

# 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 .....	16/06/2021 16:22 (SGT)
Date of Accident .....	15/06/2021 03:30 (SGT)
Exact Location of Accident .....	Jelapang Rd, Singapore
Additional Location Information .....	ALONG JELAPANG ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJH3783T
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	BURNETT LIM YU SHENG
NRIC No .....	S9333262H
Email Address .....	blys.burnettlim93@gmail.com
Mobile Phone No .....	(Phone) +65-88741335
Alternative Phone No .....	(Office) +65-88741335

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Fit
Variant .....	1.3G SKYROOF A
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 - Reporting only
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1339

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage .....	ThirdParty
Fleet Policy .....	No
Policy Number .....	DMPCSNW00027182100
Cover Note Number .....	-

### DRIVER

Name of Driver .....	BURNETT LIM YU SHENG
NRIC No .....	S9333262H

Date Of Birth .....	01/09/1993
Occupation .....	Indoor
Date Of Driving Pass .....	04/04/2017
Driving experience .....	4 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88741335
Alt. Phone Number .....	(Office) +65-88741335
Email Address .....	blys.burnettlim93@gmail.com
Address .....	APT BLK 504 JELAPANG ROAD #08-354
Address complement .....	-
Postcode .....	670504
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 .....	Collision - Head on 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 .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle 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 .....	Dover Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18007788999
Alt. Police Station Phone No .....	(Fax) +65-67762859
Police Station Address .....	Blk 3 Dover Road #01-368 Singapore 130003
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO POLICE REPORT NO : T/20210615/2044.

\*I WISH TO STATE THAT AS MY VEHICLE IS IN TP COMPOUND I DO NOT HAVE MY VEHICLE AT THE TIME OF ACCIDENT REPORT.

\*I WISH TO STATE ALSO I DID NOT MANAGE TO GET THE THIRD PARTY VEHICLE PLATE NO.

\*I'M MAKING THIS REPORT FOR MY RECORD PURPOSE ONLY.

#### 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 .....	UNKNOWN
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Bus
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 .....	-
Gender .....	-
Phone No .....	-
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? .....	-

# SKETCH PLAN

## IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

  
Y

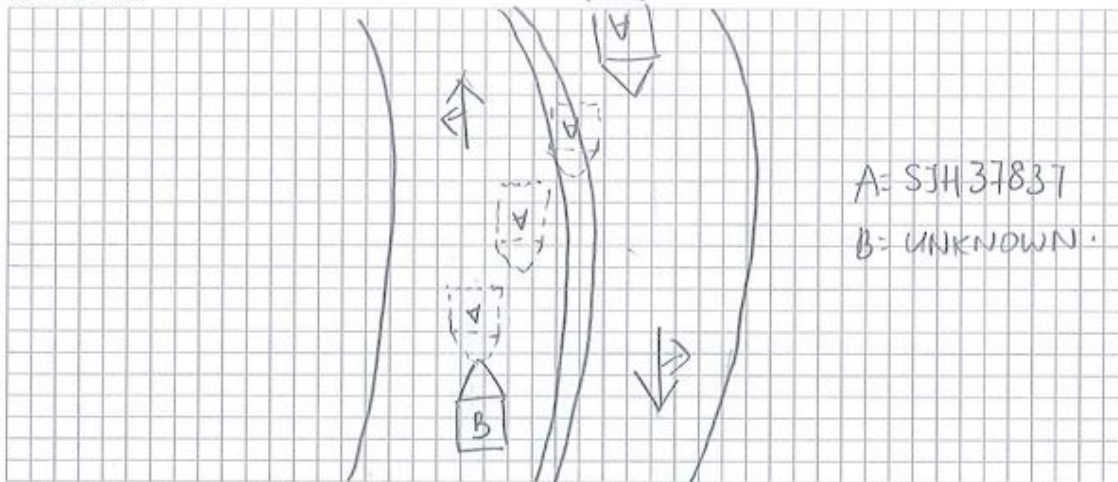
Policyholder's Signature  
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to Police Report No: T/20210615/2044.

↓ I wish to state that as my vehicle is in TP compound I do not have my vehicle at the time of accident report.

↓ I wish to <sup>state</sup> also I did not manage to get the third <sup>party</sup> vehicle plate no.

\* I'm making this report for my record purpose only.

DECLARATION

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

x *[Signature]*

Policyholder's Signature  
Date & Time:

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

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





中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1

E SN

AN0714A

Cov. Type: T

**CERTIFICATE OF INSURANCE**

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1950 (Malaysia)

CERTIFICATE No.

DMPCSNW00027182100

Engine No.: L13A4114577

Cha. No.: GE61102659

1. Index Mark and Registration  
Number of Vehicle

SJH3783T

2. Name of Policy Holder

BURNETT LIM YU SHENG

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment

02/02/2021  
(00:00:00)

4. Date of Expiry of Insurance

01/02/2022

5. Persons or Classes of Persons entitled to drive\*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or  
regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of  
a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor  
Vehicle.

6. Limitations as to use:

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed testing, the carriage of  
goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

**I/We hereby Certify** that the policy to which this Certificate relates is issued in accordance with the  
provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road  
Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

Tan Mingjie

Authorised Officer

Authorised Signatory

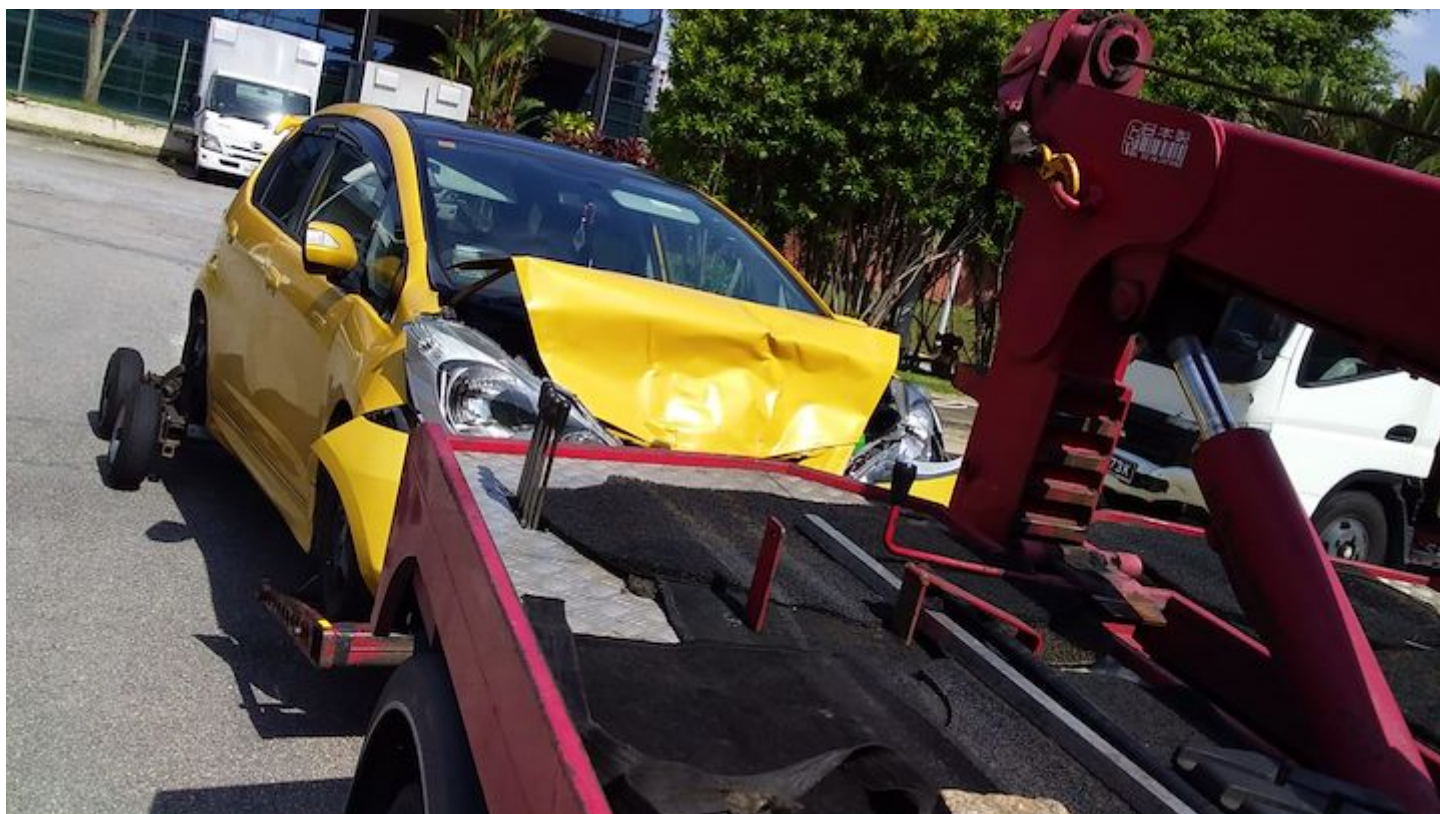
China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)

