

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 19/08/2021 15:58 (SGT)
Date of Accident 19/08/2021 07:55 (SGT)
Exact Location of Accident Punggol Dr., Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMQ1240Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM KHENG HOCK, ANDRE (LI QINGFU, ANDRE)
NRIC No SXXXX299Z
Email Address reporting@mycar.sg
Mobile Phone No (Phone) +65-97772776
Alternative Phone No +65-97772776

VEHICLE PARTICULARS

Manufacturer Honda
Model Fit
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 1317

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00145672000
Cover Note Number -

DRIVER

Name of Driver LIM KHENG HOCK, ANDRE (LI QINGFU, ANDRE)
NRIC No SXXXX299Z

Date Of Birth	18/08/1973
Occupation	Indoor
Date Of Driving Pass	11/01/1997
Driving experience	24 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97772776
Alt. Phone Number	+65-97772776
Email Address	reporting@mycar.sg
Address	BLK 663B PUNGGOL DRIVE #08-252
Address complement	-
Postcode	822663
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	Raining
Road Surface	Wet

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)	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	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?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210819/7020

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLZ3977H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	ABDUL AZEEZ ANUER
NRIC No	SXXXX808I
Contact Number	(Phone) +65-96442565
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	SMN7049L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MICHAEL RAJ
NRIC No	SXXXX495D
Contact Number	(Phone) +65-82026400
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 KHENG HOCK, ANDRE (LI QINGFU, ANDRE)
Gender	Male
Phone No	(Phone) +65-97772776
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMQ1240Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

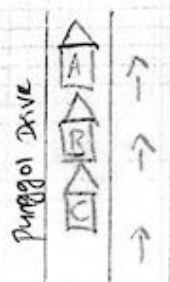
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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' 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;
(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' 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 (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan




(A) SMQ1240Z
(B) SLZ 3977H
(C) SMN 7049L


Describe Circumstances of the Accident

Please refer to police Report - T/20210819/7020.

Declaration

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

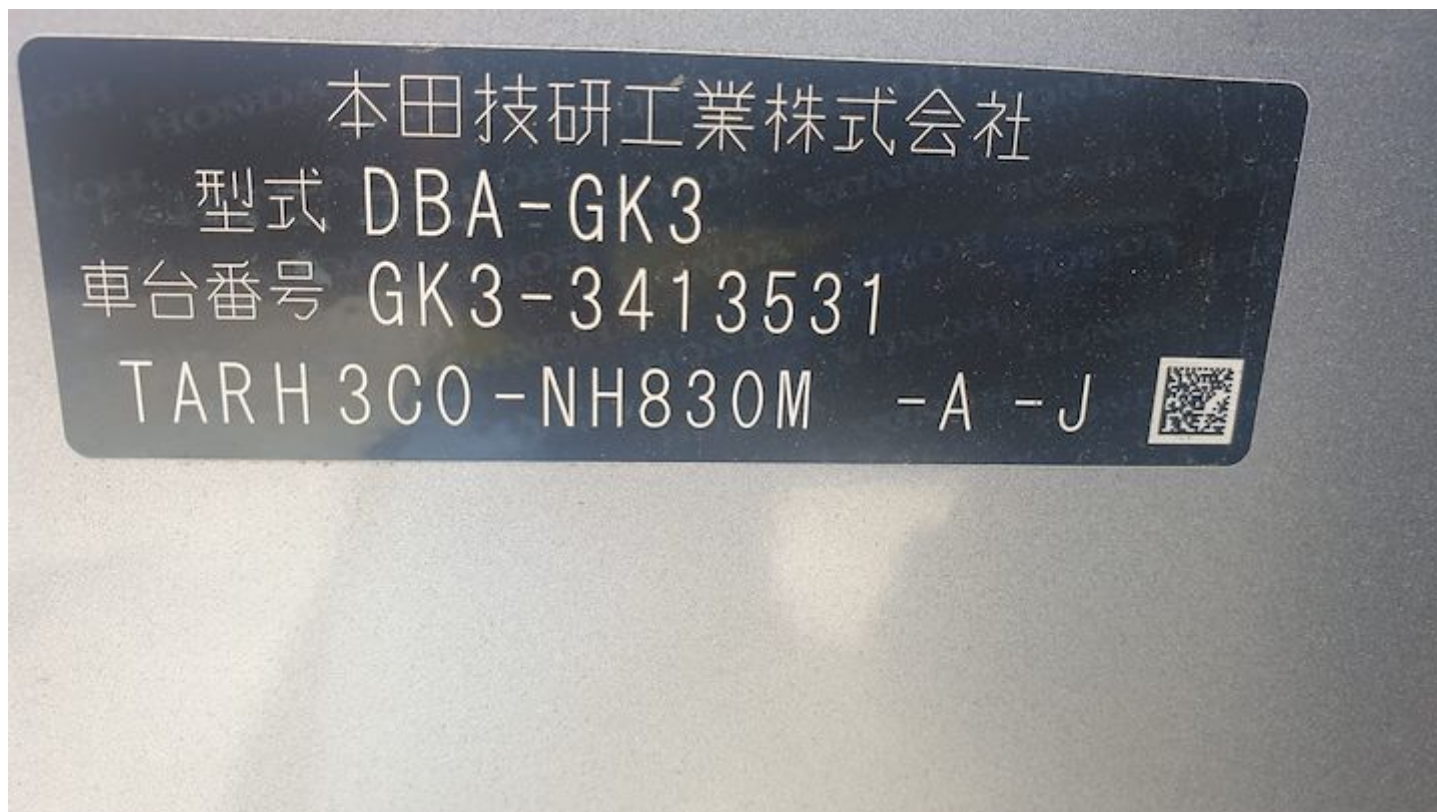

Policyholder's Signature / Date & Time


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

 19/08/2021
Witnessed by Reporting Centre Personnel












**SINGAPORE
POLICE FORCE**

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



T/20210819/7020

1 of 4

Report No. T/20210819/7020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/08/2021 13:31		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM KHENG HOCK, ANDRE			Address: 663B PUNGGOL DRIVE #08-252 SINGAPORE 822663		
ID Type / ID No.: NRIC NO / S7331299Z			Contact No.: Home/Office: Mobile: 97772776		
Nationality: SINGAPORE CITIZEN			Email: ANDRE.LIM@LIVE.COM.SG		
Sex: Male	Age: 48	Date of Birth: 18/08/1973	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/08/2021 07:55	Type of Location: Straight Road
Location: PUNGGOL DRIVE				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLZ3977H	Car	HONDA	VEZEL			0
SMN7049L	Car	OPEL	INSIGNIA			0
SMQ1240Z	Car	HONDA	FIT+1.3GF+ CVT	Grey		0

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



**SINGAPORE
POLICE FORCE**



T/20210819/7020

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

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Report No. T/20210819/7020

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMQ1240Z	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001456 72000	29/10/2020	29/10/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	LIM KHENG HOCK, ANDRE	ID No.	S7331299Z	
Related Vehicle	SMQ1240Z (Car)	Contact No.	97772776	
Hospital/Clinic	YSL ALJUNIED CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	19/08/2021	Date	19/08/2021	
No. of Days granted Medical Leave	03	Degree of	Slight	
Driver				
Name	MICHAEL DAJ	ID No.	NIL	
Related Vehicle	NIL	Contact No.	82026400	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	
Driver				
Name	ABDUL AZEEZ ANUER	ID No.	NIL	
Related Vehicle	NIL	Contact No.	96442565	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	



**SINGAPORE
POLICE FORCE**



T/20210819/7020

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

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Report No. T/20210819/7020

CONTINUATION OF REPORT

Brief Details.

On the stated time and date, I was in my vehicle parked at the side of the road. Out of the sudden, I felt a hard crash on my vehicle. I alighted and realized that Vehicle B had rear ended my vehicle. I have since then felt unwell and consulted a doctor in which I was given an initial 3 days MC.



**SINGAPORE
POLICE FORCE**

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



T/20210819/7020

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Report No. T/20210819/7020

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404

Authentication Stamp
NP168

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

Date/Time:
19/08/2021 13:31

Classification Of Case: