

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 07/06/2021 16:06 (SGT)
Date of Accident 04/06/2021 07:55 (SGT)
Exact Location of Accident Singapore
Additional Location Information BEACH RD INFRONT OF CITYGATE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLU6320J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner MYCAR PTE LTD
Company Reg No 2XXXXX872D
Email Address lianlee@mycar.com.sg
Mobile Phone No (Phone) +65-65700007
Alternative Phone No (Office) +65-65700007

VEHICLE PARTICULARS

Manufacturer Toyota
Model Sienta
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 hire
Transmission Auto
CC 1500

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SPMF1000000449
Cover Note Number 24/05/2021 - 23/05/2022

DRIVER

Name of Driver LIM ENG HOE
NRIC No SXXXX281J

Date Of Birth	21/11/1965
Occupation	Outdoor
Date Of Driving Pass	02/01/1986
Driving experience	35 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92735951
Alt. Phone Number	-
Email Address	kenlim48@gmail.com
Address	BLK 212 TAMPINES ST 23 #06-139
Address complement	-
Postcode	520212
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Central Division Headquarters
Police Station Phone No	(Phone) +65-18002240000
Alt. Police Station Phone No	(Fax) +65-62200877
Police Station Address	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT

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	SH9863A
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM ENG HOE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	SLU6320J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

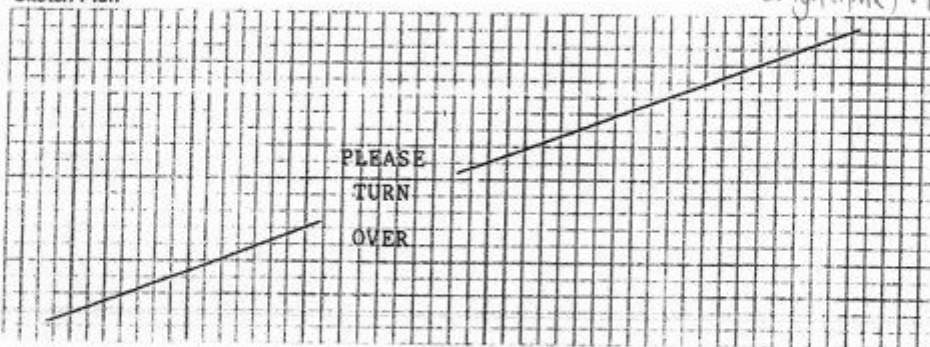
1. VEHICLE NO.: SL463207
 2. INSURER CO: Allianz
 3. ACCIDENT DATE & TIME: 04/06/21 @ 0755

IMPORTANT NOTICE

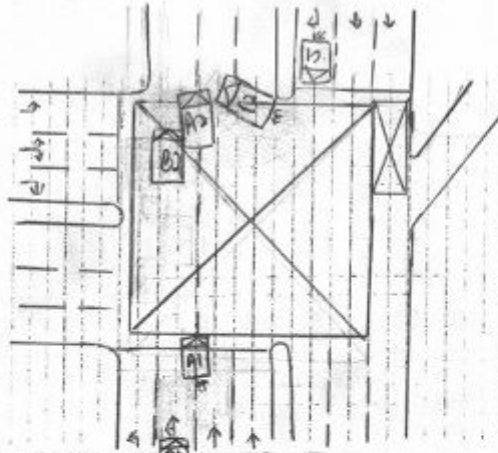
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
 I understand, 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: [Signature] 7/6/2021
 Driver's Signature (If driver is not the policyholder) / Date & Time: [Signature] 7/6/2021
 Witnessed by Reporting Centre Personnel: [Signature] 07/06/21

Sketch Plan



Sketch Plan



Vehicle A: S LU6320J
Vehicle B: SH9863A
Vehicle C: GBA709K

Beach Rd. in front
of Citygate

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

In the stated date & time, I, vehicle A (S LU6320J) was travelling straight along the 2nd lane from the right of Beach Road. After the junction for Beach Road and Jalan Sultan, Beach Road would become a 3 lane road. Hence, I was on the middle lane. I was checking my blind spot before making a lane change from middle lane to the lane on my left as I was crossing said junction. vehicle C (GBA709K) suddenly made a U turn and I had to jam on my brake in a bid to avoid collision. Moments later, vehicle B (SH9863A) collided into my rear portion of my vehicle.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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.:

☐ Claim Own Policy ☐ Claim Third Party ☐ Reporting Only
☒ Claim ODP at other workshop

















**SINGAPORE
POLICE FORCE**



A/20210605/7012

1 of 2

POLICE REPORT (NP299)

Report No. A/20210605/7012

Police Station Of Origin
Central Division HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 05/06/2021 22:22	Vide Report No.	Station Diary No.
Name Of Informant LIM ENG HOE	Address 212 TAMPINES STREET 23 #08-139 SINGAPORE 520212	
ID Type / ID No. NRIC NO / S1716281J	Contact No. Home/Office: Mobile: 92735951	
Nationality SINGAPORE CITIZEN	Email Address kenlim48@gmail.com	
Occupation Self employed	Sex Male	Age 55
Institution/School Name	Date of Birth 21/11/1965	Race Chinese
Date/Time Of Incident 04/06/2021 07:55	Location Of Incident BEACH ROAD	

Brief details.

On the above mentioned date and time, I was driving my vehicle SLU6320J along Beach Road towards Crawford street direction along the 2nd lane from the right of 4 lanes.

As I was approaching the junction of Beach Road and Jalan Sultan, I started to gradually make a lane change to the lane on my left.

After the junction of Jalan Sultan, Beach Road becomes a 3 lane road. Hence, as I was crossing the

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: 05/06/2021 22:22
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



A/20210605/7012

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20210605/7012

junction, I was in the middle of lanes 1 and 2 from the left.

Just as I was about halfway past said junction, GBA709K, which was on the opposite direction of Beach Road, suddenly made an illegal U-turn into my vehicle's path.

I immediately jammed on my brakes to avoid the collision. Moments later, I felt a massive impact from the rear of my vehicle propelling my vehicle forwards. Fortunately, I did not collide into GBA709K.

My body lunged forwards as I was caught off guard and was restrained by the seat belt.

I watched as GBA709K fled the scene without stopping.

Subsequently, I alighted to realise that a taxi SH9863A had collided into my vehicle's rear.

Later the same morning, I started feeling soreness over my neck and shoulder areas.

Hence, I proceeded to my family doctor at Unihealth Clinic Bedok for treatment and was given 3 days MC.

The next day, I woke up with aches over my lower back, right wrist and right calf areas as well.

I will be following up with my family doctor for further treatment.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:

05/06/2021 22:22

Classification Of Case:

