

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	22/07/2024 13:13 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	20/07/2024 15:30 (SGT)
Exact Location of Accident	Jln Toa Payoh, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH864B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM JIN YAN IVAN
NRIC No	S8940784B
Email Address	NAVI_MIL@HOTMAIL.COM
Mobile Phone No	(Phone) +65-90920782
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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	1600

INSURANCE COMPANY

Name of Insurance Company	Singapore Life Ltd
Policy Number / Cover Note Number	11454327

DRIVER

Name of Driver	LIM JIN YAN IVAN
NRIC No	S8940784B
Date Of Birth	20/11/1989
Occupation	Indoor

Driving Pass Date	24/07/2008
Driving experience	16 YEARS
Gender	Male
Mobile Number	(Phone) +65-90920782
Alt. Phone Number	-
Email Address	NAVI_MIL@HOTMAIL.COM
Address	BLK 194 RIVERVALE DRIVE #13-755
Address complement	-
Postcode	540194
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 - Change/cross lane
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?	No
Was any injured conveyed to hospital by ambulance?	-
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?	No
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	SHC7903M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

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.

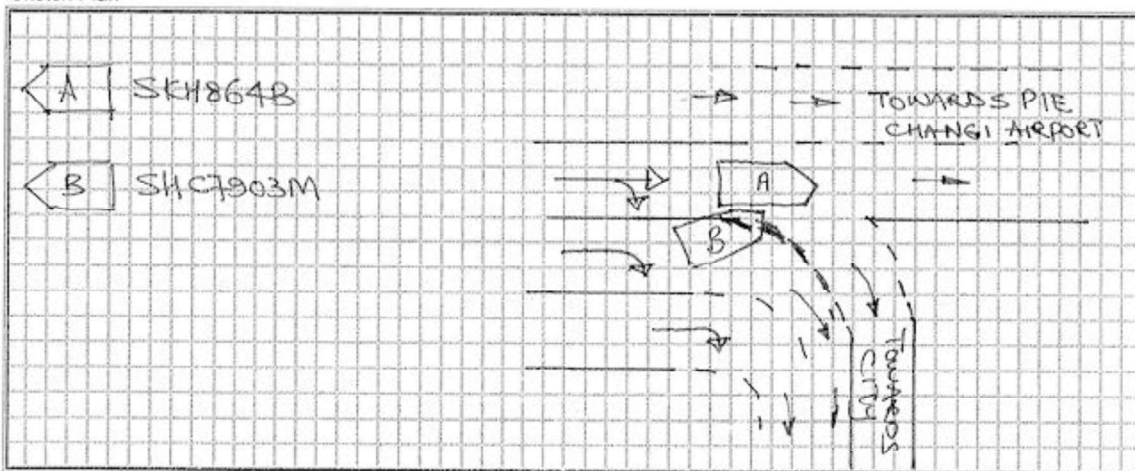
AC 22/7/24

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



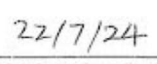
1

Describe Circumstance of the Accident

Refer to attack

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)
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ON 20/07/2024 AT ABOUT 1530 HOURS, I WAS TRAVELLING FROM SERANGOON ROAD TOWARDS PIE CHANGI DIRECTION. INITIALLY, I HAD STOPPED MY VEHICLE (REGN NO: SKH864B) AS THE TRAFFIC LIGHTS IN FRONT (BEFORE WOODSVILLE FLYOVER) WERE RED.

WHEN THE LIGHTS TURNED GREEN, I MOVED OFF AND KEPT IN MY DIRECTION. AT THE TRAFFIC LIGHTS UNDER WOODSVILLE FLYOVER, I NOTICED THAT A YELLOW TAXI (REGN NO: SHC7903M) IN FRONT OF ME HAD TURNED RIGHT INTO THE RIGHT TURN ONLY LANE TOWARDS CITY, WHILE I KEPT IN THE LANE TOWARDS PIE CHANGI.

MOMENTS LATER, I REALISED THAT THE SAID YELLOW TAXI WAS TRAVELLING STRAIGHT ON A RIGHT TURN ONLY LANE AND I SOUNDED MY HONK TO CAUTION HIM. HOWEVER, AS I DROVE PAST THE SAID TAXI, I SUDDENLY HEARD A BANG AND FELT MY VEHICLE JOLTED. I IMMEDIATELY REALISED THAT THE FRONT LEFT OF THE MOVING TAXI (SHC7903M) HAD COLLIDED INTO THE REAR RIGHT PORTION OF MY MOVING VEHICLE (SKH864B).

LIM JIN YAN, IVAN

