

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 30/08/2021 18:59 (SGT)
Date of Accident 29/08/2021 18:20 (SGT)
Exact Location of Accident Raffles Quay, Singapore
Additional Location Information TURNING INTO CROSS STREET
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMP3369D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM KIM SENG
NRIC No SXXXX819G
Email Address stevenlimks@yahoo.com.sg
Mobile Phone No (Phone) +65-97470793
Alternative Phone No +65-97470793

VEHICLE PARTICULARS

Manufacturer Toyota
Model Vios
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 1496

INSURANCE COMPANY

Name of Insurance Company FWD Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number PNPV2020-00009419
Cover Note Number -

DRIVER

Name of Driver LIM KIM SENG
NRIC No SXXXX819G

Date Of Birth	07/08/1958
Occupation	Indoor
Date Of Driving Pass	29/06/1983
Driving experience	38 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97470793
Alt. Phone Number	+65-97470793
Email Address	stevenlimks@yahoo.com.sg
Address	BLK 473 PASIR RIS DR 6
Address complement	#03-492
Postcode	510473
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	Side Swipe
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LIM SIU KHENG
Gender	Female

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

PLS REFER TO THE POLICE REPORT:T/20210829/7024

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	SDD1808L
Vehicle Manufacturer	-

Vehicle Model	-
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 KIM SENG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMP3369D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No




INJURED 2

Name of injured person	LIM SIU KHENG
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMP3369D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

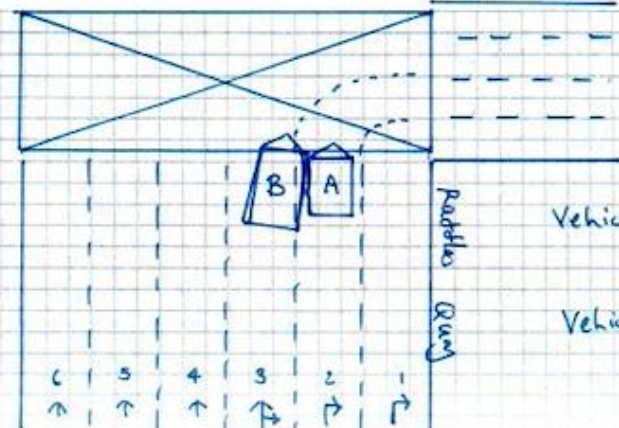
SKETCH PLAN

IMPORTANT NOTICE

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

 Policyholder's Signature / Date & Time	 Driver's Signature (If driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel
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Sketch Plan



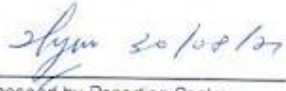
Describe Circumstances of the Accident

Refer to the police Report

T/20210829/2024

Declaration

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
Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20210829/7024

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

2 of 3

Report No. T/20210829/7024

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMP3369D	FWD Singapore Pte. Ltd	PNPV2020-00009419	23/09/2020	22/09/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	LIM SIU KHENG	ID No.	S1692436I
Related Vehicle	SMP3369D (Car)	Contact No.	90063077
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	29/08/2021	Date	29/08/2021
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	LIM KIM SENG	ID No.	S1312819G
Related Vehicle	SMP3369D (Car)	Contact No.	97470793
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	29/08/2021	Date	29/08/2021
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On 29/08/2021, at about 6.22pm, I was driving my vehicle SMP3369D with my wife LIM SIU KHENG, S1692436I, along Raffles Quay. I was in lane 2 making a right turn into Cross Street when the vehicle SDD1808L cut into my lane while making a right turn also. The vehicle collided into the passenger side of my vehicle.

I was injured and I went to Intemedical Kovan Clinic to consult a doctor and was given a 3 days MC.























**SINGAPORE
POLICE FORCE**



T/20210829/7024

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

1 of 3

Report No: T/20210829/7024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/08/2021 22:32	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LIM KIM SENG			Address: 473 PASIR RIS DRIVE 6 #03-492 SINGAPORE 510473		
ID Type / ID No.: NRIC NO / S1312819G			Contact No.: Home/Office: Mobile: 97470793		
Nationality: SINGAPORE CITIZEN			Email: STEVENLIMKS@YAHOO.COM.SG		
Sex: Male	Age: 63	Date of Birth: 07/08/1958	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Safety Officer			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/08/2021 18:20	Type of Location: X-Junction
Location: CROSS STREET				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SDD1808L	Car	TOYOTA			Slightly Damaged	0
SMP3369D	Car	TOYOTA	VIOS 1.5 E (AUTO)	Red	Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20210829/7024

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

2 of 3

Report No. T/20210829/7024

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMP3369D	FWD Singapore Pte. Ltd	PNPV2020-00009419	23/09/2020	22/09/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	LIM SIU KHENG	ID No.	S1692436I
Related Vehicle	SMP3369D (Car)	Contact No.	90063077
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	29/08/2021	Date	29/08/2021
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	LIM KIM SENG	ID No.	S1312819G
Related Vehicle	SMP3369D (Car)	Contact No.	97470793
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	29/08/2021	Date	29/08/2021
No. of Days granted Medical Leave	03	Degree of	Slight

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**SINGAPORE
POLICE FORCE**

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Traffic Police
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Tel No: 65470000



T/20210829/7024

3 of 3

Report No. T/20210829/7024

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 / TPIB /
TAY CHUN KEEN
Contact No.: 65476436

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:
29/08/2021 22:32

Classification Of Case:



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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09218U000E Vehicle Registration No: SMP 3369D
 Name (as shown in NRIC): LIM KIM SENG NRIC/FIN/Passport No: S13128196
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 473 PASIR RIS DR G #03-492 Singapore (1851)
 Contact (Tel): _____ Mobile No.: 97470793
 Email Address: _____
 Date of Accident: 29/08/21 Time of Accident: 18:30
 Place of Accident: ALONG RAFFLES QUAY TURNING INTO CROSS STREET
 Insurance Company: FWD

(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:

AMEND DATE OF ACCIDENT
AMEND TP VEH NO
THERE WAS NO CAR CAMERA

Policyholder / Driver's Signature
 Date:

2/sep 21/08/21
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date:

CHARTER: Standard Form