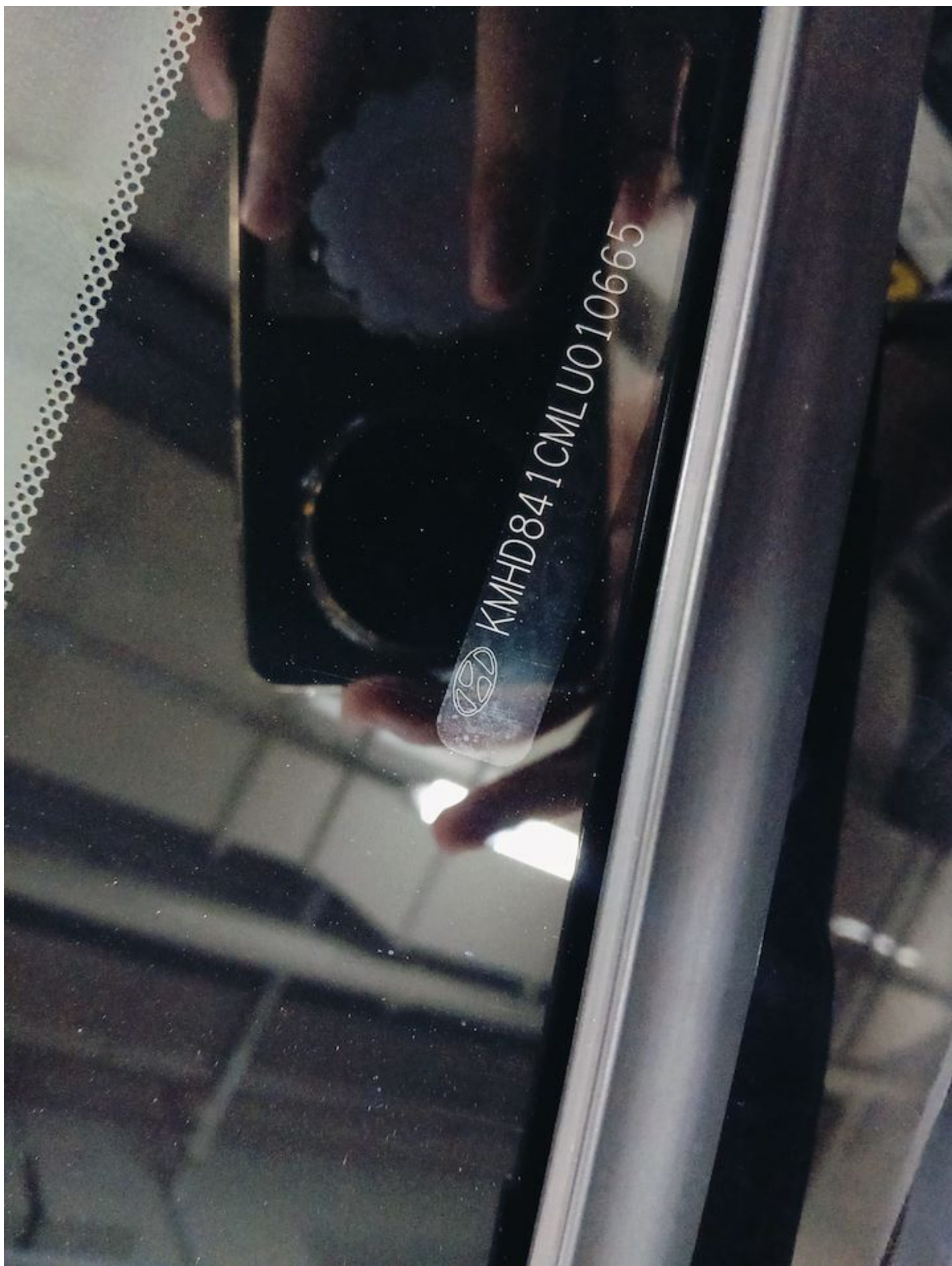

 Policyholder's Signature / Date & Time


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


 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)

Sketch Plan



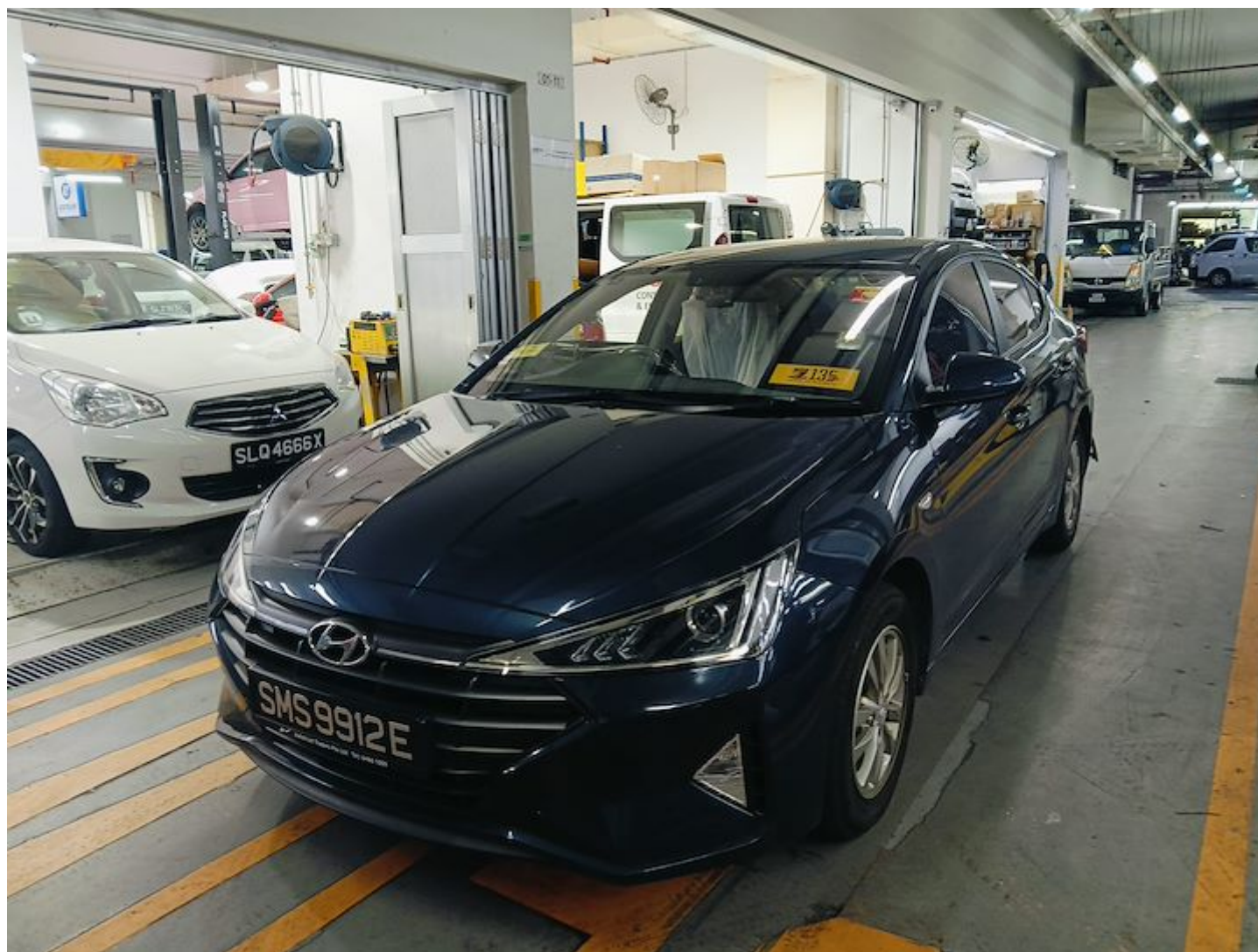




















 Report No. T/20241225/7056 2 of 3  SINGAPORE POLICE FORCE Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000	 T/20241225/7056 3 of 3 Report No. T/20241225/7056
CONTINUATION OF REPORT	
<p>Signature Of Officer Recording The Report: Not applicable</p> <p>Signature Of Interpreter: Not applicable</p> <p>Officer In Charge Of Case: TP / AEIT / MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219</p>	<p>Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.</p> <p>Date/Time: 25/12/2024 18:59</p> <p>Classification Of Case:</p>

NP168

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SINGAPORE POLICE FORCE

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



T/20241225/7056

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Report No. T/20241225/7056

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/12/2024 18:59		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: Lim Poh Chin Serene			Address: 253 Arcadia Road #03-10 Hillcrest Arcadia SINGAPORE 289849		
ID Type / ID No.: NRIC NO / S1799669Z			Contact No.: Home/Office: Mobile: 96249982		
Nationality: SINGAPORE CITIZEN			Email: serene.geniaux@gmail.com		
Sex: Female	Age: 57	Date of Birth: 07/11/1967	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		
Occupation: Real estate agent			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/12/2024 18:20	Type of Location: Slip road Dunearn to Adam Road
Location: DUNEARN ROAD				
Weather: Drizzling		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
SMS9912E	Sedan car	HYUNDAI	Avante	Blue	Seriously Damaged	0
YP9840C	Lorry	ISUZU		White	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SMS9912E	NTUC Income Insurance Co-Operative Limited	5141664785	05/12/2023	24/03/2025

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SINGAPORE POLICE FORCE

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



T/20241225/7056

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Report No. T/20241225/7056

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SUBRAMANI SHANMUGASUNDHARAM	ID No.	G8721035P
Related Vehicle	YP9840C (Lorry)	Contact No.	90564135
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: 15/07/2029
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Vehicle Owner			
Name	Lim Poh Chin Serene	ID No.	S1799669Z
Related Vehicle	NIL	Contact No.	96249982
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/12/2024	Date Discharge	24/12/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

Brief Details.

I was driving home at about 6.20pm, it was drizzling and on the slip road from Dunearn Road to Adam Road, I slowed down to check on oncoming traffic from Farrer Road and suddenly there was a very loud bang, which really scared me - I then realized that someone had rammed into the back of my car :(we drove further up and stopped along Adam Road to exchange details. The driver of the lorry, Mr Subramamni Shanmugasundharam, an S Pass holder working for Freshening Industries Pte Ltd, was very apologetic - he said he looked at the oncoming traffic from Farrer Road and saw that it was clear so he accelerated, he did not check or realize that I had slowed down to check on oncoming traffic before filtering out to Adam Road. I was quite shaken by the incident and my neck was a little painful after that. The next day, I brought my car to the workshop for repair and also went to see a Doctor at Mt Alvernia - the Doctor gave me some pain and anti-inflammatory medication and also 3 days MC. I apologize for filing this a little late as I have been feeling unwell and haven't been able to do so till now.