

## 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	29/10/2019 14:18
Date Of Accident	27/10/2019 14:55
Exact Location Of Accident	JUNCTION OF SEMBAWANG ROAD & CANBERRA LINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC323K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM CHIN LUM
NRIC No	S1402544H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92220077
Alternative Phone No	OTHERS-92220077

### Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI-1.2 (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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA177398
Cover Note Number	

### Driver

Name of Driver	LIM CHIN LUM
NRIC No	S1402544H
Date Of Birth	23/03/1960
Occupation	INDOOR
Date Of Driving Pass	25/02/1983
Driving Experience	36 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92220077
Fax Number	
Contact Number	OTHERS-92220077
EEmail Address	NOEMAIL

Address	BLK 798 WOODLANDS DRIVE 72 #09-75
Postcode	730798
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 - CROSS JUNCTION
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: : AGNES CHOW 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 - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND 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	SHA2191T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	LIM CHIN LUM
Approximate Age	
Injuries Sustain	NECK STRAIN & BACK STRAIN
Injured person in which vehicle?	SLC323K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name	AGNES CHOW
Approximate Age	
Injuries Sustain	LEFT LOWER THIGH BRUISE SMALL BUMP ON LEFT HEAD
Injured person in which vehicle?	SLC323K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES

Address

Postcode

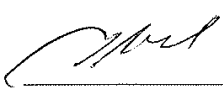
**SKETCH PLAN**

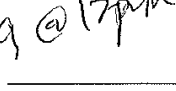
**IMPORTANT NOTICE**

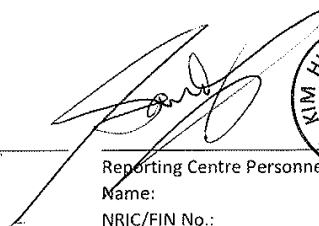
1. Please report **correctly** the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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.

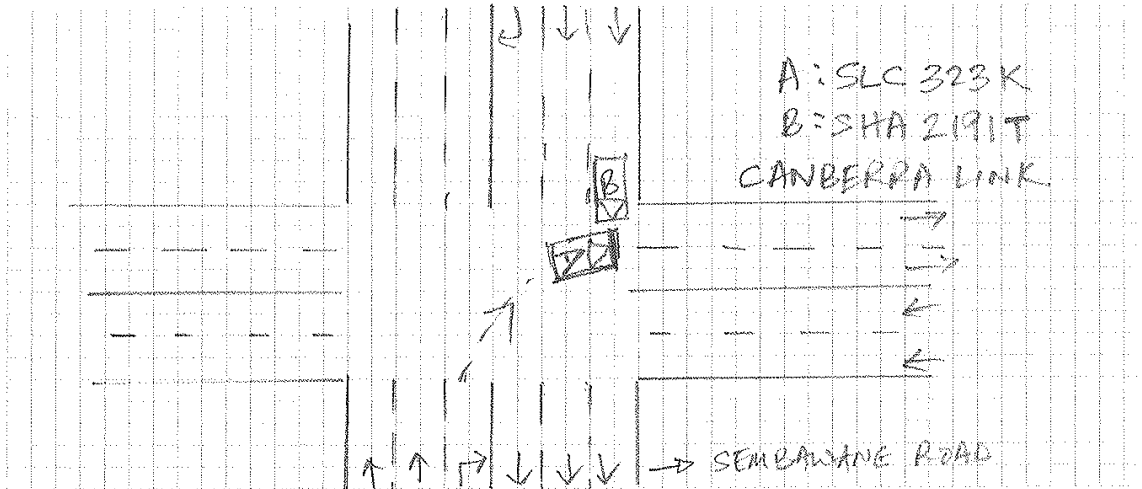
  
Policyholder's Signature  
Date & Time:

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

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



### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

PLEASE REFER TO POLICE REPORT

MY WIFE (WHO IS PASSENGER) AND ME ARE INJURED.

MY VEHICLE WAS TOWED TO A WORKSHOP AT UBI  
ON 27.10.19 (SUNDAY) AND TODAY I HAVE ~~BEEN~~ TOWED  
OUT TO AXA AUTHORIZED WORKSHOP K. KAM HIN AUTO P/L.

## DECLARATION

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

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Policyholder's Signature

Date & Time:

Company Chop (if applicable)

Driver's Signature

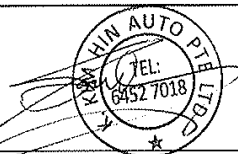
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





**SINGAPORE  
POLICE FORCE**



T/20191028/7001

1 of 3

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

Report No. T/20191028/7001

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/10/2019 11:16		Vide Report No.: L/20191027/0160		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LIM CHIN LUM			Address: 798 WOODLANDS DRIVE 72 #09-75 HDB-WOODLANDS SINGAPORE 730798		
ID Type / ID No.: NRIC NO / S1402544H			Contact No.: Home/Office:		Mobile: 92220077
Nationality: SINGAPORE CITIZEN			Email: Limcl3243@gmail.com		
Sex: Male	Age: 59	Date of Birth: 23/03/1960	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: civil servant			Driving Licence Information: Class: 2B,3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/10/2019 14:55	Type of Location: X-Junction
Location:  Sembawang Road junction Canberra Link				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA2191T	Car			Blue	Seriously Damaged	0
SLC323K	Car	NISSAN	qashqai	Grey	Seriously Damaged	1

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLC323K	AXA INSURANCE SINGAPORE PTE LTD	GA177398/1	30/03/2019	29/03/2020



**SINGAPORE  
POLICE FORCE**



T/20191028/7001

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

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Report No. T/20191028/7001

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Passenger</b>			
Name	AGNES CHOW	ID No.	S1679362J
Related Vehicle	SLC323K (Car)	Contact No.	83333371
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/10/2019	Date Discharge	27/10/2019
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
<b>Driver</b>			
Name	LIM CHIN LUM	ID No.	S1402544H
Related Vehicle	SLC323K (Car)	Contact No.	92220077
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	27/10/2019	Date Discharge	27/10/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight

**Brief Details.**

Driving my car SLC 323 K with my wife Ahnes Chow as front seat passenger along Sembawang Road turning right to Canberra Link. Green arrow traffic light to my favour and a taxi SHA 2191 T from opposite direction towards Sembawang Park did not stop at red lights and collided onto the front left side of my car. Taxi swerved to left on the opposite of Canberra Link. My car spinned right about 90 degree after collision. TP was at scene. My wife and taxi driver were conveyed to Khoo Teck Puat hospital. I went to said hoisptal for medical checkup at 5.05pm. All 3 were discharged. I got 4 days medical leave. I suffered stif back and neck. My wife suffered brusies on left lower thigh and small swell on left side of head.



**SINGAPORE  
POLICE FORCE**



T/20191028/7001

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

3 of 3

Report No. T/20191028/7001

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 28/10/2019 11:16
Officer In Charge Of Case: TP / TPHQ / RASHIDAH BINTE AZMAN Contact No.: 65476216	Classification Of Case:

Authentication Stamp  
NP168





Accident Photo



Accident Photo



Accident Photo





Accident Photo



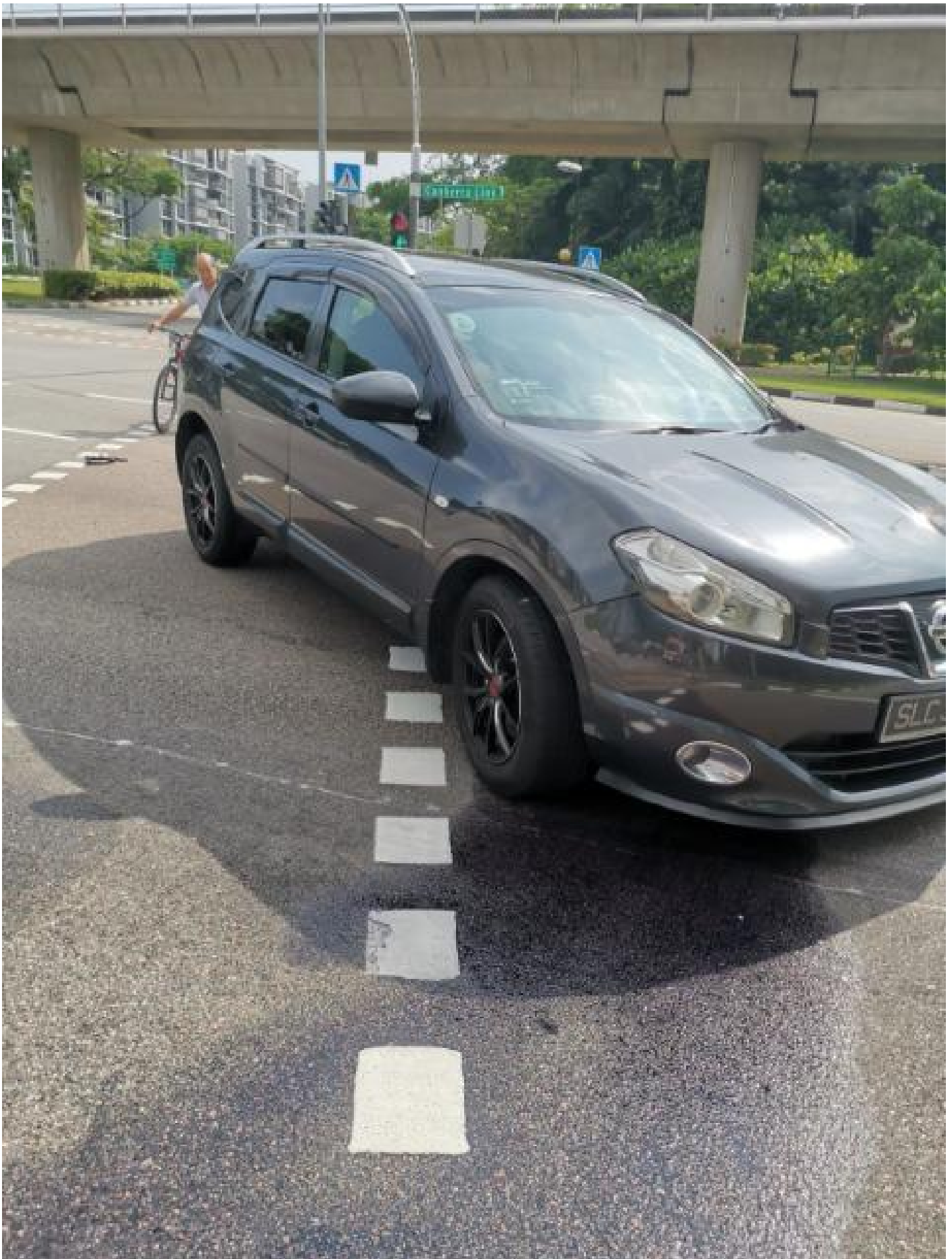
Accident Photo



Accident Photo

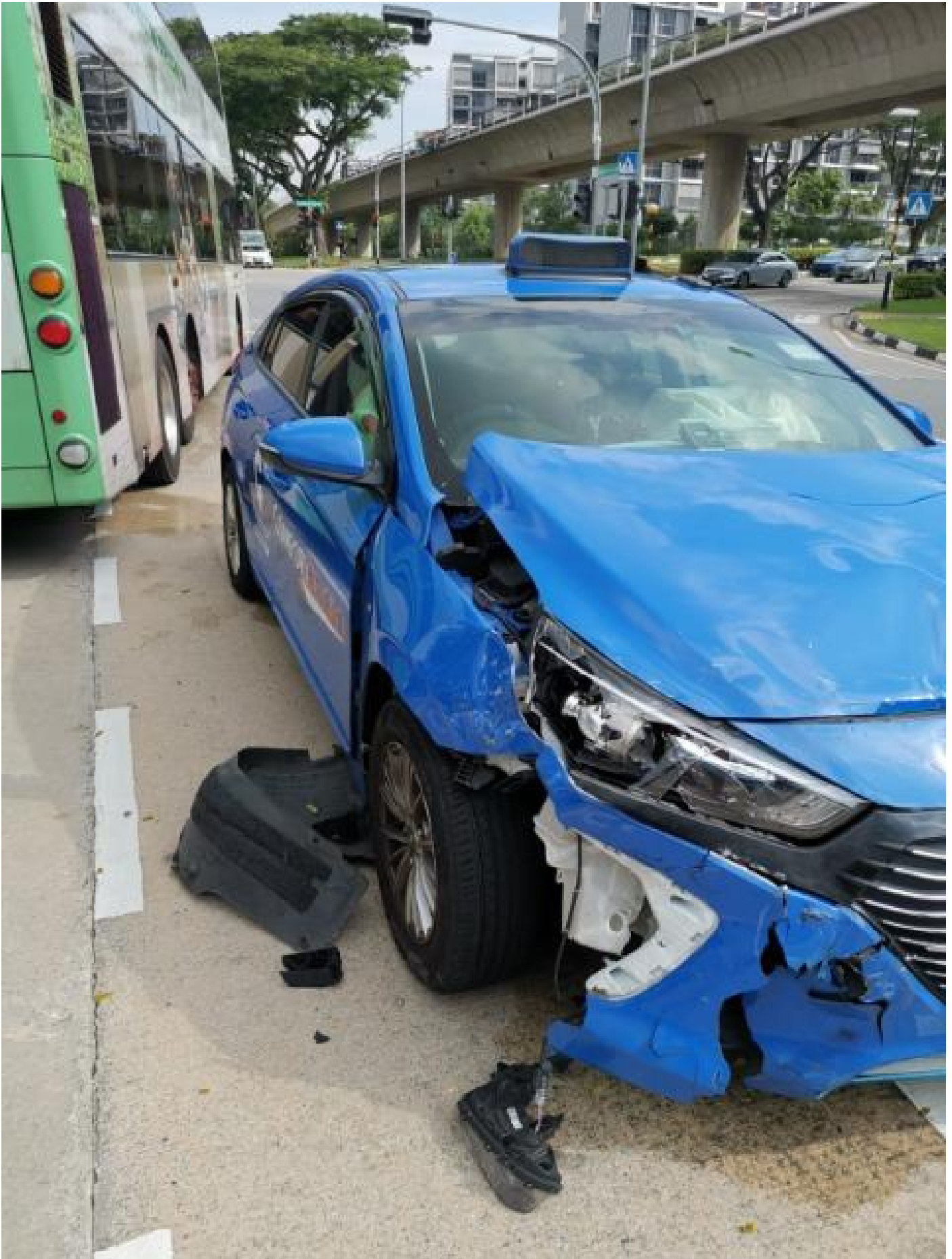


Accident Photo





Accident Photo



Accident Photo



Accident Photo

