

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 13/01/2021 14:45 (SGT)
Date of Accident 12/01/2021 20:15 (SGT)
Exact Location of Accident Bukit Batok Rd, Singapore
Additional Location Information JUNC WITH BT BATOK WEST AVE 7
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGH2976X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHEW KIAN CHEONG
NRIC No SXXXX678G
Email Address ROYCHEW68@GMAIL.COM
Mobile Phone No (Phone) +65-97684221
Alternative Phone No +65-97684221

VEHICLE PARTICULARS

Manufacturer Nissan
Model Latio
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 DMPCSNW00044712004
Cover Note Number -

DRIVER

Name of Driver LIM SOON MOI
NRIC No SXXXX068I
Date Of Birth 03/07/1975
Occupation Indoor

| | |
|--|-------------------------------------|
| Date Of Driving Pass | 19/01/2005 |
| Driving experience | 16 YEARS |
| Gender | Female |
| Mobile Number | (Phone) +65-83219588 |
| Alt. Phone Number | - |
| Email Address | JACQUELINELIMSM@HOTMAIL.COM |
| Address | BLK 291 CHOA CHU KANG AVE 3 #07-200 |
| Address complement | - |
| Postcode | 680291 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Spouse |
| 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 - Cross Junction |
| Weather Conditions | Raining |
| Road Surface | Wet |

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) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------------|------------|
| Name | MAVIS CHEW |
| Gender | Female |

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

REFER TO STATEMENT & POLICE REPORT T/20210113/2082

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | FBH7449C |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

| | |
|---|----------------------|
| Vehicle Colour | - |
| Vehicle Category | Motorcycle |
| Name of Driver | - |
| Contact Number | (Phone) +65-88623664 |
| 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 SOON MOI |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | BODY |
| Injured person in which vehicle? | SGH2976X |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

INJURED 2

| | |
|---|------------|
| Name of injured person | MAVIS CHEW |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | BODY |
| Injured person in which vehicle? | SGH2976X |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

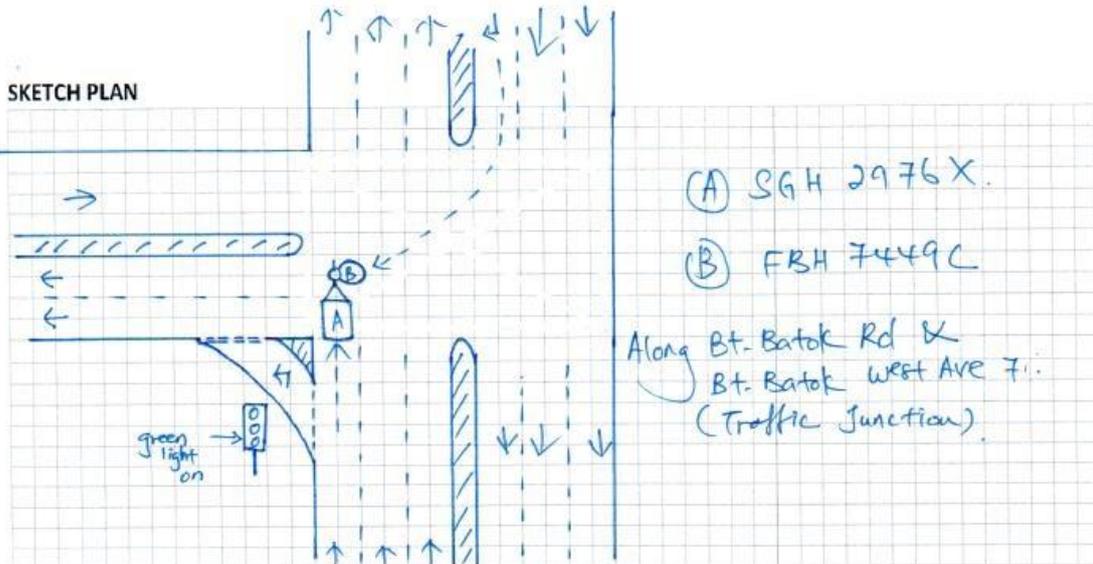
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.: |
|--|---|--|



(A) SGH 2976X

(B) FBH 7449C

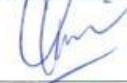
Along Bt. Batok Rd & Bt. Batok West Ave 7. (Traffic Junction).

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12-01-2021 @ about 2015hrs, I was driving my car (SGH 2976X) along Bukit Batok Road in the left most lane. Upon reaching the traffic junction between Bukit Batok West Ave 7, the traffic light on green in my favour so I continue go straight in my own lane. while ^{drive through} crossing the traffic junction, suddenly a motorbike dashed out from the opposite direction without check & giving way oncoming traffic from his opposite direction and then collided onto front portion of my car. Hence, I hereto lodge this report to claim against Veh B's Insurance for my accident damages. My car has installed car camera recorder, and I willing to provide my accident video footage for my accident claim purpose. My daughter and I was left uncomfortable after the accident and we went to see doctor and was given by 5 days of mc. we will follow up our medical treatment when necessary.

DECLARATION

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


 Policyholder's Signature
 Date & Time:

 13/1/2021 11:31AM
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:


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

















**SINGAPORE
POLICE FORCE**



T/20210113/2082

1 of 4

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

Report No. T/20210113/2082

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 13/01/2021 13:36 | Vide Report No.: | Station Diary No.: 27 |
|--|------------------|--------------------------|

| Informant's Particulars | | | |
|--|------------|--|------------------------------|
| Name of Informant: LIM SOON MOI | | Address: APT BLK 291 CHOA CHU KANG AVENUE 3 #07-200 SINGAPORE 680291 | |
| ID Type / ID No.: NRIC NO / S7585068I | | Contact No.: | Mobile: 83219588 |
| Nationality: MALAYSIAN | | Email: | |
| Sex: Female | Age: 45 | Date of Birth: 03/07/1975 | Type of Informant: Driver |
| Race: Chinese | | Language: English | Institution / School Name: |
| Occupation: Housewife | | Driving Licence Information: Class: 3 | Date of Expiry: |

| General Information of the Accident | | | | |
|---|------------------|---|---|------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 12/01/2021 20:15 | Type of Location: Straight Road |
| Location: BUKIT BATOK WEST AVENUE 7 | | | | |
| Weather: Heavy rain | | Road Surface: Wet | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | Traffic Volume: Moderate | |
| Type of Collision: Between Moving Vehicles - Head On | | | Anyone conveyed by ambulance: No | |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------------|------|-------|-------|---------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| FBH7449C | Motorcycle | | | | Slightly Damaged | 0 |
| SGH2976X | Car | | | | Totally Damaged | 1 |

| Details of Person Involved | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20210113/2082

2 of 4

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

Report No. T/20210113/2082

CONTINUATION OF REPORT

| Rider | | | |
|-----------------------------------|----------------------------------|--|-----------------------------------|
| Name | SYED SYAFIQ BIN SYED NAZARULLDIN | ID No. | S9525656B |
| Related Vehicle | FBH7449C (Motorcycle) | Contact No. | 88623664 |
| 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 SOON MOI | ID No. | S7585068I |
| Related Vehicle | SGH2976X (Car) | Contact No. | 83219588 |
| Hospital/Clinic | NORTHEAST MEDICAL CENTRE | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | 13/01/2021 | Date Discharge | 13/01/2021 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Serious |
| Passenger | | | |
| Name | CHEW TING HUI MAVIS | ID No. | T0921713J |
| Related Vehicle | SGH2976X (Car) | Contact No. | 83219588 |
| Hospital/Clinic | NORTHEAST MEDICAL CENTRE | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 13/01/2021 | Date Discharge | 13/01/2021 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Serious |

Brief Details.

On 12/01/2021 at about 2015hrs, I was travelling with my daughter in my silver Nissan car, SGH2976X at the 3rd lane of 3 lane road along Bukit Batok West Avenue 7 towards Jurong Town Hall. Upon reaching the traffic light junction, the traffic light on green was in my favour as such I continue to go straight in my own lane. While driving straight, suddenly a motorbike, FBH7449C which was turning from the opposite direction dashes out from its lane and collided onto the front portion of my vehicle. Thereafter, I stopped my vehicle to inspect the damages and check on the rider. The rider then informed that the is totally fine and we managed to exchange our particulars. After the accident, my daughter and I felt unwell and decided to seek medical treatment. We were given 3 days MC from 13/01/2021 to 15/01/2021 by Dr Steven Ho of Northeast Medical Group Clinic. My vehicle is installed with in-car camera and so far, I do not have any witnesses.



**SINGAPORE
POLICE FORCE**



T/20210113/2082

3 of 4

Report No. T/20210113/2082

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CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210113/2082

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4 of 4

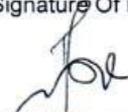
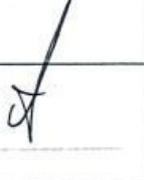
Report No. T/20210113/2082

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 / Staff Sgt HEAP ZHI YONG | Signature Of Informant:  |
| Signature Of Interpreter: Not applicable | Date/Time: 13/01/2021 13:36 |
| Officer In Charge Of Case: TP / AEIT / Insp BOON YEN KIAN Contact No.: 65476172 | Classification Of Case: |
| Authentication Stamp NP168  | |