

## 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 11:19 (SGT)  
Date of Accident ..... 19/08/2021 07:50 (SGT)  
Exact Location of Accident ..... AYE, Singapore  
Additional Location Information ..... AYE towards Tuas ( Before Clementi Ave 6 exit )  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJF6192P

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LIM ENG CHUAN  
NRIC No ..... S7076502J  
Email Address ..... alvinlim@zpmc.sg  
Mobile Phone No ..... (Phone) +65-96862665  
Alternative Phone No ..... +65-96862665

#### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... HONDA / CIVIC 1.8L A  
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 ..... 1799

#### INSURANCE COMPANY

Name of Insurance Company ..... Direct Asia Insurance (Singapore) Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... MT/00930332  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... LIM ENG CHUAN  
NRIC No ..... S7076502J

Date Of Birth .....	05/02/1970
Occupation .....	Indoor
Date Of Driving Pass .....	29/02/1996
Driving experience .....	25 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96862665
Alt. Phone Number .....	+65-96862665
Email Address .....	alvinlim@zpmc.sg
Address .....	APT BLK 299A COMPASSVALE STREET #12-128
Address complement .....	-
Postcode .....	541299
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 to Rear
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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 .....	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

Refer to sketch plan

#### 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 .....	YM8799L
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 .....	LIM ENG CHUAN
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

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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 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.

 19/8/21  
Policyholder's Signature / Date & Time

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

   
Witnessed by Reporting Centre Personnel


## Sketch Plan

Sketch Plan

Diagram illustrating the accident scene layout on a grid. The diagram shows two vehicles, A and B, positioned vertically. Vehicle A is above Vehicle B. Both vehicles are represented by rectangles with a triangle on top, indicating they are cars. Below the vehicles, there are four upward-pointing arrows, likely indicating the direction of travel or the path of the accident. To the right of the diagram, there is handwritten text: "A: E (Taxis) before accident Ave 6 East" and "A: SJE 6192P B: YM 8799L".

## Describe Circumstances of the Accident

I was driving vehicle A along AYE (Tuas) before Clementi Ave 6 Exit on lane 1. It was raining heavily and the traffic was heavy. The vehicle in front of me stopped. I slowed down and stopped too. Suddenly, I felt a huge impact on the rear of my vehicle. Vehicle B collided into the rear of my vehicle. I suffered pain on my neck and back.

My vehicle will be repaired at MSE MOTOR. 

## Declaration

We declare the foregoing particulars are true in every respect.

 19/8/21  
Policyholder's Signature / Date & Time

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

   
Witnessed by Reporting Centre Personnel





























**SINGAPORE  
POLICE FORCE**



T/20210820/7009

1 of 3

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

Report No. T/20210820/7009

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/08/2021 10:36		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LIM ENG CHUAN			Address: 299A COMPASSVALE STREET #12-128 SINGAPORE 541299		
ID Type / ID No.: NRIC NO / S7076502J			Contact No.: Home/Office: Mobile: 96862665		
Nationality: MALAYSIAN			Email: alvinlim@zpmc.sg		
Sex: Male	Age: 51	Date of Birth: 05/02/1970	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Project Manager			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 07:50	Type of Location: Straight Road
Location:  AYER RAJAH EXPRESSWAY				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJF 6192 P	Car	HONDA	CIVIC			0
YM8799L	Lorry					0

**Details of Person Involved**

Details of Person Involved:	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20210820/7009

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

2 of 3  
Report No. T/20210820/7009

**CONTINUATION OF REPORT**

Vehicle Owner			
Name	LIM ENG CHUAN	ID No.	S7076502J
Related Vehicle	SJF 6192 P (Car)	Contact No.	96862665
Hospital/Clinic	ASIA HEALTHPARTNERS	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

**Brief Details.**

I was driving vehicle A along AYE (Tuas) before Clementi Ave 6 Exit on Lane 1. It was raining heavily and the traffic was heavy. The vehicle in front of me stopped. I slowed down and stopped too. Suddenly, I felt a huge impact on the rear of my vehicle. Vehicle B collided into the rear of my vehicle. I suffered pain on my neck and back.

Vehicle A: SJF 6192 P  
Vehicle B: YM 8799 L



**SINGAPORE  
POLICE FORCE**



T/20210820/7009

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

3 of 3

Report No. T/20210820/7009

**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:  
20/08/2021 10:36

Classification Of Case:





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: S665500206 / 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 : SV0S218J0001 Vehicle Registration No: SJF 6192P  
 Name (as shown in NRIC) : LIM ENG CHUAN NRIC/FIN/Passport No : S7076502J  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : 299A Compassvale St. #12-128 Singapore (541299)  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 96862665  
 Email Address : alvinlim@zpmc.sg  
 Date of Accident : 19-08-2021 Time of Accident : 0750  
 Place of Accident : AYE (Tuas) before Clementi Ave 6 Exit.  
 Insurance Company : Direct Asia

#### (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:

Police Report filed. Please see enclosed Police Report.

  
 Policyholder / Driver's Signature  
 Date: 20-8-2021

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

