

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	16/01/2019 18:19
Date Of Accident	16/01/2019 09:15
Exact Location Of Accident	ALEXANDRA RD EXIT FROM AYE TOWARDS MCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN7098R
Insured/Policyholder	
Name Of Registered Owner	LIM WEE BOON
NRIC No	S7732742H
Email Address	LIN_WEI_WEN@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97424397
Alternative Phone No	OFFICE-97424397

Vehicle Particulars

Manufacturer	TOYOTA
Model	RUSH-1.5 (A)

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

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	ETIQA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	LIM WEE BOON
NRIC No	S7732742H
Date Of Birth	07/11/1977
Occupation	INDOOR
Date Of Driving Pass	07/11/2008
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97424397
Fax Number	
Contact Number	OFFICE-97424397
EEmail Address	LIN_WEI_WEN@YAHOO.COM.SG

Address	BLK 30 GHIM MOH LINK #35-328
Postcode	272030
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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 (including own vehicle) involved in the accident	2
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)	2
Passenger 1	NAME: : LIM HUI MIN GENDER: : FEMALE

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
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

REFER TO POLICE REPORT

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	SLP3279S
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 INJURED PERSON 1

Name
Approximate Age
Injuries Sustain
Injured person in which vehicle? SGN7098R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

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.
- (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

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SGN 7098R ACCIDENT DATE & TIME: 16 JAN 19. 0915H

CONTACT NUMBER: 97424397 / 9001 6751 E-MAIL ADDRESS: lin.wei.wen@yahoo.com.sg

LOCATION: Alexandra Road (exit from AYE towards MCE).

I am the driver and was travelling with my wife. We exited from AYE towards MCE - Alexandra Road exit and were travelling on the left most lane. My intention is to turn left into Alexandra Road - onto the

Refer to police report. T/20190116/7006.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

Please state:

☐ Claim Own Policy ☒ Claim Third Party ☐ Claim OD/TP at other workshop ☐ Reporting Only

DECLARATION

I/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:

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

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20190116/7006

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

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Report No. T/20190116/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/01/2019 15:47			Vide Report No.:		Station Diary No.:
Informant's Particulars					
Name of Informant: LIM WEE BOON			Address: APT BLK 30 GHIM MOH LINK #35-328 SINGAPORE 272030		
ID Type / ID No.: NRIC NO / S7732742H			Contact No.: Home/Office: Mobile: 97424397		
Nationality: SINGAPORE CITIZEN			Email: lin_wei_wen@yahoo.com.sg		
Sex: Male	Age: 41	Date of Birth: 07/11/1977	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Management executive			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/01/2019 09:15	Type of Location: Slip Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGN7098R	Car	TOYOTA	RUSH 1.5 A	Grey		0
SLP3279S	Car		Nissan	White		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGN7098R	ETIQA INSURANCE BERHAD	M0002760	27/11/2018	26/11/2019

Sketch Plan Pg. 4



**SINGAPORE
POLICE FORCE**



T/20190116/7006

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

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Report No. T/20190116/7006

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	Lim Hui Min	ID No.	S8878132E
Related Vehicle	SGN7098R (Car)	Contact No.	90016751
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	LIM WEE BOON	ID No.	S7732742H
Related Vehicle	SGN7098R (Car)	Contact No.	97424397
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	16/01/2019	Date Discharge	16/01/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

I am the driver and was travelling with my wife. We exited from AYE towards MCE - Alexandra Road exit and were travelling on the left most lane. My intention is to turn left into Alexandra Road - onto the main road outside Alexandra Hospital. As my car was approaching the give way marking at end of the slip road before turning into Alexandra Road, I slowed down and stopped as cars on the main road were approaching from the right. Moments after I came to a stop, I felt a sharp pain at the back of my neck and realised that vehicle from the rear had ramp into the back of my car. My wife who was sitting at the front passenger seat had the back of her head impacted by the sudden movement. We were both wearing seat belts.

Using my hand to support my neck, my wife made a call to 995. SCDF ambulance and police officers arrived about 10 minutes later. The paramedic secured my neck with a neck brace and I was conveyed to NUH A&E. My wife feel nauseated from the impact and was examined by paramedic in the ambulance. My wife was informed that she may not need to be admitted to the hospital and was advised to seek medical consultation should she feel any further discomfort. I was given painkillers and had X-ray done. I was later discharged with two days of outpatient medical leave.

Pictures of the accident scene, damage to the vehicles and details of the other driver were recorded by police officer attending to the case. I had contacted the Investigation Officer Mr. Zayid at 65476394 and was advised to submit a police report.



**SINGAPORE
POLICE FORCE**



T/20190116/7006

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

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Report No. T/20190116/7006

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190116/7006

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

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Report No. T/20190116/7006

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 /
RAZIZ BIN TAHAR
Contact No.: 65476200

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:
16/01/2019 15:47

Classification Of Case: