

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 Submission	11/09/2020 13:18 (SGT)
Date of Accident	09/09/2020 19:05 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG5294U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM KOON HUI (LIN KUNHUI)
NRIC No	SXXXX759D
Email Address	xinyunauto1@gmail.com
Mobile Phone No	(Phone) +65-90477442
Alternative Phone No	+65-90477442

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	-
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1800140203-01
Cover Note Number	-

DRIVER

Name of Driver	LIM KOON HUI (LIN KUNHUI)
NRIC No	SXXXX759D

Date Of Birth	03/03/1971
Occupation	Outdoor
Date Of Driving Pass	23/02/1993
Driving experience	27 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90477442
Alt. Phone Number	+65-90477442
Email Address	xinyunauto1@gmail.com
Address	BLK 178A RIVERVALE CRESCENT #05-435
Address complement	-
Postcode	542178
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Punggol Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006049999
Alt. Police Station Phone No	(Fax) +65-64468015
Police Station Address	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20200910/2072

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJQ4561M
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE DONG
NRIC No	SXXXX283F
Contact Number	(Phone) +65-98508875
Address	
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SML3885B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1


Name of injured person	LIM KOON HUI (LIN KUNHUI)
Gender	Male
Phone No	(Phone) +65-90477442
Address	
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK PAIN
Injured person in which vehicle?	SMG5294U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


SKETCH PLAN**IMPORTANT NOTICE**

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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.:

SKETCH PLAN

ALONG CTR TOWARDS CITY B/L BALANTRAR
FOOT.



A: SMG5294U


B: SJQ4561M


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

please refer to police report T/20200910/2072

DECLARATION

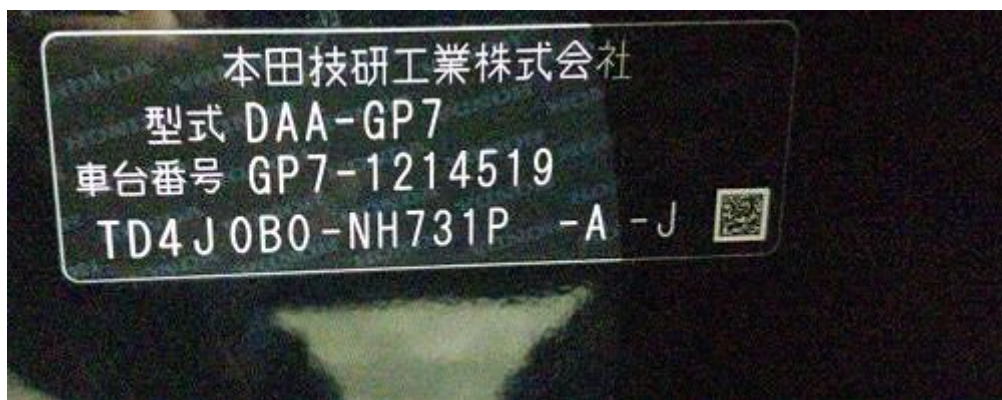
I/We declare the foregoing particulars are true in every respect.


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.:

GRANDIR SketchPlanForm_V2











**SINGAPORE
POLICE FORCE**



T/20200910/2072

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

1 of 4

Report No. T/20200910/2072

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/09/2020 16:18		Vide Report No.:		Station Diary No.: 29	
Informant's Particulars					
Name of Informant: LIM KOON HUI			Address: APT BLK 178B RIVERVALE CRESCENT #05-435 SINGAPORE 542178		
ID Type / ID No.: NRIC NO / S7107759D			Contact No.: Home/Office: Mobile: 90477442		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 04/03/1971	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Shipping Management			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/09/2020 19:05	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SJQ4561M	Car				No Damage	2
SMG5294U	Car	HONDA	SHUTTLE HYBRID 1.5 AUTO	Black	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Report No. T/20200910/2072

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SMG5294U	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800140203-01	24/12/2019	23/12/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	Lee Dong		ID No.	S8238283F
Related Vehicle	SJQ4561M (Car)		Contact No.	98508875
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	NIL
Driver				
Name	LIM KOON HUI		ID No.	S7107759D
Related Vehicle	SMG5294U (Car)		Contact No.	90477442
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	10/09/2020		Date Discharge	NIL
No. of Days granted Medical Leave		04	Degree of Injury	Slight

Brief Details.

On 09/09/2020 at about 7.05pm, I was driving my vehicle Honda Shuttle bearing SMG5294U on the first lane along CTE heading towards City before Balestier Exit when I emergency brake as the vehicle in front of me jammed brake. This resulted in the vehicle behind me driven by Lee Dong, S8238283F cttid:98508875 a Hyundai bearing plate number SJQ4561M hitting the back of my car. My car rear was dented due to the impact. During the accident, there was one grab passenger in my vehicle and the other party has a female subject and a kid with him. Initially, there was no injury, however, I felt pain on my neck a few hours later and went to the Sengkang General Hospital to get it checked and was given 4 days MC. It was a chain collision involving about 6-7 vehicles.

I did not manage to get the details of the other vehicles. I have in car camera in my vehicle.



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CONTINUATION OF REPORT



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Tel No: 1800-6049999

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Report No. T/20200910/2072

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:

F /

Sgt 2 SYAZWANI BINTE RAZALI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/09/2020 16:18

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD-SAID

Classification Of Case:

Contact No.: 65476172

Authentication Stamp

NP188

Signature:

Singapore Police Force

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

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: MNA20078660 Vehicle Registration No: SMG 5294 U
Name(as shown in NRIC): LIM KOON HUI
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
NRIC/Passport No: S7107759 D
Address: Blk 178B Rivervale Crescent #05-435 (542178)
Contact (Tel): 90477442 (H/P): 90477442
(Email): _____
Date of Accident: 09.09.2020 Time of Accident: 19:05
Place of Accident: Along CTE Towards City Before Bakstier Road Exit
Insurance Company: Alfa

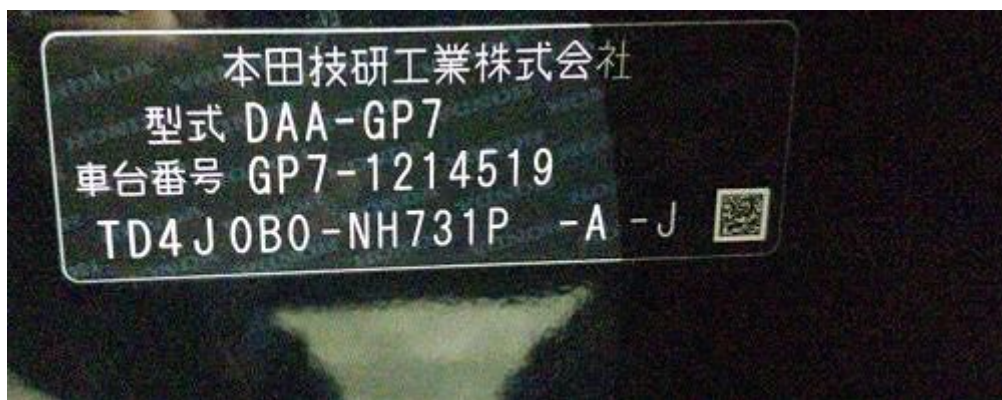
(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Vehicle NO. SMG 5294 U
DOA: 09.09.2020
I wish to add, this accident is a 3 car chain collision
1st car SMG 5294 U
2nd car SJR 4561 M
3rd car SML 3885 B


Signature of Vehicle Owner / Driver Lim Koon Hui
Date: 31/08/2021

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030
Operating Hours : Monday to Friday 9am to 5pm









SKETCH PLAN

ALONG CRK TOWARDS CITY BLF BALAKRUR
FOHI



A: SMG5294U


B: SJQ4561M


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

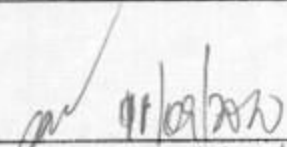
please refer to police report T/20200910/2072

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.:

Version: 20200910/2072



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ID Type / ID No.: NRIC NO / S7107759D			Contact No.: Home/Office: Mobile: 90477442		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 04/03/1971	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Shipping Management			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/09/2020 19:05	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
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No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
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Related Vehicle	SJQ4561M (Car)		Contact No.	98508875
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	NIL
Driver				
Name	LIM KOON HUI		ID No.	S7107759D
Related Vehicle	SMG5294U (Car)		Contact No.	90477442
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	10/09/2020		Date Discharge	NIL
No. of Days granted Medical Leave		04	Degree of Injury	Slight

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Sgt 2 SYAZWANI BINTE RAZALI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/09/2020 16:18

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD-SAID

Contact No: 65476172

Authentication Stamp

NP158

Signature:

Singapore Police Force

Classification Of Case: