

## 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 .....        | 08/07/2024 10:31 (SGT)              |
| Reported by .....                     | Both Policyholder and Actual Driver |
| Date of Accident .....                | 06/07/2024 16:05 (SGT)              |
| Exact Location of Accident .....      | CTE, Singapore                      |
| Additional Location Information ..... | CTE SINGAPORE                       |
| Country/State of Loss .....           | Singapore                           |

### DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SLJ7796X |
|-----------------------------------|----------|

#### INSURED/POLICYHOLDER

|                                |                      |
|--------------------------------|----------------------|
| Is company? .....              | No                   |
| Name Of Registered Owner ..... | LIM SAY SIONG        |
| NRIC No .....                  | S7870913H            |
| Email Address .....            | SSLIMD@GMAIL.COM     |
| Mobile Phone No .....          | (Phone) +65-93801742 |
| Alternative Phone No .....     | -                    |

#### VEHICLE PARTICULARS

|  |  |
|--|--|
| Manufacturer .....   | Mazda                                    |
| Model .....  | Biante                                   |
| Variant .....  | MAZDA / BIANTE 5-DOOR WAGON 2.0L SP.6EAT |
| 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 .....   | 1998                                     |

#### INSURANCE COMPANY

|   |  |
|---|--|
| Name of Insurance Company .....         | Auto & General Insurance (Singapore) Pte. Limited. |
| Policy Number / Cover Note Number ..... | P10474402R03                                       |

#### DRIVER

|                      |               |
|----------------------|---------------|
| Name of Driver ..... | LIM SAY SIONG |
| NRIC No .....        | S7870913H     |
| Date Of Birth .....  | 08/11/1978    |
| Occupation .....     | Indoor        |

|  |  |
|--|--|
| Driving Pass Date .....  | 12/09/1997                             |
| Driving experience .....   | 26 YEARS AND 10 MONTHS                 |
| Gender .....   | Male                                   |
| Mobile Number .....  | (Phone) +65-93801742                   |
| Alt. Phone Number .....  | -                                      |
| Email Address .....  | SSLIMD@GMAIL.COM                       |
| Address .....  | APT BLK 240 LORONG 1 TOA PAYOH #08-116 |
| Address complement .....   | -                                      |
| Postcode .....   | 310240                                 |
| 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 .....   | JOYCESLYN TENG YEN LING |
| Gender ..... | Female                  |

#### 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 ATTACHED  
STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD  
TEL 67415336

#### ATTACHMENT(S)

|   |     |
|---|-----|
| Are accident photos available for attachment? ..... | Yes |
| Was there any video captured by Car Camera? .....   | Yes |

## DETAILS OF OTHER VEHICLE PROPERTY 1

|   |                        |
|---|------------------------|
| Vehicle Registration Number .....             | SLQ3178U               |
| Vehicle Manufacturer .....                    | -                      |
| Vehicle Model .....                           | -                      |
| Vehicle Variant .....                         | -                      |
| Vehicle Colour .....                          | -                      |
| Vehicle Category .....                        | Private car            |
| Name of Driver .....                          | DANIEL LIM CHIEW LIANG |
| NRIC No .....                                 | S6974877E              |
| Contact Number .....                          | (Phone) +65-90090166   |
| 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 SAY SIONG                          |
| Gender .....  | Male                                   |
| Phone No .....  | (Phone) +65-93801742                   |
| Address .....   | APT BLK 240 LORONG 1 TOA PAYOH #08-116 |
| Address Complement .....                                  | -                                      |
| Post Code .....   | 310240                                 |
| Approximate Age Years Old .....                           | -                                      |
| Injuries Sustained .....                                  | -                                      |
| Injured person in which vehicle? .....                    | SLJ7796X                               |
| Were seat belts worn? .....                               | Yes                                    |
| Was this injured conveyed to hospital by ambulance? ..... | No                                     |

### INJURED 2

|   |  |
|---|--|
| Name of injured person .....                              | JOYCESLYN TENG YEN LING                |
| Gender .....  | Female                                 |
| Phone No .....  | (Phone) +65-93228313                   |
| Address .....   | APT BLK 240 LORONG 1 TOA PAYOH #08-116 |
| Address Complement .....                                  | -                                      |
| Post Code .....   | 310240                                 |
| Approximate Age Years Old .....                           | -                                      |
| Injuries Sustained .....                                  | -                                      |
| Injured person in which vehicle? .....                    | SLJ7796X                               |
| Were seat belts worn? .....                               | Yes                                    |
| Was this injured conveyed to hospital by ambulance? ..... | No                                     |

**SKETCH PLAN**

**IMPORTANT NOTICE**

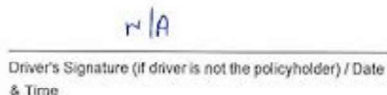
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**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

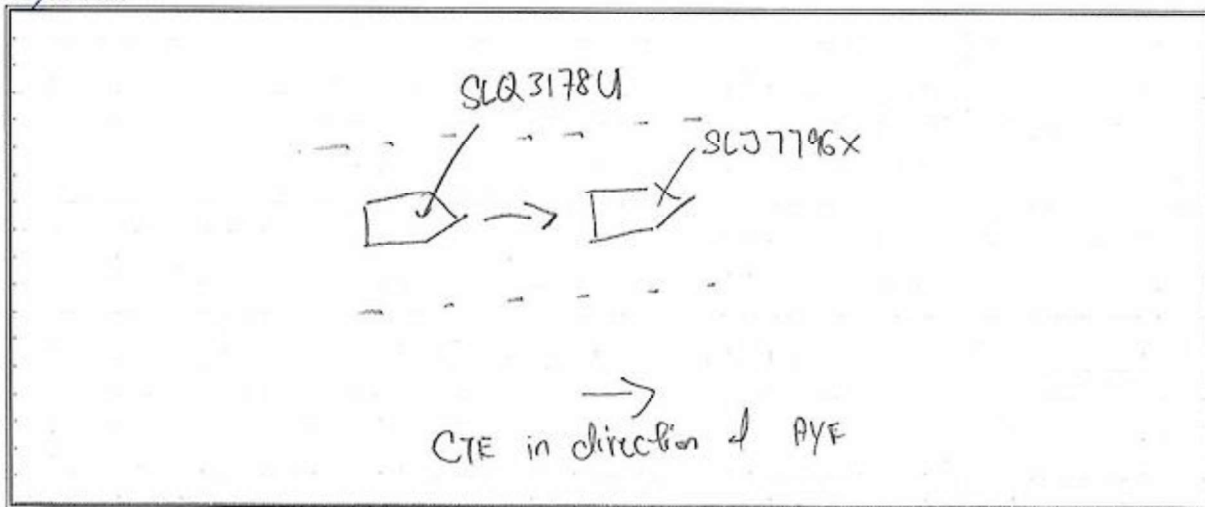
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

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

Sketch Plan



## Describe Circumstance of the Accident

On 06/07/24 at about 4:05pm, my car came to a complete stop due to stationary traffic in front. Another car SLQ3178U then collided into the rear of my car. The accident occurred along CTE in direction of AYE, near to Exit 7D. The road was dry and weather was clear at the time of accident. My passenger and me saw a doctor on 07/07/24. ~~for~~ My passenger received 5 days medical leave and I received 3 days of medical leave.

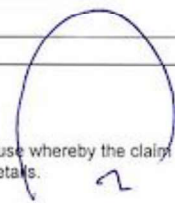
## Declaration

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

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 made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

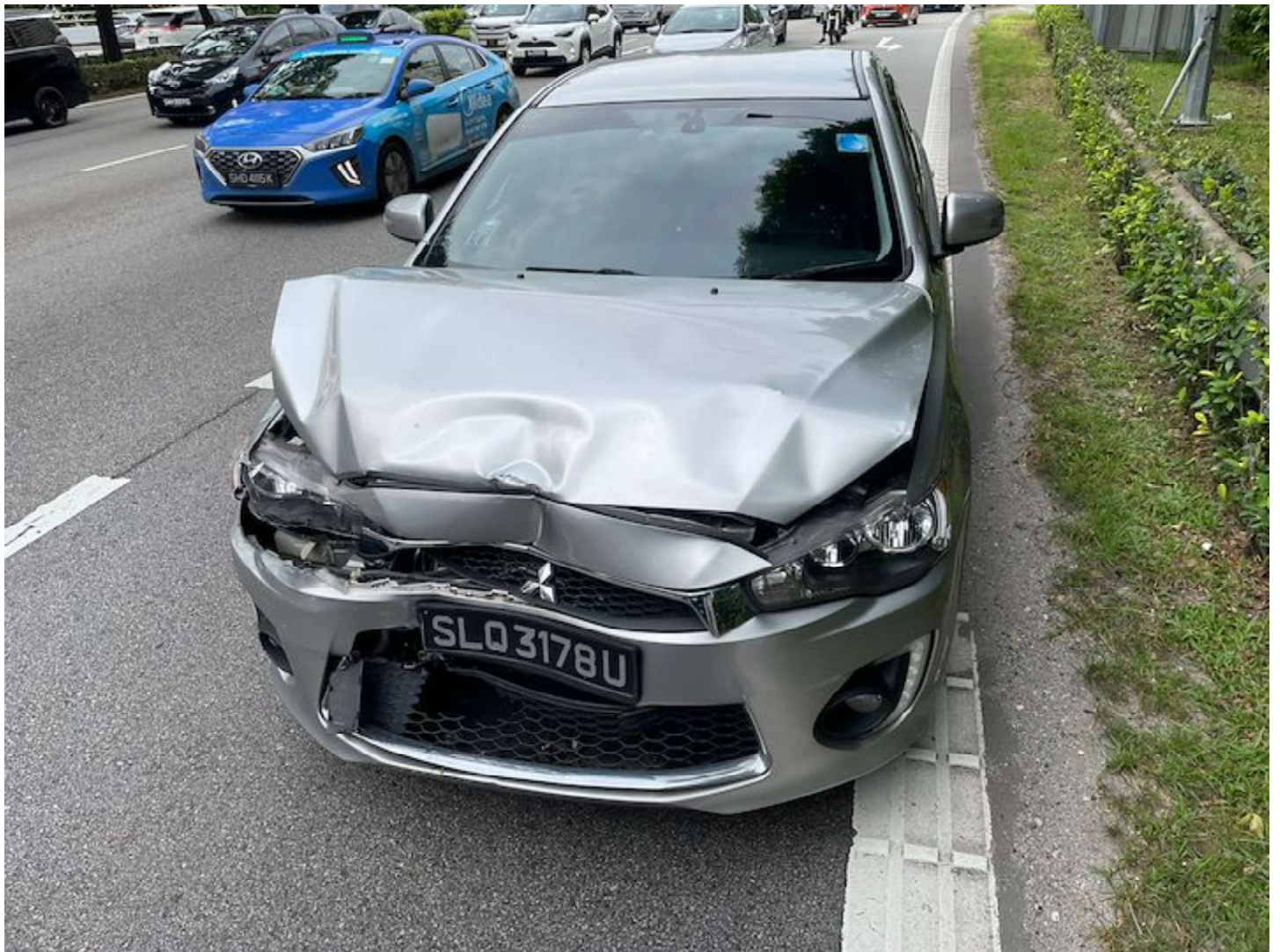
 08/07/24  
Policyholder's Signature / Date & Time

NW.  
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/20240707/7034

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

2 of 3

Report No. T/20240707/7034

CONTINUATION OF REPORT

| Details of Person Involved             |                         |  |                                       |
|--|-------------------------|--|---------------------------------------|
| Any Pedestrian Involved: No            |                         |  |                                       |
| No. of Pedestrians Injured: NIL        |                         | Use of Pedestrian Crossing: NA         |                                       |
| Driver                                 |                         |  |                                       |
| Name                                   | LIM SAY SIONG           | ID No.                                 | S7870913H                             |
| Related Vehicle                        | SLJ7796X (Motor car)    | Contact No.                            | 93801742                              |
| Hospital/Clinic                        | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,2A,3<br>Date of Expiry: NIL |
| Date Treatment                         | 07/07/2024              | Date Discharge                         | 07/07/2024                            |
| No. of Days granted Medical Leave (MC) | 03                      | Degree of Injury                       | Slight                                |
| Passenger                              |                         |  |                                       |
| Name                                   | JOYCESLYN TENG YEN LING | ID No.                                 | S8013858Z                             |
| Related Vehicle                        | SLJ7796X (Motor car)    | Contact No.                            | 93228313                              |
| Hospital/Clinic                        | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL     |
| Date Treatment                         | 07/07/2024              | Date Discharge                         | 07/07/2024                            |
| No. of Days granted Medical Leave (MC) | 05                      | Degree of Injury                       | Slight                                |
| Driver                                 |                         |  |                                       |
| Name                                   | DANIEL LIM CHIEW LIANG  | ID No.                                 | S6974877E                             |
| Related Vehicle                        | SLQ3178U (Motor car)    | Contact No.                            | 90090166                              |
| Hospital/Clinic                        | NIL                     | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL       |
| Date Treatment                         | NIL                     | Date Discharge                         | NIL                                   |
| No. of Days granted Medical Leave (MC) | NIL                     | Degree of Injury                       | NIL                                   |

