

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	11/02/2019 10:46
Date Of Accident	09/02/2019 13:50
Exact Location Of Accident	SENGKANG EAST RD SLIP RD TWDS SENGKANG EAST AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX4146T
Insured/Policyholder	
Name Of Registered Owner	LIM YU JUN DEX
NRIC No	S8429965J
Email Address	YUJUNLIMDEX@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92282868
Alternative Phone No	OFFICE-92282868

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA AD 1.6 GLS AT (AMS)
Exact Purpose for which vehicle was being used at time of accident	PTE USE
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN1809881800
Cover Note Number	16/03/18 - 15/03/19

Driver

Name of Driver	LIM YU JUN DEX
NRIC No	S8429965J
Date Of Birth	25/09/1984
Occupation	INDOOR
Date Of Driving Pass	20/12/2006
Driving Experience	12 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92282868
Fax Number	
Contact Number	OFFICE-92282868
Email Address	YUJUNLIMDEX@HOTMAIL.COM

Address	BLK 440A FERNVALE WALK #09-175
Postcode	791440
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?	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)	6
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : DAUGHTER GENDER: : FEMALE
Passenger 3	NAME: : SON GENDER: : MALE
Passenger 4	NAME: : NEPHEW GENDER: : MALE
Passenger 5	NAME: : NEPHEW GENDER: : MALE

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 NO : T/20190209/7013

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA6193L
Vehicle Make/Model/Colour BLUE COMFORT
Details Of Properties
Vehicle Category TAXI
Name of Driver WOO TUCK LONG
NRIC/Passport Number S7143281E
Contact Number 96430299
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NEPHEW
Approximate Age
Injuries Sustain THUMB PAIN
Injured person in which vehicle? SLX4146T
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name LIM YU JUN DEX
Approximate Age
Injuries Sustain NECK DISCOMFORT
Injured person in which vehicle? SLX4146T
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Sketch Plan

SKETCH PLAN

VEHICLE NO.: SLX 4146T
INSURER : China Taiping
DATE & TIME: 09/02/19 @ 13:53

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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: (M-K)
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190209/7013

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

1 of 3

Report No. T/20190209/7013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/02/2019 15:15	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LIM YU JUN DEX	Address: APT BLK 440A FERNVALE LINK #09-175 SINGAPORE 791440		
ID Type / ID No.: NRIC NO / S8429965J	Contact No.:	Mobile: 92282868	
Nationality: SINGAPORE CITIZEN	Email:	yujunlimdex@hotmail.com	
Sex: Male	Age: 34	Date of Birth: 25/09/1984	Type of Informant: Driver
Race: Chinese	Language: English	Institution / School Name:	
Occupation: ENGINEERING MANAGER	Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/02/2019 13:50	Type of Location: Slip road
Location: SENGKANG EAST ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 20 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
SHA6193L	Taxi	HYUNDAI	I40	Blue	Slightly Damaged	4
SLX4146T	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT (AMS)	Silver		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20190209/7013

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

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Report No. T/20190209/7013

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLX4146T	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN1809881800	27/03/2018	26/03/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM YU JUN DEX	ID No.	S8429965J
Related Vehicle	SLX4146T (Car)	Contact No.	92282868
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	Slight

Brief Details.

I was driving in my car (SLX4146T) with my family (wife, elder son & younger daughter) and nephew along Sengkang E Rd turning into Sengkang E Ave via slip road, when the taxi (SHA6193) in the rear ran into my car. The accident happened on 09 February 2019, at around 1.53pm.

My nephew, who was travelling in the car with us, complain of pain in the thumb, and till this moment, no physical or noticeable injuries were reported by the rest of the personnel involve in the accident.

The accident happened when I was slowing down checking for car before entering the slip road, when I stop to allow another vehicle to pass (right of way), the taxi bumped into the rear of my car.

My in car camera captured the whole incident, which can be submitted as proof of the incident when required.

The taxi driver from the rear car, involved in the accident exit from the his taxi, and suggested for a private settlement. The particular of the taxi driver were exchanges, and have arranged for my car to be sent to his workshop following Monday, 11 February 2019. All repair cost to the car, including my loss of vehicle use will be bear by the taxi driver, as agreed.



**SINGAPORE
POLICE FORCE**



T/20190209/7013

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

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Report No. T/20190209/7013

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 / TPHQ /
YEO GEAK ENG CECILIA
Contact No.: 65476404

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:
09/02/2019 15:15

Classification Of Case: