

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	16/12/2020 12:01 (SGT)
Date of Accident	16/12/2020 02:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGS2995H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM BENG HUAT
NRIC No	SXXXX667D
Email Address	weishengggg@hoymail.com
Mobile Phone No	(Phone) +65-96368312
Alternative Phone No	+65-83227339

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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 - Reporting only
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSN30144819000
Cover Note Number	-

DRIVER

Name of Driver	LIM WEI SHENG
NRIC No	SXXXX952H

Date Of Driving Pass	04/05/2015
Driving experience	5 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83227339
Alt. Phone Number	-
Email Address	weishengggg@hoymail.com
Address	BLK 312B CLEMENTI AVENUE 4
Address complement	#03-175
Postcode	122312
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	No Collision
Weather Conditions	DRIZZLING
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	No
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of Intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201216/7002

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

SKETCH PLAN

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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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 1010hr
16/12/20
Policyholder's Signature / Date & Time

Workshop 1010hr
16/12/20
Driver's Signature (If driver is not the policyholder) / Date & Time

 16/12/2020
Witnessed by Reporting Centre Personnel

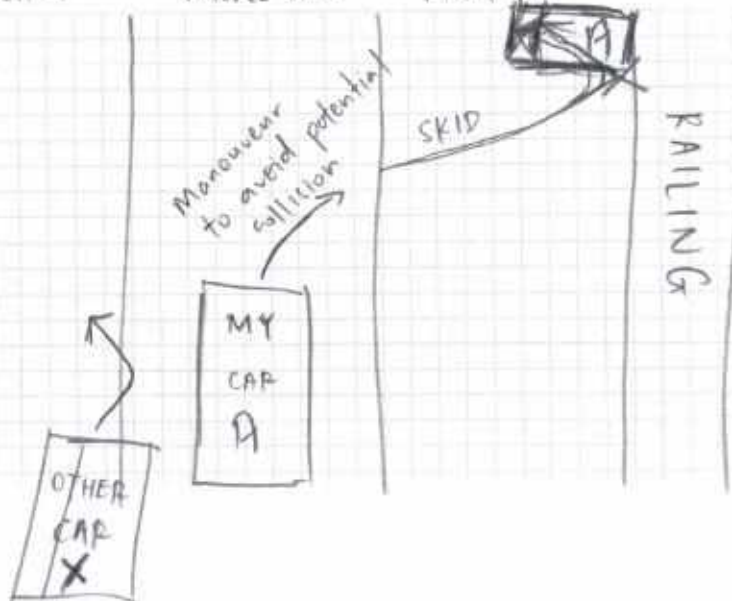
Sketch Plan

LEFT LANE

MIDDLE LANE

RIGHT LANE

A) SGS 2995H
X) UNKNOWN CAR



Describe Circumstances of the Accident

REFER TO POLICE REPORT T/20201216/7002

Declaration

We declare the foregoing particulars are true in every respect.



16/12/20 10:00 HR

 16/12/2020

ACCIDENT STATEMENT

ACCIDENT DATE: (16 / 12 / 2021) (DD/MM/YYYY), TIME: (02 : 30) (HH:MM)

LOCATION: PIE TO THAS (19km)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGS 2995 H
 b) INSURANCE COMPANY: CHINA TALPING
 c) POLICY NUMBER: ~~DMEP~~ DMPCSN30144819000
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HYUNDAI AVANTE 1.6 GLS 4DR AUTO
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: GOING HOME
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: LIM BENG HUAT (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1529667D CONTACT: 96368312
 c) ADDRESS: 312B CLEMENTI AVENUE 4 #03-175 S(122312)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LIM WEI SHENG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9637952H CONTACT: 83227339
 c) ADDRESS: 312B CLEMENTI AVENUE 4 #03-175 S(122312)

* d) DATE OF BIRTH: (17 / 10 / 1996) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) STUDENT

f) DATE OF DRIVING PASS 04/05/2015

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SON

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) WET / POST-RAIN / DM23 LINE

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

Email: weishengggg@hotmail.com

VIDEO



SINGAPORE POLICE FORCE



T/20201216/7002

1 of 3

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

Report No. T/20201216/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/12/2020 03:35		Vide Report No.: E/20201216/0025		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM WEI SHENG			Address: 312B CLEMENTI AVENUE 4 #03-175 SINGAPORE 122312		
ID Type / ID No.: NRIC NO / S9637952H			Contact No.: Home/Office:		Mobile: 83227339
Nationality: SINGAPORE CITIZEN			Email: weishengggg@hotmail.com		
Sex: Male	Age: 24	Date of Birth: 17/10/1996	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Student			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/12/2020 02:30	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGS2995H	Car					0

Details of Person Involved

Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL		



**SINGAPORE
POLICE FORCE**



T/20201216/7002

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3

Report No. T/20201216/7002

CONTINUATION OF REPORT

Driver			
Name	LIM WEI SHENG	ID No.	S9637952H
Related Vehicle	SGS2995H (Car)	Contact No.	83227339
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

Was driving on the middle/right lane (cannot recollect) along PIE to Tuas (19km) and a vehicle was approaching from the left lane behind me, and seemed like it was approaching my lane from my rear mirror view. I made a manoeuvre to the right with my steering wheel to avoid a potential collision and the vehicle skidded and collided with barriers.



**SINGAPORE
POLICE FORCE**



T/20201216/7002

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

3 of 3

Report No. T/20201216/7002

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476201

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:
16/12/2020 03:35

Classification Of Case:

RENEWAL NOTICE

YOU CAN NOW PAY YOUR PREMIUM BY:-

1. ANY AXS STATIONS, OR
2. 0% INTEREST INSTALMENT PLAN WITH OCBC CREDIT CARD SUBJECT TO A MINIMUM AMOUNT OF S\$500.00 CHARGED TO THE CARD.

Agency	AN0420A	Class of Policy	Motor Private Car	Policy No.	DMPCSN30144819000
Account	AN0420A	Ren. Notice Date	11/01/2020	Expiry Date	11/03/2020
Client	3137928				

Renewal Period from 12-03-2020 to 11-03-2021, both dates inclusive

Insured's Name	LIM BENG HUAT
Address	BLK 312B CLEMENTI AVENUE 4 CLEMENTI RIDGES SINGAPORE 122312
Business/Occupation	MANAGER
Premium	

Basic Annual Premium	S\$1,781.00
Less 5% Loyalty Discount	S\$ 89.05
Less 20% Autosave Scheme	S\$ 338.39
No Claim Discount -10%	S\$ 135.36
Total Annual Premium	S\$1,218.20
Renew. Premium	S\$1,218.20
Premium GST	S\$85.27
Total	S\$1,303.47

* WEF 02.01.2019, THERE WILL BE NO REFUND FOR CANCELLATION IF THERE
 * IS A WINDSCREEN CLAIM DURING THE POLICY PERIOD.

Risk No.1	Motor Private Car		
	ORIGINAL REGISTRATION DATE: 12-03-2007		
Make/Model	: HYUNDAI AVANTE 1.6 GLS 4DR AUTO	No. of seats	: 5
Registration	: SGS2995H	Body Type	: Saloon
Engine No.	: G4FC7U133774	Capacity ccs	: 1591
Chassis No.	: KMHU41BR7U159460	Certificate Ref.	: MX1F
Year of Manuf/Regn	: 2007/01.01.2007		
Type of Cover	: Comprehensive		
Financial Interest	: HONG LEONG FINANCE LTD AS HP OWNER		
Sum Insured	: Market value at the time of loss		
Sum Insured:	Market value at the time of loss		
Named Drivers Ex Sect. I			
Named Drivers THE INSURED	: S\$500.00		
Additional Ex Other than Named Drivers:	: LIM BENG HUAT		
Ex Sect. I - Age <= 25	: S\$3,000.00		
Ex Sect. I - Age >= 26	: S\$500.00		
* Age as at date of accident			
EX ON WINDSCREEN	: S\$100.00		

Continued on page 2