

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 27/02/2021 17:10 (SGT)
Date of Accident 25/02/2021 22:52 (SGT)
Exact Location of Accident 126 Sims Ave, Singapore 387449
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKS8551T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner AW LIAN TENG
NRIC No SXXXX926H
Email Address seanyj98@gmail.com
Mobile Phone No (Phone) +65-98243205
Alternative Phone No +65-98243205

VEHICLE PARTICULARS

Manufacturer BMW
Model 528i
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 NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5119832866
Cover Note Number -

DRIVER

Name of Driver LIM YONG JUN
NRIC No SXXXX171F
Date Of Birth 16/02/1998
Occupation Indoor

Date Of Driving Pass	22/01/2019
Driving experience	2 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98243205
Alt. Phone Number	-
Email Address	seanyj98@gmail.com
Address	BLK 288F BUKIT BATOK STREET 25 #14-90
Address complement	-
Postcode	655288
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	Side Swipe
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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ALEX LAU
Gender	Male

PASSENGER 2

Name	CHEW KUO CHOON
Gender	Male

PASSENGER 3

Name	DAO THI THAO UYEN
Gender	Female

PASSENGER 4

Name	TERINE NG
Gender	Female

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 SKECH PLAN

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 SMM7886S
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver JAMALUDIN BIN AHMAD
 NRIC No SXXXX278F
 Contact Number (Phone) +65-97820713
 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 YONG JUN
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BACK AND NECK PAIN
 Injured person in which vehicle? SKS8551T
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person ALEX LAU
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BACK AND NECK PAIN
 Injured person in which vehicle? SKS8551T
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person DAO THI THAO UYEN
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BACK AND NECK PAIN
 Injured person in which vehicle? SKS8551T
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 4

Name of injured person TERINE NG
 Address -

Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK AND NECK PAIN
Injured person in which vehicle?	SKS8551T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 5

Name of injured person	CHEW KUO CHOON
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK AND NECK PAIN
Injured person in which vehicle?	SKS8551T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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' 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

126 SIMS AVENUE

A: SKS8551T
B: Smm7886S

Declaration

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel



















**SINGAPORE
POLICE FORCE**



T/20210226/7028

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

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Report No. T/20210226/7028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/02/2021 18:03		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM YONG JUN			Address: 288F BUKIT BATOK STREET 25 #14-90 SINGAPORE 655288		
ID Type / ID No.: NRIC NO / S9805171F			Contact No.: Home/Office: Mobile: 98243205		
Nationality: SINGAPORE CITIZEN			Email: SEAINYJ96@GMAIL.COM		
Sex: Male	Age: 23	Date of Birth: 16/02/1998	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/02/2021 22:50	Type of Location:
Location: SIMS AVENUE				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKS8551T	Car					0
SMM7886S	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210226/7028

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

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Report No. T/20210226/7028

CONTINUATION OF REPORT

Driver			
Name	LIM YONG JUN		ID No. S9805171F
Related Vehicle	SKS8551T (Car)		Contact No. 98243205
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
Passenger			
Name	ALEX LAU		ID No. NIL
Related Vehicle	SKS8551T (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	03	Degree of	Slight
Passenger			
Name	TERINE NG		ID No. NIL
Related Vehicle	SKS8551T (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	03	Degree of	Slight
Passenger			
Name	DAO THI THAO UYEN		ID No. NIL
Related Vehicle	SKS8551T (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	03	Degree of	Slight



**SINGAPORE
POLICE FORCE**



T/20210226/7028

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

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Report No. T/20210226/7028

CONTINUATION OF REPORT

Passenger			
Name	CHEW KUO CHOON		ID No. NIL
Related Vehicle	SKS8551T (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the stated date and time, I was driving my vehicle (SKS8551T) along 126 Sims Avenue. I was traveling straight when vehicle (SMM7886S) suddenly dashed out from the first lane which from a stationary position and hit onto the front right portion of my vehicle (SKS8551T). I sustained injuries due to the accident and was given 3 days of MC.



**SINGAPORE
POLICE FORCE**



T/20210226/7028

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

Report No. T/20210226/7028

CONTINUATION OF REPORTSketch 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 / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

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:
26/02/2021 18:03

Classification Of Case: