

## 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	27/05/2019 16:44
Date Of Accident	24/05/2019 17:30
Exact Location Of Accident	MAXWELL RD TWDS STRAITS BLVD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT411A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM ZHI WEI
NRIC No	S8541055E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87530018
Alternative Phone No	OFFICE-87530018

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V04019/VPL/R00
Cover Note Number	

### Driver

Name of Driver	LIM ZHI WEI
NRIC No	S8541055E
Date Of Birth	09/12/1985
Occupation	OUTDOOR
Date Of Driving Pass	28/09/2004
Driving Experience	14 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87530018
Fax Number	
Contact Number	OFFICE-87530018
EEmail Address	NOEMAIL

Address	BLK 1 LORONG 20 GEYLANG #06-02
Postcode	398721
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 9 EUNOS CRESCENT #01-2687 , <b>POSTCODE:</b> 400009 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7479999 - <b>FAX NO:</b> 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190527/2069.

#### 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	SJN3586P
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) 1

DETAILS OF INJURED PERSON 1

Name LIM ZHI WEI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLT411A

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN

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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 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.:

# Accident Sketch Plan

## SKETCH PLAN

Mar 11 Rd



A: 567411A  
B: 5JN3586P

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/2019 0527/2064.

## 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.:



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190527/2069

1 of 3

Report No: T/20190527/2069

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunus Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:  
27/05/2019 12:48

Vide Report No.:  
A/20190524/0107

Station Diary No.:  
8

### Informant's Particulars

Name of Informant:  
LIM ZHI WEI

Address:  
APT BLK 1 LORONG 20 GEYLANG #06-02 SINGAPORE  
398721

ID Type / ID No.:  
NRIC NO / S8541055E

Contact No.:

Mobile: 88350489

Nationality:  
SINGAPORE CITIZEN

Email:

Sex: Male Age: 33 Date of Birth: 09/12/1985

Type of Informant:  
Driver

Institution / School Name:

Race:  
Chinese

Language:

Occupation:  
Interior designer

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:  
24/05/2019 17:10

Type of Location:  
X-Junction

Location:  
Along Road 1 Traveling Toward Road 2  
MAXWELL ROAD

Maxwell road traffic junction towards Straits Boulevard

Weather:  
Clear

Road Surface:  
Dry

Road Speed Limit:

Traffic Flow:  
One Way

Traffic Control:  
Traffic Light - Working

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
SJN3586P	Car	MAZDA	MAZDA 2	White	Slightly Damaged	0
SLT411A	Car	TOYOTA	VIOS	White	Slightly Damaged	0

### Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SLT411A	LIBERTY INSURANCE PTE LTD	SD19V04019/VPL/R00MZ400B	28/03/2019	27/03/2020



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190527/2069

2 of 3

Report No. T/20190527/2069

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
<b>Driver</b>			
Name	LIM ZHI WEI	ID No.	S8541055E
Related Vehicle	SLT411A (Car)	Contact No.	88350489
Hospital/Clinic	MEDICARE ASSOCIATES	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	25/05/2019	Date Discharge	25/05/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

## Brief Details.

On 24/05/19 at about 1710hrs, I stopped my vehicle (SLT411A) at the traffic junction of Maxwell Road towards Straits Boulevard. While waiting for the traffic lights to turn green, I felt a slight bump and alighted to check on the issue.

The other vehicle(SJN3586P) driver, reversed her vehicle before alighting from her vehicle to check on the damages. I then requested to exchange particulars however, the lady said that she did not have any particulars with her. Subsequently, I flagged down one police car that passed by for assistance.

On 25/05/19, I felt some aching on my back and my neck. I went to seek treatment at Medicare Associates at B/482 Tampines Street 43 #01-236 and was issued 3 days MC (MC NO: C1-VIC4B7). There are damages to my vehicle rear bumper. I am pending the cost of repair by my workshop.

Police Report



SINGAPORE  
POLICE FORCE



T/20190527/2069

3 of 3

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Kampong Ubi NPP  
9 Eunus Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

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:

G/

Sgt 2 LAM WEI LIANG WILIAM

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
27/05/2019 12:48

Officer In Charge Of Case:  
TP / GIT /  
Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN  
Contact No.: 65476185

Classification Of Case:

Authentication Stamp  
NP168



Accident Photo



Accident Photo



Accident Photo





Accident Photo



**Accident Photo**



Accident Photo





Accident Photo



Accident Photo



**Accident Photo**





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