

# 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 ..... 09/12/2020 12:03 (SGT)  
Date of Accident ..... 28/11/2020 16:10 (SGT)  
Exact Location of Accident ..... CTE, Singapore  
Additional Location Information ..... TOWARDS CITY BEFORE BRADDELL ROAD EXIT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SGY4603U

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LIM AH HUA  
NRIC No ..... SXXXX985F  
Email Address ..... admin@aceauto.com.sg  
Mobile Phone No ..... (Phone) +65-91912988  
Alternative Phone No ..... +65-91912988

### VEHICLE PARTICULARS

Manufacturer ..... Kia  
Model ..... Rio  
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

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNW00134052004  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LIM AH HUA  
NRIC No ..... SXXXX985F  
Date Of Birth ..... 17/08/1959  
Occupation ..... Indoor

Date Of Driving Pass .....	28/05/1993
Driving experience .....	27 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91912988
Alt. Phone Number .....	+65-91912988
Email Address .....	admin@aceauto.com.sg
Address .....	BLK 39 #04-709
Address complement .....	BEDOK SOUTH ROAD
Postcode .....	460039
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 .....	Collision - Head to Rear
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
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 .....	Eunos Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18004439999
Alt. Police Station Phone No .....	(Fax) +65-62444376
Police Station Address .....	Blk 629 Bedok Reservoir Road #01-1620 Singapore 470629
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201128/2100

#### 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 .....	PC8275R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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 AH HUA  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT INJURY  
 Injured person in which vehicle? ..... SGY4603U  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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

CTE (+ward city before boulder exit)

A 547A6034

8 PC 8275R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Follow police report 1/20/20 11:38 7100

DECLARATION

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

Policyholder's Signature  
Date & Time: 1/4

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 1/4

Reporting Centre Person's Signature  
Name: 29/12/2020  
NRIC/FIN No: 123456789






















**SINGAPORE  
POLICE FORCE**


T/20201128/2100

1 of 4

Report No. T/20201128/2100

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/11/2020 19:08      Vide Report No.:      Station Diary No.: 14

Informant's Particulars			
Name of Informant: LIM AH HUA		Address: APT BLK 39 BEDOK SOUTH ROAD #04-709 SINGAPORE 460039	
ID Type / ID No.: NRIC NO / S1366985F		Contact No.: Home/Office:      Mobile: 91912988	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 61	Date of Birth: 17/08/1959	Type of Informant: Driver
Race: Chinese		Language: Chinese	Institution / School Name:
Occupation: Carpenter		Driving Licence Information: Class: 2B,3,4      Date of Expiry:	

General Information of the Accident				
Type of Accident: Injury Others	Drink Drive: No	Date/Time of Accident: 28/11/2020 16:05	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
PC8275R	Bus/Coach/Minibus	SUNLONG		Grey	Slightly Damaged	1
SGY4603U	Car	KIA	RIO 1.4M	Black	Seriously Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SGY4603U	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001340 52004	27/09/2020	26/09/2021





**SINGAPORE  
POLICE FORCE**



T/20201128/2100

2 of 4

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

Report No. T/20201128/2100

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	TAN FEI	ID No.	G5356333W
Related Vehicle	PC8275R (Bus/Coach/Minibus)	Contact No.	NIL
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
<b>Driver</b>			
Name	LIM AH HUA	ID No.	S1366985F
Related Vehicle	SGY4603U (Car)	Contact No.	91912988
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	28/11/2020	Date Discharge	28/11/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 28/11/2020 at around 1808hrs, I was driving my car bearing registration number: SGY4603U, along Central Expressway towards city before Braddell Road. I was driving on the third lane from the left. Vehicles on my lane then came to a stop, I then followed suit. As I came to a complete stop, a bus bearing the registration number PC8275R rear ended my car. I then alighted from my vehicle, exchanged particulars with the said driver and went on our separate ways.

Damages to my car as follows:

- 1) Rear view mirror smashed
- 2) Rear bumper dislodged
- 3) Rear proportion of the car damaged
- 4) Roof of the car damaged
- 5) Mud guard damaged
- 6) Oil fuel tank damaged
- 7) Lower arm damaged
- 8) Rear car lighting damaged
- 9) Spoiler damaged
- 10) Rear car tire damaged
- 11) Suspension damaged

I wish to state that I am unsure of the other damages my car sustained from the accident.



**SINGAPORE  
POLICE FORCE**



T/20201128/2100

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3 of 4  
Report No. T/20201128/2100

**CONTINUATION OF REPORT**

After which I went to Our Family Physicians Clinic & Surgery to seek medical attention as I felt pain on my neck, right hand, head and right leg. I was given 5 days medical certificate MC no.OD-TP0000053743.

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4438999



T/20201128/2100

Report No. T/20201128/2100

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 3 TAN MENG LIANG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SI ANG YI TING, STEPHANIE  
Contact No.: 65476414

Authentication Stamp  
NP158

Signature Of Informant:

Date/Time:  
28/11/2020 19:08

Classification Of Case: