

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.

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 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 14/04/2021 09:58 (SGT) Date of Accident 13/04/2021 06:45 (SGT) Exact Location of Accident Sembawang Way, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SM7112U

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner SEBASTIN LIM CHOON HUAT NRIC No. S9335156H Email Address SEBASTINLIM@GMAIL.COM Mobile Phone No (Phone) +65-81263038 Alternative Phone No +65-81263038

VEHICLE PARTICULARS

Manufacturer Toyota Model **RAIZE** 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? Yes Vehicle Category Private car Transmission Auto CC 996

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00056282100 Cover Note Number

DRIVER

Name of Driver SEBASTIN LIM CHOON HUAT NRIC No. S9335156H



Date Of Birth 17/09/1993 Occupation Indoor Date Of Driving Pass 16/01/2013 Driving experience 8 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-81263038 Alt. Phone Number +65-81263038 Email Address SEBASTINLIM@GMAIL.COM Address BLK 153 ANG MO KIO AVE 5 #07-3072 Address complement Postcode 560153 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT T/20210413/7008 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SJT8960C Vehicle Manufacturer Vehicle Model

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

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)	_

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer	SHB5555C -
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	_

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	GBG7055K
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 Address	SEBASTIN LIM CHOON HUAT
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMZ112U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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- 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:

- 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.
- 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:

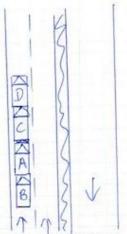
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

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veh. (1): SMZ 1124 veh. (1): ST 8960C veh. (1): SHB5555C. veh. (1): GBG 7055K.

Location = Sembanang Way

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*	Please	refer	to	Police	Report	(7/20210413/	1008)
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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: the

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



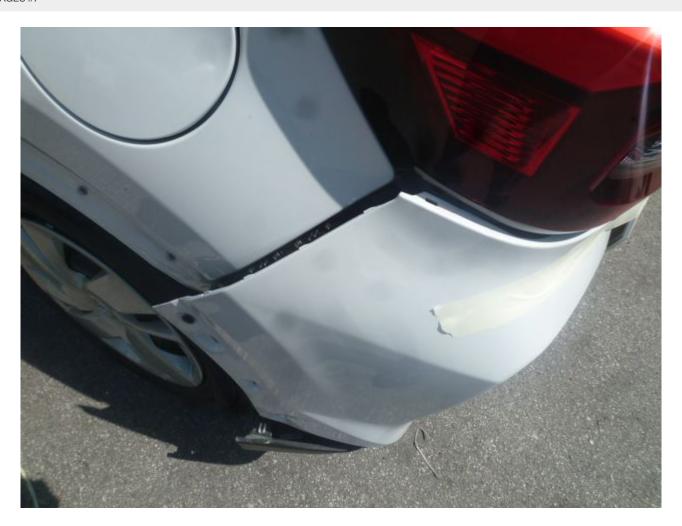


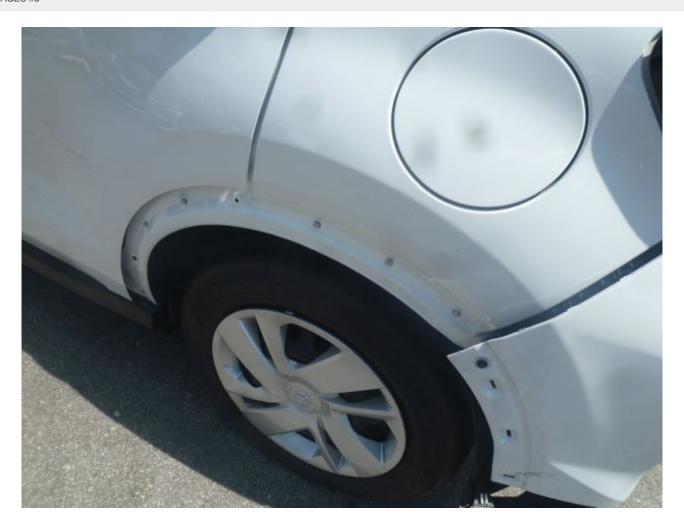




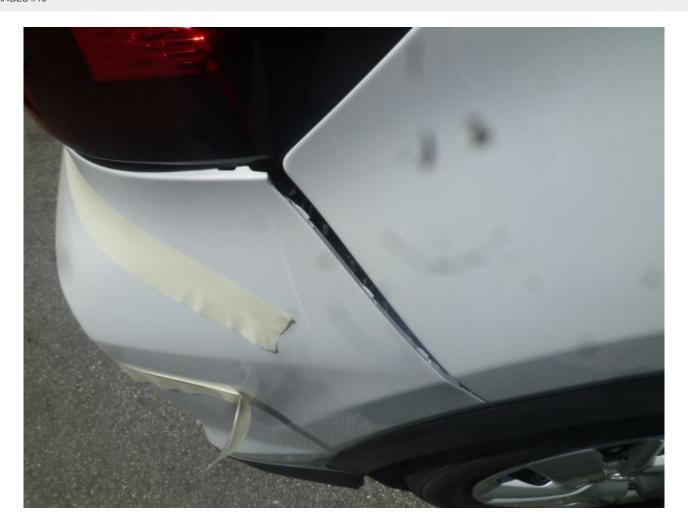


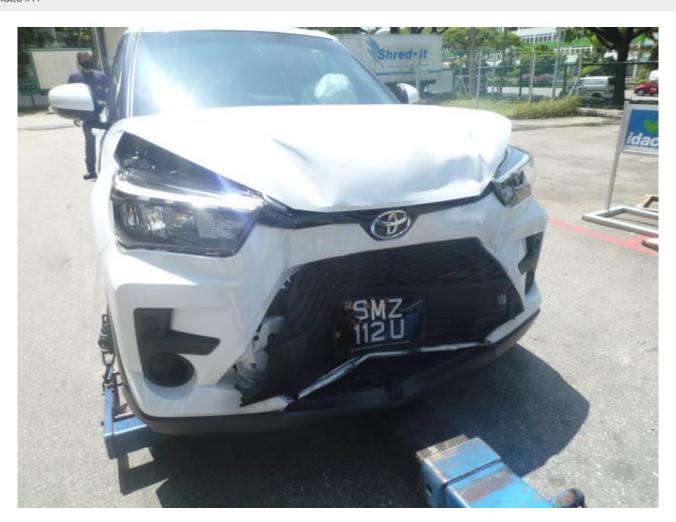










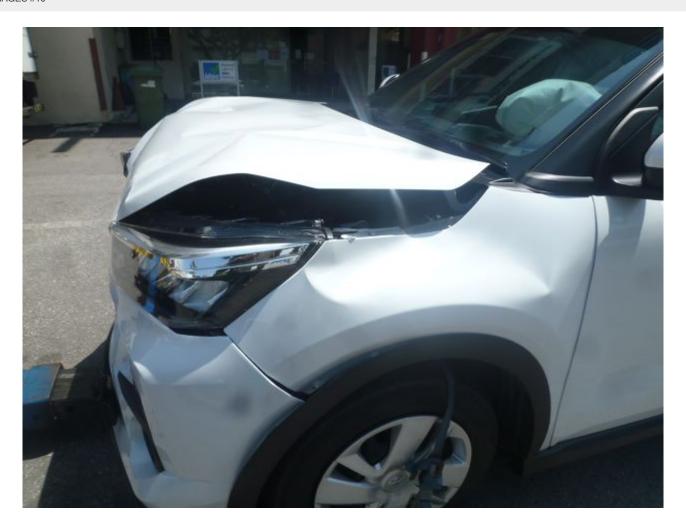




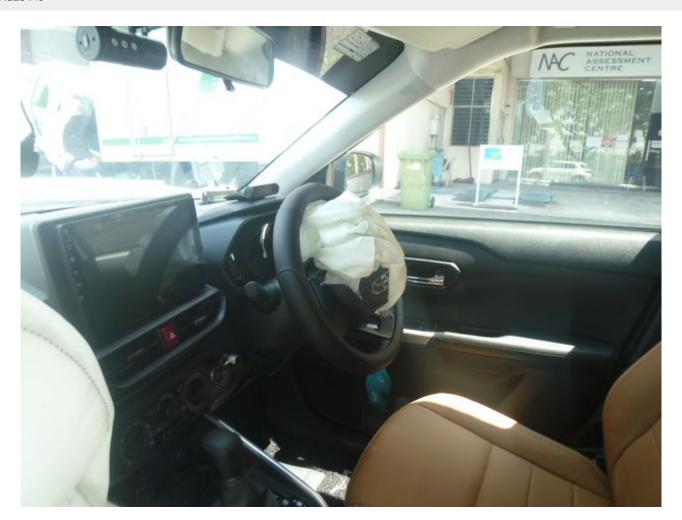
















1 of 3 Report No. T/20210413/7008

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

EPORT OF	A TRAFFIC	ACCIDENT		Station Diary No.:		
Date/Time Report Made: 13/04/2021 11:26			Vide Report No.:	Classic States		
Informan	t's Particu	lars	Statement of the state of the s			
Name of Informant: SEBASTIN LIM CHOON HUAT			Address: 153 ANG MO KIO AVENUE 5	#07-3072 SINGAPORE 560153		
ID Type / ID No.: NRIC NO / S9335156H			Contact No.: Home/Office: Mobile: 81263038			
Nationality: SINGAPORE CITIZEN		Provide the second seco	Email: Sebastinlim@gmail.com			
Sex: Male	Age: Date of Birth: 17/09/1993		Type of Informant: Driver	L. W. C. (Och ed Nome)		
Race: Chinese	Race:		Language: English	Institution / School Name:		
Occupation: Electronics engineer (general)			Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Injury Others	Drink Da	ate/Time of ccident: 3/04/2021 06:45	Type of Location Straight Road
Location: SEMBAWAN	G WAY			
			R	
Weather:		Road Surface: Dry		oad Speed Limit:
Weather: Clear Traffic Flow: Two Way			Tr	raffic Volume: oderate nyone conveyed by

Details of Ve	THE RESERVE TO SHARE THE RESERVE TO SHARE THE PARTY OF TH		Model	Color	Conditio	No of
Vehicle No.	Туре	Make	Model	00101		0
GBG7055K	Lorry					
Character Control						0
SHB5555C	Car					T SPEC
						0
SJT8960C	Car					
			EASTE LOV	White		0
SMZ112U	Car	TOYOTA	RAIZE 1.0X	winte	- 14	





2 of 3 Report No. T/20210413/7008

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

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SMZ112U	CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.	DMPCSNW000562 82100	16/03/2021	15/03/2022	

Any Pedestrian Ir	nvolved: No			
No. of Pedestrian	s Injured: NIL	Use of Ped	lestrian Cros	sing: NA
Driver	以供用的工作。	1650世纪	WHEN THE	
Name	SEBASTIN LIM CHOON HUAT		ID No.	S9335156H
Related Vehicle	SMZ112U (Car)		Contact No	81263038
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	13/04/2021	Date	NIL	
	ted Medical Leave 03	Degree of	Slig	ht

Brief Details.

- 1. On the said date and time, I was driving my vehicle A (SMZ112U) along Sembawang Way towards Admiralty. Vehicle infront of me slow down and stopped and i follow too, when almost stop.
- 2. Suddenly, i felt a strong impact from behind, i came out from my vehicle and realised it was a chain collusion of total 4 vehicles.
- 3. Me after this accident was given 3 days MC. If i still feel any discomfort after this, i will follow up my medical treatment.
- 4. Hence, i am here to lodge this report to claim vehicle B (SJT8960C)'s insurance for my accident damages.





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

Report No. T/20210413/7008

3 of 3

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: 13/04/2021 11:26
Officer In Charge Of Case: TP / TPIB / TAN JEOK LENG Contact No.: 65476151	Classification Of Case:

NP168

Authentication Stamp

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

	ADDE	MDUM	
(A) I	PARTICULARS OF PERSON MA	AKING THE AMENDMENTS:	
Original Report No :	SN 09214. E 0003	Vehicle Registration No :	SMZ 1124
Name(as shown in NRIC):	Sebastin Lim Cho	on Huat.	
	(*Vehicle Driver / Vehicle C	wner) (*) Please delete as app	propriate
NRIC/Passport No:	SXXXX 156H		
Address:	BIK 153 Ang Mo K	to Ave 5 #07-30	10.84 (C) 10.10 (C) 10.10 (C)
Contact (Tel):		1 150,50000	81263038 .
(Email):	sebostinlim@gmail	.com.	
Date of Accident :	13/04/2021	Time of Accident :	06:45
Place of Accident :	Sembawary Wan		
Insurance Company:	China Talping Ins	surance.	
have made a report on th	e above mentioned accident	N / AMENDMENTS: and would like to include add	ditional Information or m
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Signature of Vehicle Own	e above mentioned accidents: Change to oc	and would like to include add	E-
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Operating Hours: Monday to Friday 9am to 5pm