

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 05/02/2021 21:04 (SGT)
Date of Accident 03/02/2021 08:00 (SGT)
Exact Location of Accident Tampines, Singapore
Additional Location Information TAMPINES STREET 23
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKH4984L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ASSET LIMO
Company Reg No 53309913K
Email Address JAMESLEECARS@HOTMAIL.COM
Mobile Phone No (Phone) +65-90218889
Alternative Phone No +65-90218889

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Avante
Variant -
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? No - Claiming third party
Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company Axa
Type of Coverage ThirdParty
Fleet Policy No
Policy Number VFX/P2382948
Cover Note Number -

DRIVER

Name of Driver BEH JEE PHONG
NRIC No S1262298H
Date Of Birth 15/07/1957
Occupation Indoor

Date Of Driving Pass	04/01/1978
Driving experience	43 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98567145
Alt. Phone Number	-
Email Address	JAMESLEECARS@HOTMAIL.COM
Address	BLK 123 YISHUN ST 11 #10-499
Address complement	-
Postcode	760123
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	GRAB PASSENGER
Gender	Male

PASSENGER 2

Name	GRAB PASSENGER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Changkat Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007819999
Alt. Police Station Phone No	(Fax) +65-67832722
Police Station Address	Blk 109 Tampines Street 11 #01-261 Singapore 521109
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO SKETCH PLAN

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	SHC8917S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	LIM KOK PENG
NRIC No	S1519547I
Contact Number	(Phone) +65-96724586
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	BEH JEE PHONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKH4984L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLANIMPORTANT 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. 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.



[Handwritten Signature]

Policyholder's Signature
Date & Time:

[Handwritten Signature]

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



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

SKETCH PLAN

Refer Attached sketch plan

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(Refer To Attached Police Report)

R/NO: T/20210204/2066

TP CLAIM OTHER WORKSHOP.

EM Solution PTE LTD

Causal: em Auto

DECLARATION

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



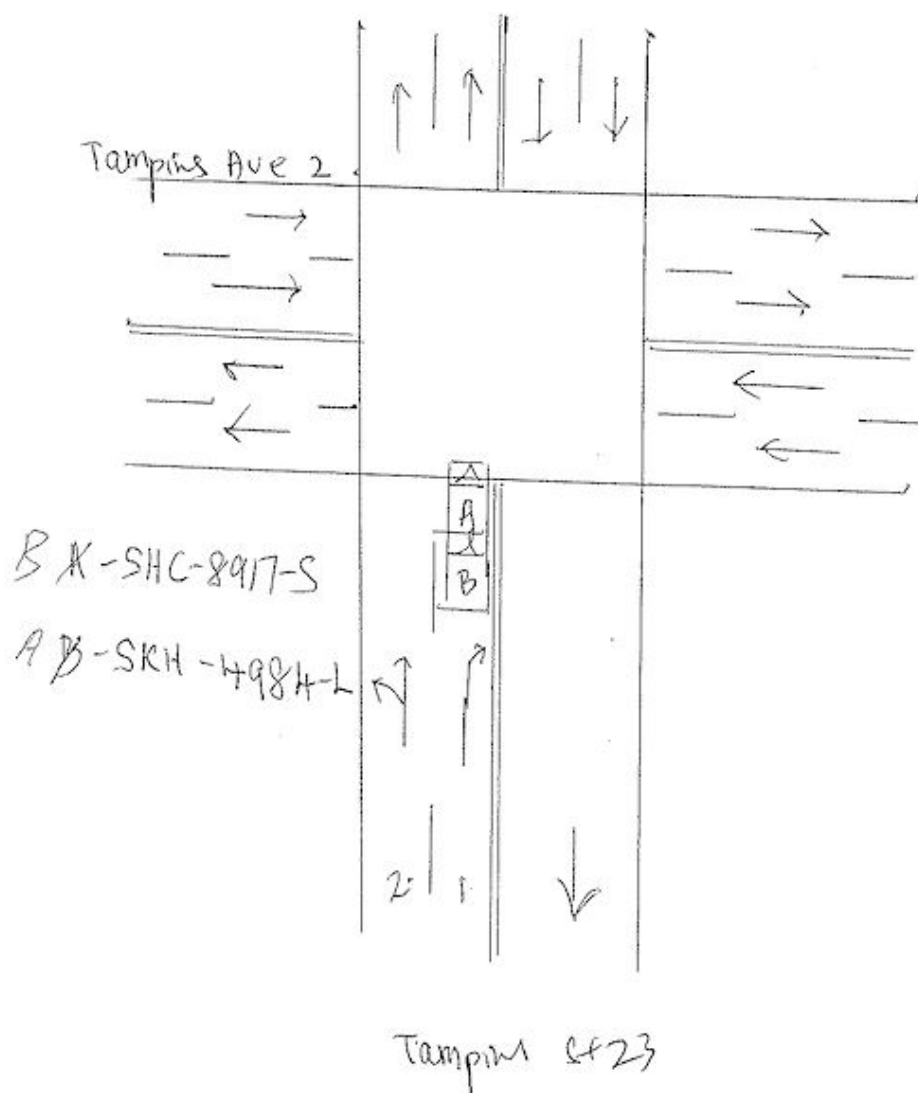
Policyholder's Signature
Date & Time:



