

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 Authorised 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 ability.
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 Report	25/06/2018 19:44
Date Of Accident	23/06/2018 18:00
Exact Location Of Accident	PIE TOWARDS TUAS BEFORE CTE (CITY) EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ4980A
Insured/Policyholder	
Name Of Registered Owner	Y3 ENTERPRISE
Co Reg No	53123767B
Email Address	ENGYEW.LIM@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98168453
Alternative Phone No	OFFICE-98168453

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	L300 HR M
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	2100344973-04
Cover Note Number	

Driver

Name of Driver	LIM ENG YEW
NRIC No	S1260911F
Date Of Birth	06/09/1957
Occupation	OUTDOOR
Date Of Driving Pass	15/05/1978
Driving Experience	40 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98168453
Fax Number	
Contact Number	OTHERS-98168453
Email Address	ENGYEW.LIM@HOTMAIL.COM

Address	BLK 4 TELOK BLANGAH RISE #15-389
Postcode	090040
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180623/7016

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG7469A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ONG SEN HWA
NRIC/Passport Number	G2072215R
Contact Number	98565549
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	LIM ENG YEW
Approximate Age	
Injuries Sustain	NECK AND SHOULDER PAIN
Injured person in which vehicle?	GZ4980A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

29. Nov. 2017 8:35

No. 8922 P. 2

SKETCH PLAN

IMPORTANT NOTICE

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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 the purpose of archiving the report and to copies of the report being made available aforesaid.
7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

3 ENTERPRISE

111k 1090 Lower Delta Road,
107-01 Singapore 169201
6376 2909 | Fax: 6376 0929

Policyholder's Signature

Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/IN No:

Accident Sketch Plan

29. Nov. 2017 8:35

A

No. 8922 P. 3

SKETCH PLAN

A-GZ 4980A
B-GBG 7469A
CDE road Joojong
Y3 ENTERPRISE
Blk 1090 Lower Delta Road,
#07-01, Singapore 169201
Tel: 6376 2909 | Fax: 6376 0929
Email: y3enterprise@singnet.com.sg

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report no: T/20180623/7016

Y3 ENTERPRISE
Blk 1090 Lower Delta Road,
#07-01 Singapore 169201
Tel: 6376 2909 | Fax: 6376 0929
Email: y3enterprise@singnet.com.sg

DECLARATION

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

Blk 1090 Lower Delta Road,
#07-01 Singapore 169201
Tel: 6376 2909 | Fax: 6376 0929
Email: y3enterprise@singnet.com.sg

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180623/7016

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

1 of 3
Report No. T/20180623/7016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/06/2018 20:35		Video Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM ENG YEW			Address: APT BLK 40 TELOK BLANGAH RISE #15-389 SINGAPORE 090040		
ID Type / ID No.: NRIC NO / S1260911F			Contact No.: Home/Office: Mobile: 98168453		
Nationality: SINGAPORE CITIZEN			Email: engyew.lim@hotmail.com		
Sex: Male	Age: 60	Date of Birth: 06/09/1957	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Working proprietor (business services and administrative services)			Driving Licence Information: Class: 3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/06/2018 18:00	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY PIE, towards Tuas, before CTE(City) exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
GZ4980A	Van	MITSUBISHI			Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180623/7016

2 of 3

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

Report No. T/20180623/7016

CONTINUATION OF REPORT

Driver			
Name	LIM ENG YEW	ID No.	S1260911F
Related Vehicle	GZ4980A (Van)	Contact No.	98168453
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	23/06/2018	Date Discharge	23/06/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 23rd June 2018, at around 1750Hrs, I was driving my van, bearing registration no. plate GZ4980A, on the third lane along PIE(Tuas). When I came to the part of the expressway after Paya Lebar exit and before CTE(City) exit, I stopped my vehicle due to traffic building up ahead of my vehicle. After my van came to a complete stop, another lorry, bearing vehicle no. plate GBG7469A, suddenly came at a high speed, failed to brake in time and rear-ended my vehicle as a result. Three hours later, I went to seek medical attention at Mount Alvernia Hospital as I experienced pain on my neck and shoulder. Subsequently, I was awarded with four days of medical leave till 26th June 2018.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180623/7016

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

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Report No. T/20180623/7016

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
YEO KIA HUAT
Contact No.: 65476325

Authentication Stamp
NP168

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

Date/Time:
23/06/2018 20:35

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66530620G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MA4882005 Vehicle Registration No : GZ4980A
Name (as shown in NRIC) : Lim Euk Yew NRIC/FIN/Passport No : SD609UF
(* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 98168453
Email Address : _____
Date of Accident : 23/06/2018 Time of Accident : 18:00
Place of Accident : PKR towards MAS ~~MAF~~ BLK C7A (CN4) EX17
Insurance Company : ALG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DRIVER NAME TO Lim Euk Yew

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rashy
NRIC/FIN No.: W4002
Date: 25/06/2018