

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	19/07/2021 13:06 (SGT)
Date of Accident	16/07/2021 19:15 (SGT)
Exact Location of Accident	Lornie Rd, Singapore
Additional Location Information	LORNIE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCM4515B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM HUAH BENG
NRIC No	SXXXX556A
Email Address	joehblim@gmail.com
Mobile Phone No	(Phone) +65-96340843
Alternative Phone No	(Home) +65-96340843

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E250
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
Transmission	Auto
CC	1796

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10451070R00
Cover Note Number	29/09/2020 TO 28/09/2021

DRIVER

Name of Driver	LIM HUAH BENG
NRIC No	SXXXX556A

Date Of Birth	22/01/1957
Occupation	Indoor
Date Of Driving Pass	10/07/2003
Driving experience	18 YEARS
Gender	Male
Mobile Number	(Phone) +65-96340843
Alt. Phone Number	(Home) +65-96340843
Email Address	joehblim@gmail.com
Address	BLK 726 JURONG WEST AVE 5 #06-230
Address complement	-
Postcode	640726
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	3
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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	TAN BOYE CHENG
Gender	Female

PASSENGER 2

Name	LIM HUAH THONG
Gender	Male

PASSENGER 3

Name	LIM SAN HENG
Gender	Male

PASSENGER 4

Name	ONG KA HO ANSON
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Boon Teck Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002549999
Alt. Police Station Phone No	(Fax) +65-63554310
Police Station Address	Blk 207 Toa Payoh North #01-1231 Singapore 310207
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	ACCIDENT VIDEO WITH OWNER WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJT9363U
Vehicle Manufacturer	Honda
Vehicle Model	Stream
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private car
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	SJF9331K
Vehicle Manufacturer	Toyota
Vehicle Model	Vios
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

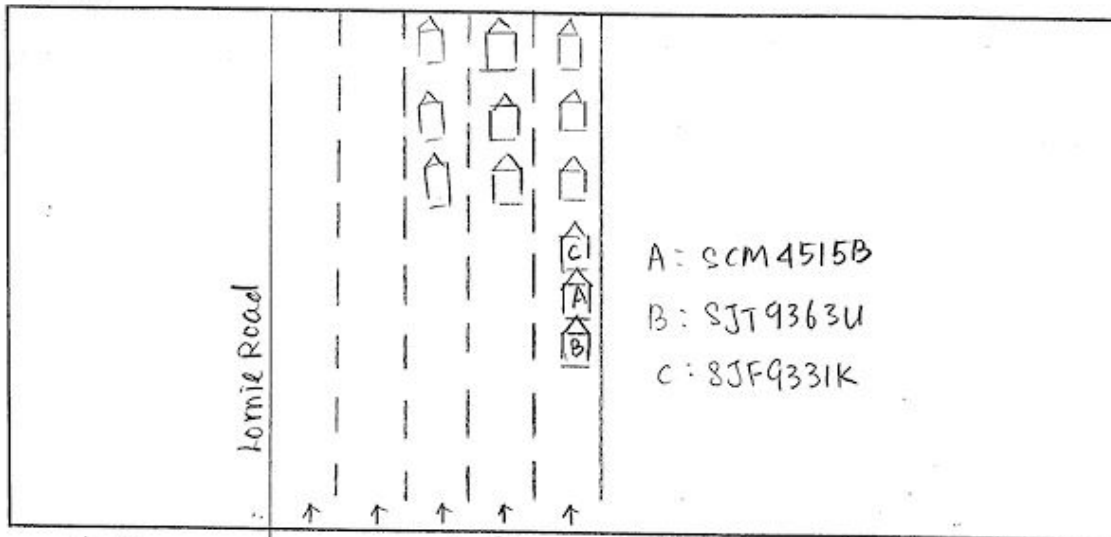
Name of injured person	LIM HUAH BENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	Neck and finger
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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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.

Sketch Plan



Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

19/07/2021



**SINGAPORE
POLICE FORCE**



T/20210717/2024

1 of 4

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

Report No. T/20210717/2024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/07/2021 12:42		Vide Report No.:		Station Diary No.: 10	
Informant's Particulars					
Name of Informant: LIM HUAH BENG			Address: APT BLK 726 JURONG WEST AVENUE 5 #06-230 SINGAPORE 640726		
ID Type / ID No.: NRIC NO / S1159556A			Contact No.: Home/Office: Mobile: 96340843		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 22/01/1957	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Retiree			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: 16/07/2021 19:15	Type of Location: Straight Road
Location: LORNIE ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Chain Collision				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCM4515B	Car	MERCEDES BENZ	E250 CGI A	Silver	Seriously Damaged	4
SJF9331K	Car	TOYOTA	VIOS E AUTO	Silver		0
SJT9303U	Car	HONDA	STREAM 1.3X A	Blue		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date



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T/20210717/2024

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310207
Tel No: 1800-2549999

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Report No. T/20210717/2024

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SCM4515B	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P10451070R00	29/09/2020	28/09/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LIM HUAH BENG		ID No.	S1159556A
Related Vehicle	SCM4515B (Car)		Contact No.	96340843
Hospital/Clinic	HORIZON MEDICAL CENTRE		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	17/07/2021		Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight	
Driver				
Name	RASHIDAH BINTE ABDUL RAHMAN		ID No.	S833035C
Related Vehicle	NIL		Contact No.	88499291
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

On 16/07/2021 at about 1915hrs, I was driving my vehicle bearing registration plate number SCM4515B on the extreme right lane of Lornie Road towards Toa Payoh (near to lamp post no 1066). As I was travelling on the lane, there was an impact from the back, a vehicle bearing registration plate number SJT9363U had hit onto the rear side of my vehicle. As such, my vehicle also surged forward and hit onto the front vehicle bearing registration plate number SJF9331K. As a result, there was a chain collision between 3 of these vehicles. There was traffic police attended to us however no one was convey to the hospital. After the incident, I went to see doctor at HORIZON MEDICAL PTE LTD with my wife, who was also a passenger beside me. I wish to state that I have 4 passenger with me at point of time. I was given 4 days MC while my wife (Tan Boye Cheng, S2553683E, HP: 9620 3756) was give 2 days MC.

I wish to state that the remaining 3 passenger's particular as below:
Lim Huah Thong, NRIC: S0542911J, HP: 90996716
Lim San Heng, NRIC: S0133060H, HP: 92955394
Ong Ka Ho Anson, T1091471F



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T/20210717/2024

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Report No. T/20210717/2024

CONTINUATION OF REPORT

I am lodging for recording and insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20210717/2024

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Report No. T/20210717/2024

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: E / Sgt 2 TEO JUN AN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/07/2021 12:42
Officer In Charge Of Case: TP / AEIT / SI TAN JEOK LENG Contact No.: 65476151 SINGAPORE POLICE FORCE NP168	Classification Of Case:
Authentication Stamp SN 62 SIGNATURE	