# **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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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**

**BMW** 

Private car

Vehicle Registration Number SKS8551T

### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner AW LIAN TENG NRIC No SXXXX926H Email Address seanyi98@gmail.com Mobile Phone No (Phone) +65-98243205 Alternative Phone No +65-98243205

### VEHICLE PARTICULARS

INSURANCE COMPANY

Manufacturer

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

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy 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 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

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

No
Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

No
Number of Passengers (Including Driver)

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?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

Police Station Address

Was notice of intended Prosecution given?

Yes

Traffic Police

(Phone) +65-65470000

(Fax) +65-65474900

10 Ubi Avenue 3 Singapore 408865

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**

**TERINE NG** 

### INJURED 1

Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	
INJURED 2	
Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	
INJURED 3	
Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	DAO THI THAO UYEN  BACK AND NECK PAIN SKS8551T Yes No

Name of injured person

INJURED 4

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

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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)

Lunderstand, 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) with have insured vehicle(s) involved in this accident (admission (s) with 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;
- (ii) 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")

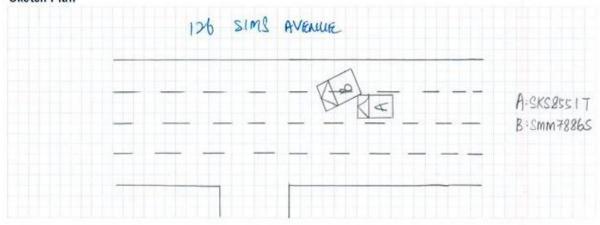
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (in rluding their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

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

Withessed by Reporting Centre 
Personnel

Sketch Plan

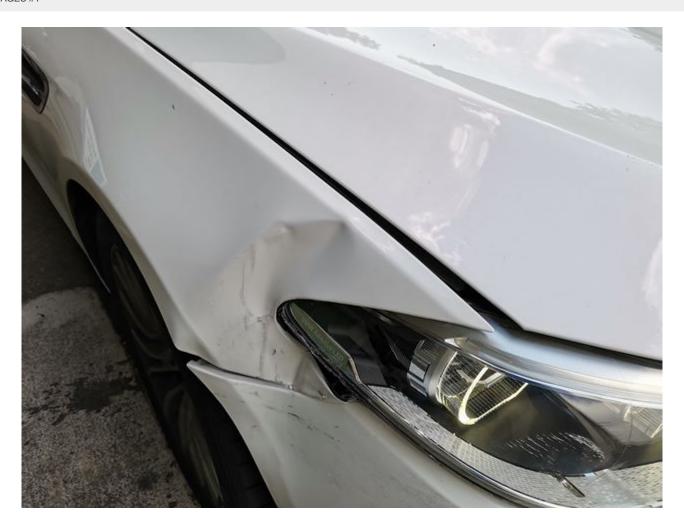


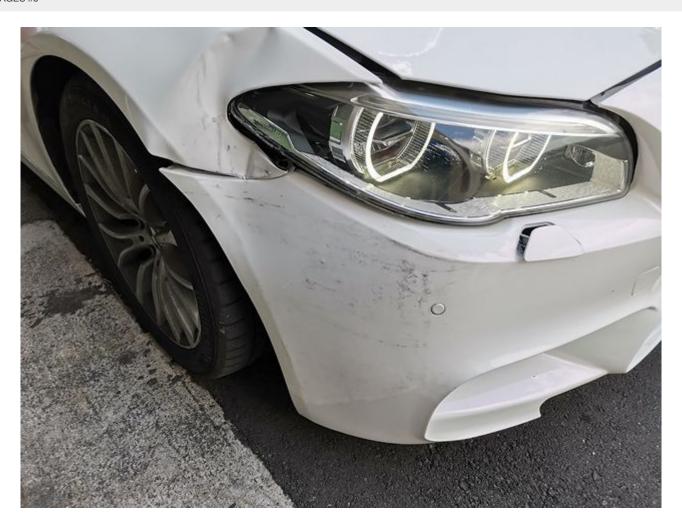
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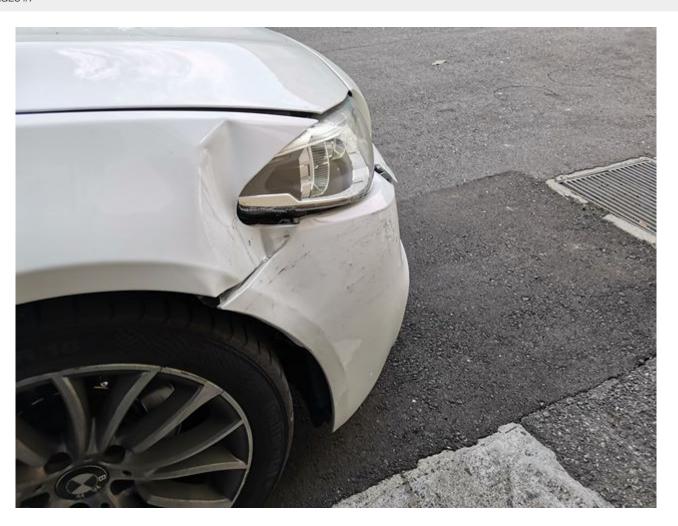