3 Anson Road #16-00 Springleaf Tower Singapore 079909

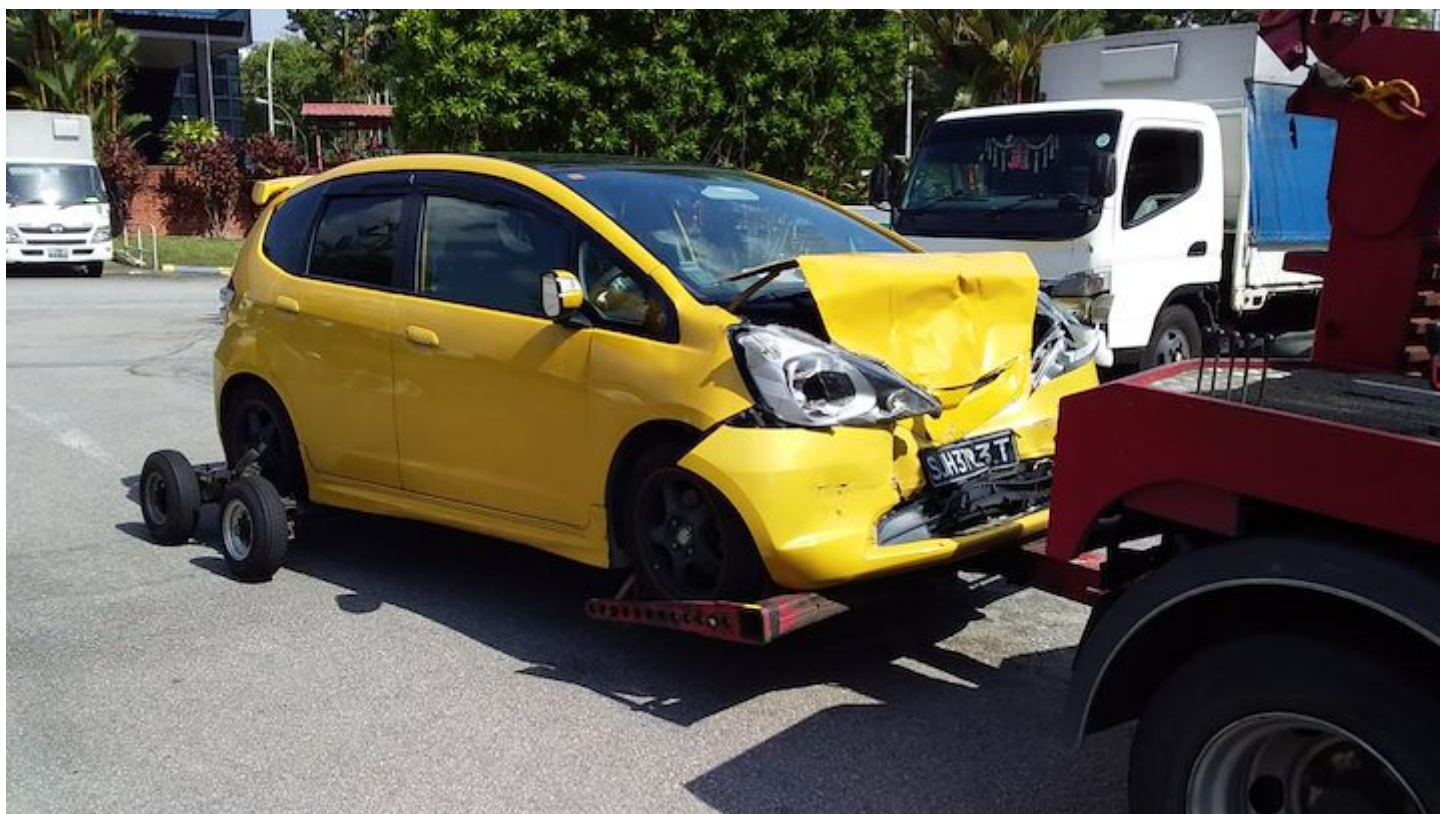
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www.sg.cntaiping.com















**SINGAPORE  
POLICE FORCE**



T/20210615/2044

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Police Station Of Origin:  
Dover NPP  
3 Dover Road #01-368 SINGAPORE 130003  
Tel No: 1800-7788999

Report No. T/20210615/2044

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/06/2021 14:11		Vide Report No.: J/20210615/0029		Station Diary No.: 12	
<b>Informant's Particulars</b>					
Name of Informant: BURNETT LIM YU SHENG			Address: APT BLK 504 JELAPANG ROAD #08-354 SINGAPORE 670504		
ID Type / ID No.: NRIC NO / S9333262H			Contact No.: Home/Office:		Mobile: 86089388
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 01/09/1993	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRABFOOD DELIVERY			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/06/2021 03:30	Type of Location: Straight Road
Location:  JELAPANG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control:	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJH3783T	Car	HONDA	FIT 1.3G SKYROOF A	Yellow	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJH3783T	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000271 82100	02/02/2021	01/02/2022



**SINGAPORE  
POLICE FORCE**



T/20210615/2044

Police Station Of Origin:  
Dover NPP  
3 Dover Road #01-368 SINGAPORE 130003  
Tel No: 1800-7788999

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Report No. T/20210615/2044

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	BURNETT LIM YU SHENG	ID No.	S9333262H
Related Vehicle	NIL	Contact No.	86089388
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 15/06/2021 at about 0330hrs, I was driving along Jelapang Road heading towards Segar Rd. While driving, I felt sleepy and subsequently fell into a short asleep. Subsequently, my car swerve into the right lane on the incoming traffic. I could not recall much, but I had hit onto a stationary bus at the bus stop no:44619 and that caused me to shockingly wake up. I could not recall the bus number as it all happened to fast.

After that accident, I step out of my car and squat down just beside my car as I felt giddy, chest pain and difficulty in breathing. However, the bus driver came down to assist me and he called up his SMRT bus hotline only. I was totally confused on what to do next as this is my time gotten into an accident. I was so lost that I decided to walk back home as my house Blk 504 Jelapang Road #08-354 and I wanted to seek help from my father as this is my first time. When I got home, my father was asleep and I did not know what to do after that. I soon fell asleep after that. Subsequently, I woke at about 0930hrs when my wife woke me up from sleep and I saw blood stain on my bed. That is when I realized I got injured during the accident.

I injured my nose, abrasion on both my knee cap and abrasion on both hands. My front bonnet was damaged. There were no ambulance or TP at scene. At about 1100hrs, I decided to go NUH to do some x-ray. I also did not see my car at the said bus stop and I do not know what happened.

I wish to state that I will contact the TP incharge case and give them my full cooperation in this matter.





**SINGAPORE  
POLICE FORCE**



T/20210615/2044

Police Station Of Origin:  
Dover NPP  
3 Dover Road #01-368 SINGAPORE 130003  
Tel No: 1800-7788999

3 of 3

Report No: T/20210615/2044

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:  
D /  
Sgt 3 MUHAMMAD FIRDAUS BIN ABDUL  
WAHAB

Signature Of Informant:

*Zun*

Signature Of Interpreter:  
Not applicable

Date/Time:  
15/06/2021 14:11

Officer In Charge Of Case:  
TP / AEIT /  
SI MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Classification Of Case:

Authentication Stamp  
NP168





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

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

### ADDENDUM


**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : SA1C216G0003 Vehicle Registration No: SJH3783T  
Name(as shown in NRIC) : BURNETT LIM YU SHENG NRIC/FIN/Passport No : S9333262H  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : APT BLK 504 JELAPANG ROAD #08-354 Singapore 670504  
Contact (Tel) : Mobile No. : 88741335  
Email Address : blys.burnettlim93@gmail.com  
Date of Accident : 15 June 2021 Time of Accident : 0330am  
Place of Accident : ALONG JELAPANG ROAD  
Insurance Company: China Taiping Insurance (Singapore) Pte. Ltd.

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO INSERT ACCIDENT PHOTO.

  
Policyholder / Driver's Signature  
Date:

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