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



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



[Handwritten signature]

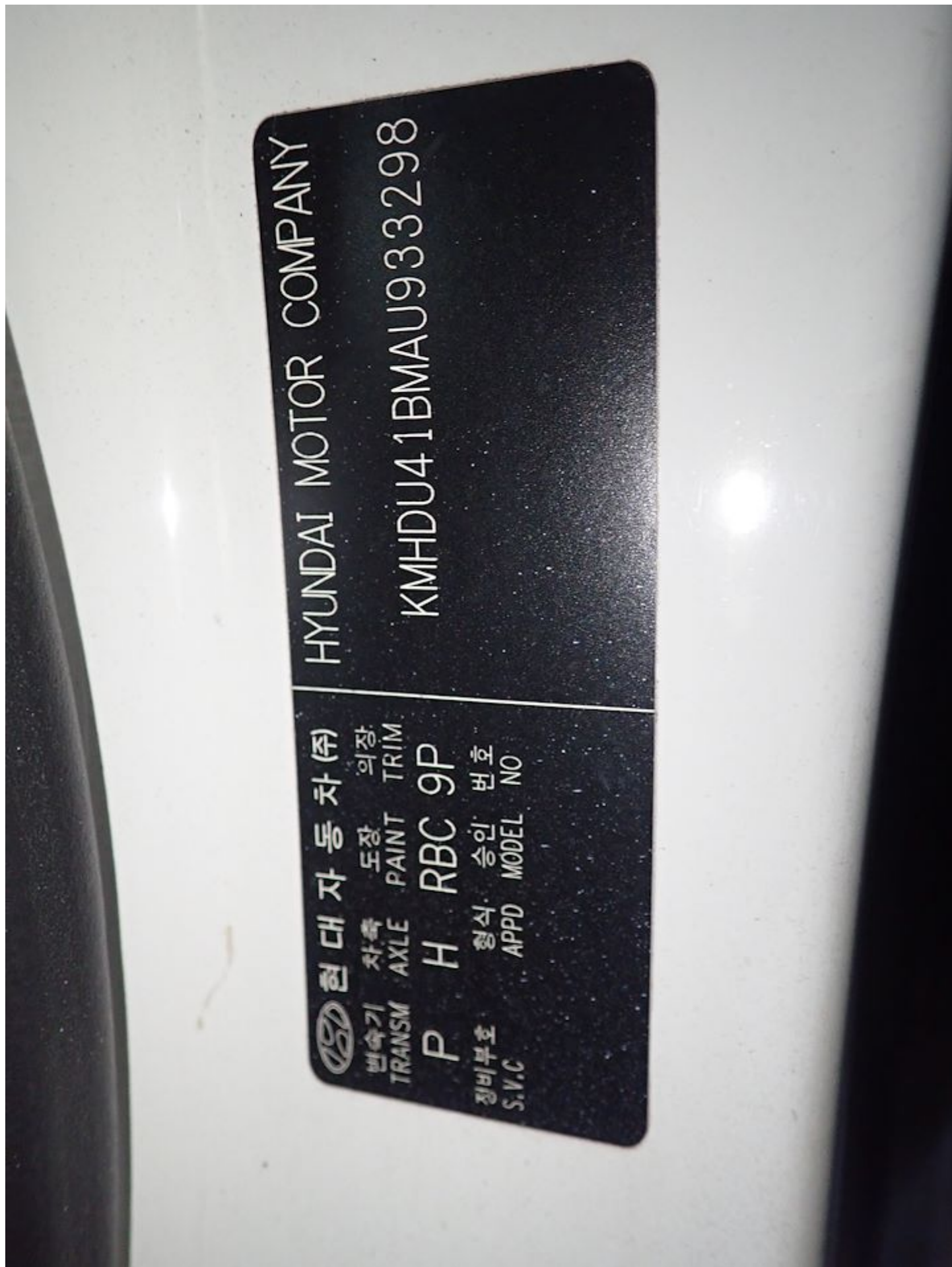






















**SINGAPORE
POLICE FORCE**



T/20210204/2066

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

1 of 4

Report No. T/20210204/2066

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/02/2021 15:39	Vide Report No.:	Station Diary No.: 11
--	------------------	--------------------------

Informant's Particulars

Name of Informant: BEH JEE PHONG			Address: APT BLK 123 YISHUN STREET 11 #10-499 SINGAPORE 760123		
ID Type / ID No.: NRIC NO / S1262298H			Contact No.: Home/Office: Mobile: 98567145		
Nationality: SINGAPORE CITIZEN			Email: jeephongbeh@gmail.com		
Sex: Male	Age: 63	Date of Birth: 15/07/1957	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/02/2021 20:00	Type of Location: X-Junction
Location: TAMPINES STREET 23				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		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
SHC8917S	Car	HYUNDAI	I40	Blue		0
SKH4984L	Car	HYUNDAI	AVANTE	White	Slightly Damaged	2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210204/2066

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

2 of 4

Report No. T/20210204/2066

CONTINUATION OF REPORT

Driver			
Name	LIM KOK PENG	ID No.	S15195471
Related Vehicle	SHC8917S (Car)	Contact No.	96724586
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	BEH JEE PHONG	ID No.	S1262298H
Related Vehicle	SKH4984L (Car)	Contact No.	98567145
Hospital/Clinic	CARE MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/02/2021	Date Discharge	04/02/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SKH4984L (Car)	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
Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	SKH4984L (Car)	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



**SINGAPORE
POLICE FORCE**



T/20210204/2066

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

3 of 4

Report No. T/20210204/2066

CONTINUATION OF REPORT

Brief Details.

On 03/02/2021 at around 2000hrs, I was travelling along Tampines St 23 and was on the right most turning lane as I intended to turn right to Tampines Avenue 2. As I reached the junction of Tampines St 23 and Tampines Ave 2, the traffic light was green in my favor but I stopped at the junction to wait for on-coming traffic to clear before making the right turn. My car was the first car at the traffic light junction. Just a couple of seconds after I reached the junction, my vehicle was hit from the rear by the other car (SHC8917S). I had 2 passengers at that time, which I believe were father and son, but I do not have their details. I did not feel much pain at that time.

Both of us drivers alighted from our vehicles and made a check on our vehicles. We then exchanged particulars and drove off in our separate ways. My vehicle rear bumper became slightly dislodged, and the rear fender had suffered a dent and several cracks. The boot also had become difficult to close.

The next day, 04/02/2021, I started feeling pain in my neck, back, and my shoulders. I also felt numbness in my limbs. I went to see a doctor at Care Medical Pte Ltd (Blk 683 Hougang Ave 8 #01-931) for my injuries and was given 5 days MC.

I do not have in car CCTV footage of the incident.



**SINGAPORE
POLICE FORCE**



T/20210204/2066

4 of 4

Report No. T/20210204/2066


Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

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 WONG XINGYI, SEAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 04/02/2021 15:39
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476404	Classification Of Case:
Authentication Stamp NP168	