

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 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 Report	25/10/2018 08:56
Date Of Accident	12/10/2018 20:00
Exact Location Of Accident	AYER RAJAH EXPRESSWAY TWRDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGE3248Z
Insured/Policyholder	
Name Of Registered Owner	HUI LIN
NRIC No	S7976248B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90991698
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	SUZUKI
Model	APV 1.6 AT

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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
------------------	-------------

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA335562/1
Cover Note Number	

Driver

Name of Driver	LIM CHENG HAI
NRIC No	S7642824G
Date Of Birth	27/12/1976
Occupation	INDOOR
Date Of Driving Pass	08/05/2012
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93212567
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	APT BLK 511 JURONG WEST STREET 52 #12-68
Postcode	640511
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	WET

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?	YES
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	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO THE SKETCH PLAN

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	SH9757Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBC189A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

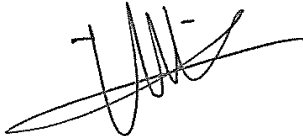
IMPORTANT NOTICE


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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 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.

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.:

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20181013/2159

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20181013/2159

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/10/2018 21:32		Vide Report No.: D/20181012/0101		Station Diary No.: 165
Informant's Particulars				
Name of Informant: LIM CHENG HAI		Address: APT BLK 511 JURONG WEST STREET 52 #12-68 SINGAPORE 640511		
ID Type / ID No.: NRIC NO / S7642824G		Contact No.: Home/Office: Mobile: 93212567		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 41	Date of Birth: 27/12/1976	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: MOBILE PHONE RETAILER		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 12/10/2018 20:00	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY towards Tuas.				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
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
JSB9149	Motorcycle				Slightly Damaged	0
SGE3248Z	Car	SUZUKI	APV 1.6 AT	Red	Seriously Damaged	0
SH9757Z	Car	HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR	Blue	Slightly Damaged	2



**SINGAPORE
POLICE FORCE**



T/20181013/2159

2 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20181013/2159

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM CHENG HAI	ID No.	S7642824G
Related Vehicle	NIL	Contact No.	93212567
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 12/10/2018 at about 2000hrs, I was heading home and I was travelling along AYE towards Tuas on lane 1 at about 70km/h. The road was wet. Suddenly the lorry (unknown vehicle no) in front of me skidded and knocked onto a Malaysian motorcycle. As such I have to brake hard. I barely managed to stop in time however the taxi behind me was not so lucky and collided with the rear of my car. As a result of the impact, my car rolled forward and hit the said lorry.

I felt pain on my chest. I got out of the vehicle and tried to assist the rider. Ambulance arrived shortly and the paramedics attended to the parties involved. I did not want to be conveyed and Traffic Police arrived at scene. One of the traffic police officers attended to me and took my NRIC and asked me to wait a bit.

I was a bit disorientated and tired at that point of time. I told the officer that I wanted to go back home and I went to the nearby bus stop and went to a clinic at Jurong East area to seek treatment. I went home and when I woke up this morning, there was a green Traffic Police card at my door. No one called me yet. I am unsure of where is my car now.



**SINGAPORE
POLICE FORCE**



T/20181013/2159

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No. T/20181013/2159

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: J / Sr Staff Sgt MUHAMAD RIZMAN BIN SAMAD	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/10/2018 21:32
Officer In Charge Of Case: TP / DDGVT / Sr Staff Sgt LIM JUN HUI, ADRIAN Contact No.: 65476350	Classification Of Case: SN 126
Authentication Stamp NP168 	Signature : Singapore Police Force

Sketch Plan Pg. 6


REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: **S7642824G**

Name: **LIM CHENG HAI (LIN QINGHAI)**

Birth Date: **27 Dec 1976**


Issue Date: **08 May 2012**



 002066172F

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7642824G**




Name: **LIM CHENG HAI (LIN QINGHAI)**

林 清 海

Race: **CHINESE**

Date of birth: **27-12-1976** Sex: **M**

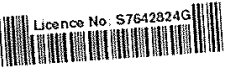
Country of birth: **SINGAPORE**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)


Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg

EFFECTIVE DATE: **08 May 2012**


 Licence No. **S7642824G**

NP 428A

4918852



NRIC No. **S7642824G**



Date of issue: **13-12-2012**

Address: **APT BLK 511 JURONG WEST STREET 52 #12-68 SINGAPORE 640511**



redefining / insurance

AXA Insurance Pte Ltd

1800 880 4888 (Within Singapore)
(65) 6880 4888 (International)

(65) 6880 4740

customer.care@axa.com.sg

www.axa.com.sg

Certificate of Insurance

account number

03926

Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) - Motor Vehicles (Third Party Risks and Compensation) Rules, 1960 - Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

Policy details

Policyholder name	LIN HUI	Certificate number	GA335562 / 1
Cover	Comprehensive	Chassis number	MHYGDN71V00103452
Plan name	Peace	Engine number	G16AID100802
NCD applicable	50%		
Vehicle registration number	SGE3248Z		
Period of Insurance	from 20/03/2018 to 19/03/2019 (both dates inclusive)		
Finance loan company	LIEN CHONG ENTERPRISES PTE LTD		

Persons or classes of persons entitled to drive*

(a) The usage of the vehicle by the Policy Holder (Insured) is not covered under this policy.

(b) Any Named Driver as stated in the Policy:

1. LIM CHENG HAI

(c) Any person who is driving on the Policyholder's order or with their permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover - use for hire or reward, racing, pace making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS	Basic Own Damage Excess	SGD 300.00
	Windscreen Excess	SGD 100.00

An Additional Excess is applicable as follows:

1. S\$500 for unnamed *Authorised Driver*
2. S\$500 for declared *Young and Inexperienced Driver*
3. S\$5,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to S\$2,500 if You have chosen AXA Premium Workshops.

Additional clauses & endorsements to your policy

Nil

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd

Authorised signature

Important note

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 189).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, endorsement etc.

AXA Insurance Pte Ltd (199903512M)
8 Shenton Way, #24.01, AXA Tower,
Singapore 068811
Customer Centre, #B1-01

1 of 3

MEDICAL BILL

RafflesMedical
Your Trusted Partner for Health

TAX INVOICE

GST REGN NO. : M9-0000467-N	PAGE : 1 of 1
VISIT NO. : G07618028112	BILL TYPE : PATIENT OUT
VISIT DATE/TIME : 12-OCT-2018 09:05PM	BILL DATE : 12-OCT-2018
INVOICE NO. : PG07618028112-1	PATIENT NAME : LIM CHENG HAI
PAY BY : SELF	PATIENT ID NO. : S7642824G
PAYER NAME : LIM CHENG HAI	POLICY NO. :
ADDRESS : 511 JURONG WEST STREET 52 WEST WOOD COURT SINGAPORE 640511	

DESCRIPTION	QTY	S\$	S\$
CONSULTATION			26.00
PHARMACEUTICAL			
DICLOFENAC 50MG ENTERIC-COATED TAB	10.0	3.90	
ORPHENADRINE 35MG/PARACETAMOL 450MG TAB	10.0	3.90	
			7.80
PRACTICE COST			
PRACTICE COST	1.0	10.00	
			10.00
SUB-TOTAL			43.80
TOTAL CHARGES BEFORE GST			43.80
GST @ 7%			3.07
TOTAL CHARGES AFTER GST			46.87
LESS ROUNDING ADJUSTMENT			(0.02)
TOTAL AMOUNT PAID			(46.85)
REG1801315012 - 12/10/2018 - CASH		46.85	
TOTAL BALANCE DUE			0.00

RafflesMedical

811 131 Jurong Gateway Road
#01-267 Singapore 600131
Tel: (65) 6899 6088 Fax: (65) 6569 6205

131 JURONG GATEWAY ROAD #01-267 JURONG GATEWAY SINGAPORE 600131 T: 68996688
Raffles Medical Group Ltd | Company Registration No: 198901967K | GST Registration No: M9-0000467-N

MEDICAL BILL

ICON MEDICAL CLINIC
Blk 517 Jurong West Street 52 #01-101 Singapore 640517
Tel: 6560 0521

GST Reg No : 200902218M

Co Reg No : 200902218M

TAX INVOICE

LIM CHENG HAI
511 JURONG WEST STREET 52
#12-68 #12-68 S640511
SQ

Invoice No. : 101529
Our Reference : 40537
Date : 19 Oct 2018

Patient : LIM CHENG HAI (S7642824G)

Doctor : DR NG CHIN HWEE

DESCRIPTION	QTY	FEE (\$S)
ARCOXIA 120MG	10.00 tabs	30.00
DIAMICRON MR 60MG	60.00 tabs	96.00
METFORMIN 500MG	60.00 tabs	18.00
SIMVASTATIN 20 MG	30.00 tabs	22.00
CPF DEDUCTION	1.00	-120.70
HYPOCOUNT	1.00	6.00
CONSULTATION		0.00
Total Amount Payable		51.30
Receipt No. 70346 - CASH Payment Received		51.30
Outstanding Balance		0.00

Inclusive of GST 7.0% : \$ 3.36

All cheques should be crossed and made payable to :

ICON MEDICAL CLINIC

This is a computer generated invoice which does not require a signature
E. & O.E

total \$172 / 74
74

ICON MEDICAL CLINIC
BLK 517 JURONG WEST ST 52
#01-101 SINGAPORE 640517
Tel: 6560 0521

MEDICAL BILL

ICON MEDICAL CLINIC

Bk 517 Jurong West Street 52 #01-101 Singapore 640517
Tel: 6560 0521

Medical Certificate

Date : 19 Oct 2018

MC No. : 0000040271

This is to certify that :

Name : LIM CHENG HAI

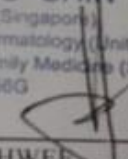
NRIC : S7642824G

is Unfit for Duty for 4 days

from 19/10/2018 to 22/10/2018 inclusive.

DR NG CHIN HWEE

M.B.B.S. (Singapore)
Dip. in Dermatology (United Kingdom)
Dip. in Family Medicine (Singapore)
MCR 08956G


DR NG CHIN HWEE

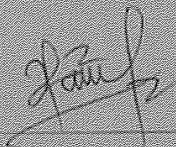
MBBS

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

Letter of Authorization

TO: MOVA AUTOMOTIVE PTE LTD

I, HUI LIN with NRIC: S7976248B the policyholder
/ owner of SGE32482 would like to authorize Lim Cheng Hai with
NRIC: S7642824G to process an accident report and insurance claims repair
with reference to an accident on the 12/10/18 at 20:01 hrs. Accident
involved my vehicle SGE32482 and SH97512.



Name: HUI LIN

NRIC: S7976248B

HP. No: 98991691

Vehicle No: SGE32482

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



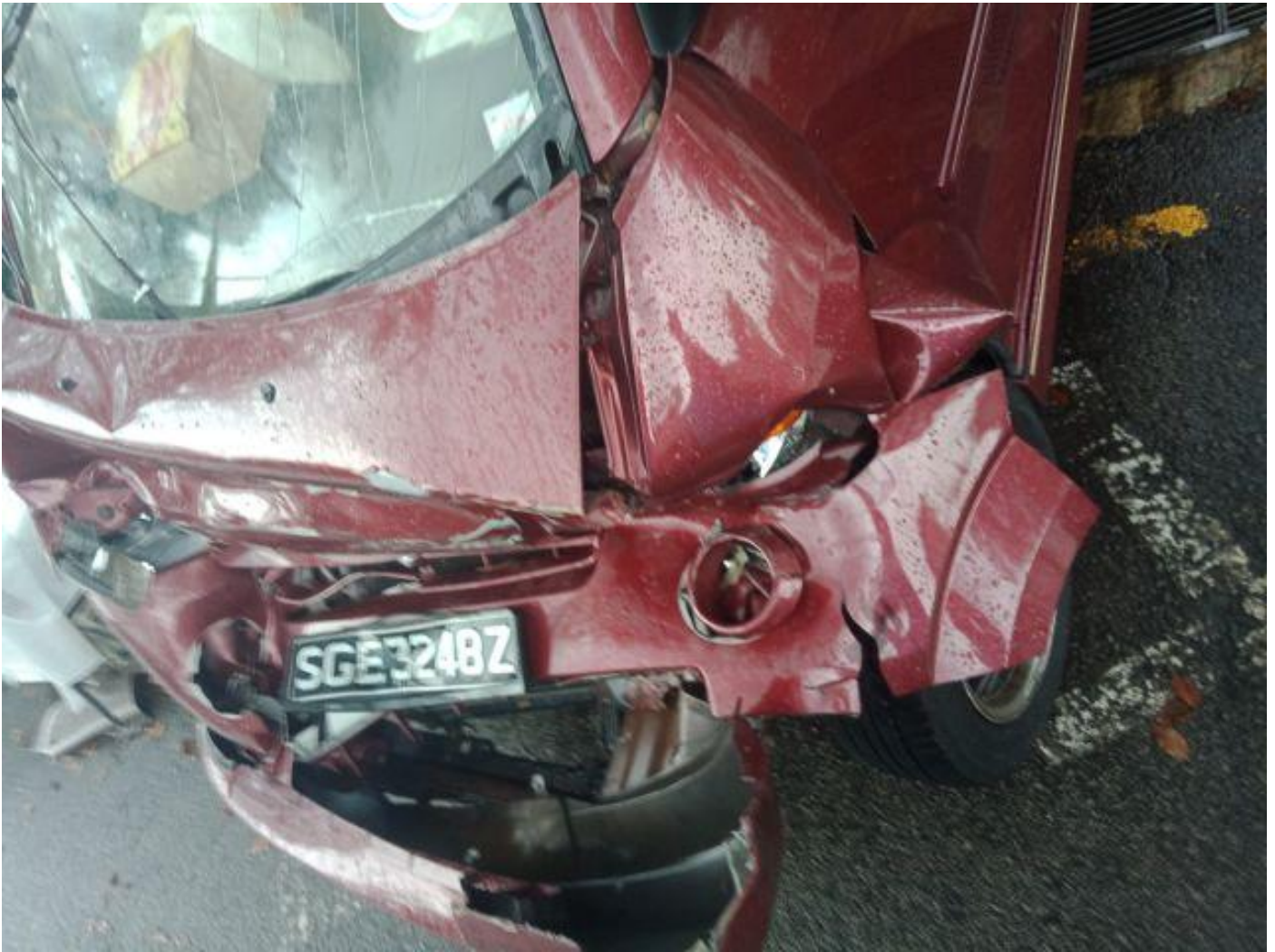
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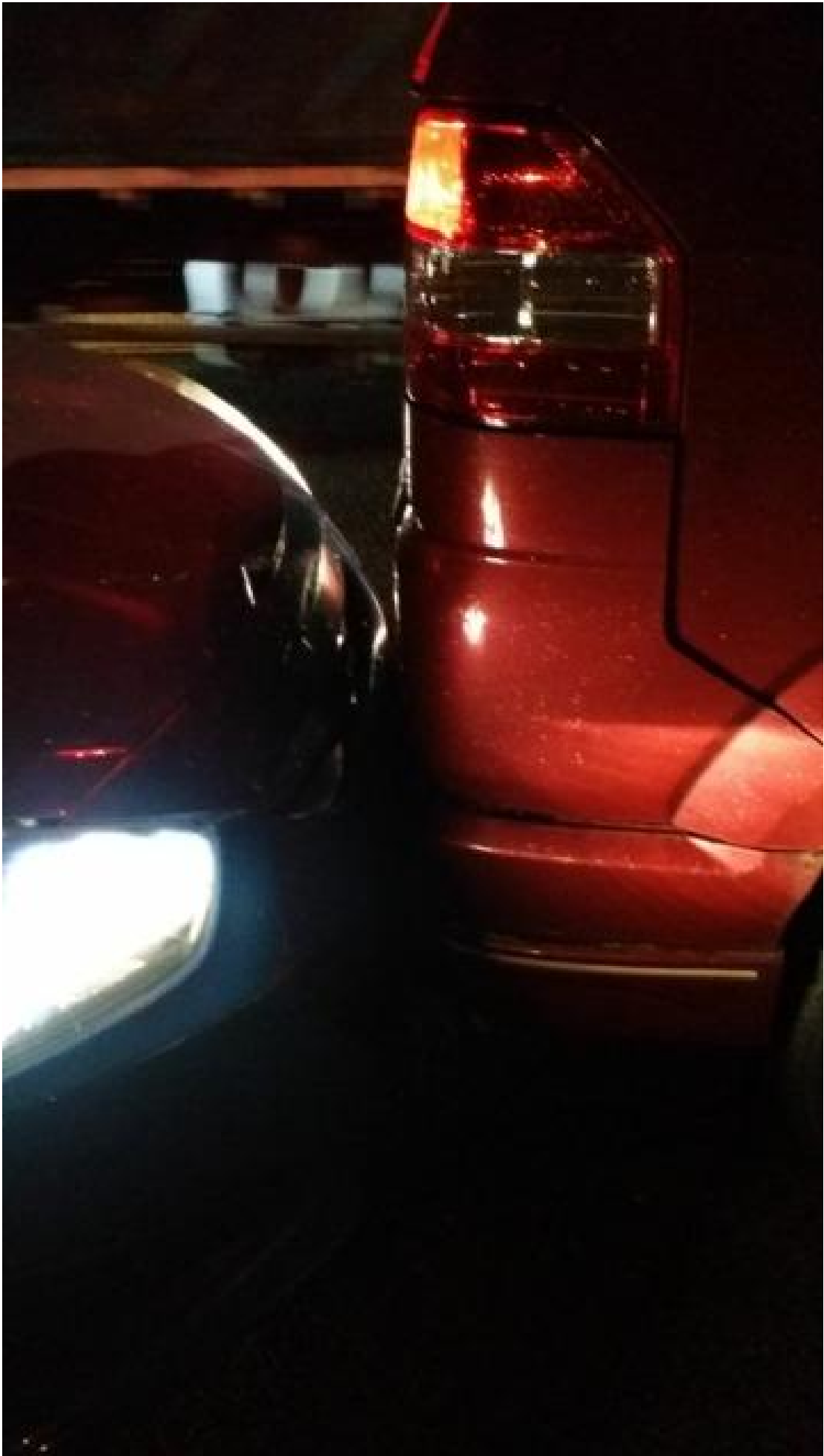
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



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: S665500206 / 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:

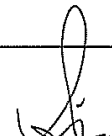
Original Report No : _____ Vehicle Registration No: SGE32482
Name (as shown in NRIC) : Hui Lin NRIC/FIN/Passport No : S7976248B
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Apt BLK 511 Jurong West Street 52 #12-68 Singapore (640511)
Contact (Tel) : _____ Mobile No. : 90991698
Email Address : 12/10/18
Date of Accident : _____ Time of Accident : 20:00
Place of Accident : Ayer Rajah Expressway Towards Tuas
Insurance Company: AXA

(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:

Attach Letter of Authorization

Policyholder / Driver's Signature
Date:



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