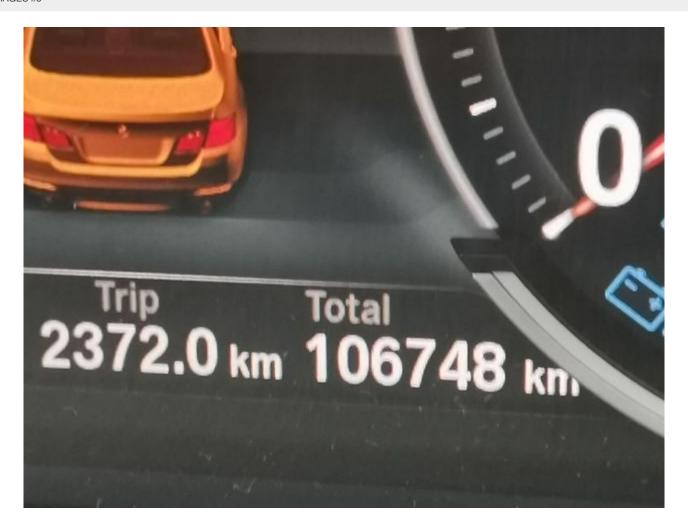


















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 4 Report No. T/20210226/7028

### REPORT OF A TRAFFIC ACCIDENT

	Pate/Time Report Made: 6/02/2021 18:03		Vide Report No.:	Station Diary No.:	
Informa	nt's Partice	ulars			
Name of LIM YON	Informant: NG JUN		Address: 288F BUKIT BATOK STREE	ET 25 #14-90 SINGAPORE 655288	
ID Type NRIC NO	/ ID No.: D / S98051	71F	Contact No.: Home/Office:	Mobile: 98243205	
Nationality: SINGAPORE CITIZEN		EN	Email: SEANYJ98@GMAIL.COM		
Sex: Male	Age: 23	Date of Birth: 16/02/1998	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupat SELF EN	ation: EMPLOYED		Driving Licence Information: Class:	Date of Expiry:	

General Infor	mation of the Acci	dent			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/02/2021 22:50	Type of Location:	
Location:			Andrew Color of the Color o		
SIMS AVENU	JE				
Weather:		Road Surface:	F	Road Speed Limit:	
Traffic Flow: Traffi		Traffic Control:	1	Traffic Volume:	
Type of Collision:			a	Anyone conveyed by ambulance:	

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKS8551T	Car	mane	model	-	Contains	0
SMM7886S	Car					0

Details of Person Involved	之为"自己"以为"自己"的"自己"的"自己"的"自己"的"自己"的"自己"的"自己"的"自己"的
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20210226/7028

### CONTINUATION OF REPORT

	Tuna your and			Lini		
Name	LIM YONG JUN			ID No.		S9805171F
Related Vehicle	SKS8551T (Car)			Conta	ct No.	98243205
Hospital/Clinic	NIL			Class Driving Licend Expiry	g e &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	Calvage West Harrist His Earlie 12
No. of Days gran	ted Medical Leave	NIL	Degree of	f	NIL	
Passenger			Yes and the second			
Name	ALEX LAU			ID No.		NIL
Related Vehicle	SKS8551T (Car)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Driving Licend Expiry	e &	Class: NIL Date of Expiry: NIL
Date	NIL Date			NIL		
No. of Days gran	ted Medical Leave 03 Degree o			f Slight		
Passenger						
Name	TERINE NG			ID No.		NIL
Related Vehicle	SKS8551T (Car)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	03	Degree of		Slight	
Passenger		diam'r.				
Name	DAO THI THAO UYE	N		ID No.		NIL
Related Vehicle	SKS8551T (Car)			Contac	ct No.	NIL
Hospital/Clinic	NIL			Class Driving Licenc Expiry	e &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
Annual Control of the	ed Medical Leave 03 Degree				Slight	



T/20210226/7028

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

Report No. T/20210226/7028

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### CONTINUATION OF REPORT

Passenger			Weight Land	7 10 PM		
Name	CHEW KUO CHOON			ID No.		NIL
Related Vehicle	SKS8551T (Car)			Contac	t 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 o	of	Sligh	t

### 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.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 4 of 4

Report No. T/20210226/7028

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 26/02/2021 18:03
Officer In Charge Of Case: TP / TPIB / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:

NP168

Authentication Stamp