**Brief Details.**

On the above mentioned day and time, I was driving my car (SLJ7796X) on the CTE towards AYE with my wife when I was hit from behind by another saloon car. The accident happened when my car was abreast the green Exit 7D sign (indicating Exit 7D was 300m away), just past Sungei Whompoe. I have video footage of the accident. That is all.



**SINGAPORE  
POLICE FORCE**



T/20240707/7034

1 of 3

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

Report No. T/20240707/7034

## REPORT OF A TRAFFIC ACCIDENT

|  |            |                              |   |                    |  |
|--|------------|------------------------------|---|--------------------|--|
| Date/Time Report Made:<br>07/07/2024 15:23             |            | Vide Report No.:             |   | Station Diary No.: |  |
| <b>Informant's Particulars</b>                         |            |                              |   |                    |  |
| Name of Informant:<br>LIM SAY SIONG                    |            |                              | Address:<br>240 LORONG 1 TOA PAYOH #08-116 SINGAPORE 310240                         |                    |  |
| ID Type / ID No.:<br>NRIC NO / S7870913H               |            |                              | Contact No.:<br>Home/Office:                      Mobile: 93801742                  |                    |  |
| Nationality:<br>SINGAPORE CITIZEN                      |            |                              | Email:<br>SSLIMD@GMAIL.COM  |                    |  |
| Sex:<br>Male   | Age:<br>45 | Date of Birth:<br>08/11/1978 | Type of Informant:<br>Driver  |                    |  |
| Race:<br>Chinese                                       |            |                              | Language:<br>English  |                    |  |
| Occupation:<br>Chief operating officer/General Manager |            |                              | Driving Licence Information:<br>Class: 2B,2A,3                      Date of Expiry: |                    |  |

## General Information of the Accident

|  |                  |                                    |    |                        |                             |  |               |
|--|------------------|------------------------------------|----|------------------------|-----------------------------|--|---------------|
| Type of Accident:  | Injury<br>Others | Drink Drive:                       | No | Date/Time of Accident: | 06/07/2024 16:05            | Type of Location:                      | Straight Road |
| Location:<br><br>MAY ROAD                                    |                  |                                    |    |                        |                             |  |               |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry               |    |                        |                             |  |               |
| Traffic Flow:<br>Dual Carriage Way                           |                  | Traffic Control:<br>Not Controlled |    |                        | Traffic Volume:<br>Moderate |  |               |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                  |                                    |    |                        |                             | Anyone conveyed by<br>ambulance:<br>No |               |

## Details of Vehicle Involved

| Vehicle No. | Type      | Make       | Model  | Color | Condition         | No of Passenger |
|-------------|-----------|------------|--------|-------|-------------------|-----------------|
| SLJ7796X    | Motor car | MAZDA      | BIANTE | Blue  | Seriously Damaged | 2               |
| SLQ3178U    | Motor car | MITSUBISHI |        | Grey  | Seriously Damaged | 1               |

## Details of Vehicle Insurance

| Vehicle No. | Insurance Company                                 | Insurance No | Effective Date | Expiry Date |
|-------------|---|--------------|----------------|-------------|
| SLJ7796X    | AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED | P10474402R03 | 27/12/2023     | 26/12/2024  |



**SINGAPORE  
POLICE FORCE**

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



T/20240707/7034

3 of 3

Report No. T/20240707/7034

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
MUHAMMAD NOOR BIN ABDUL RAHMAN  
Contact No.: 65476219

NP168

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

Date/Time:  
07/07/2024 15:23

Classification Of Case: