

# 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 .....	02/09/2021 11:48 (SGT)
Date of Accident .....	01/09/2021 18:50 (SGT)
Exact Location of Accident .....	Tampines Rd, Singapore
Additional Location Information .....	TAMPINES INDUSTRIAL AVE 3
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLB1020H
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LIM TIONG GUAN
NRIC No .....	SXXXX769I
Email Address .....	COMBAT12345@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-98730897
Alternative Phone No .....	(Home) +65-98730897

### VEHICLE PARTICULARS

Manufacturer .....	Volkswagen
Model .....	Golf
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 .....	1199

### INSURANCE COMPANY

Name of Insurance Company .....	FWD Singapore Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	PNPV2017-00002611-04
Cover Note Number .....	-

### DRIVER

Name of Driver .....	LIM TIONG GUAN
NRIC No .....	SXXXX769I

Date Of Birth .....	15/11/1979
Occupation .....	Indoor
Date Of Driving Pass .....	23/10/2009
Driving experience .....	11 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98730897
Alt. Phone Number .....	(Home) +65-98730897
Email Address .....	COMBAT12345@HOTMAIL.COM
Address .....	BLK 717 TAMPINES ST 72
Address complement .....	13-77
Postcode .....	520717
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 .....	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? .....	Yes
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 KAI HAO
Gender .....	Male

#### 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 ATTACH POLICE REPORT

#### 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 .....	SLW2745H
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	DYLAN CHRISTOPHER GOH HSIEN CHUN
Contact Number .....	(Phone) +65-92280405
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 KAI HAO
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLB1020H
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

## SKETCH PLAN

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## 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.

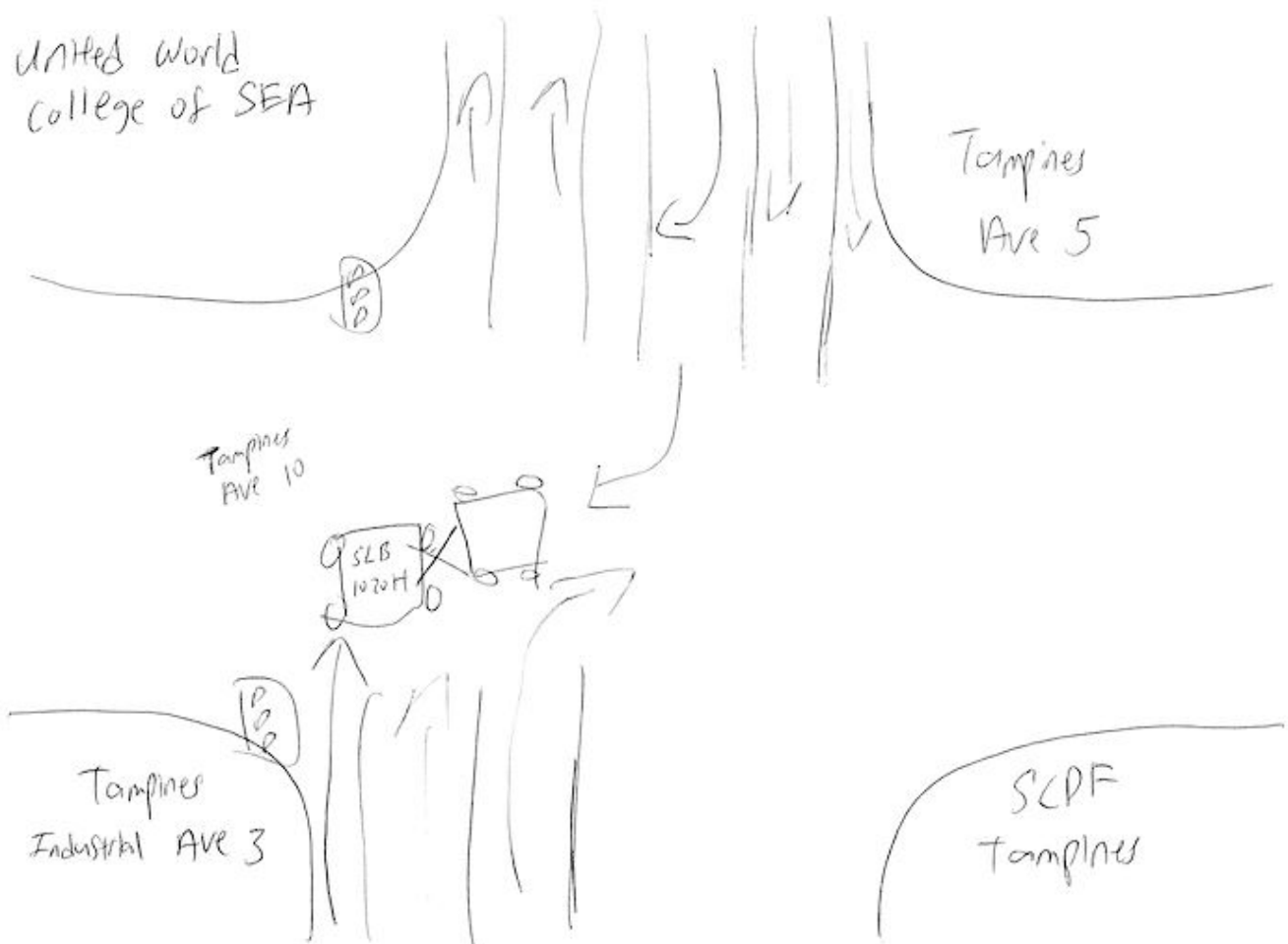
  
 Policyholder's Signature  
 Date & Time:

2/sep/14 11:33am

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

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

I (SLB1020H) was travelling along Tampines Industrial Ave 3 on a straight road, when I reached the traffic light Junction it was a Green light and I continued to drive forward. As my car <sup>continued to</sup> drive forward, SLW2745H which was making a turn, did not stop and hit the right side of my car. I recalled the side air-bag burst and ~~the~~ my car spun 360° and landed on a passenger pavement. I quickly alighted my car and attended to my one year old boy who was sitting behind ~~me~~ in his car seat.



## This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is a vertical margin line on the left side, creating a narrow left margin. The paper appears to be from a notebook or a standard ruled sheet of paper.

	Reporting Only
	Claim OD
	Claim TP
	Claim OD / TP at other workshop

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

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Date & Time:

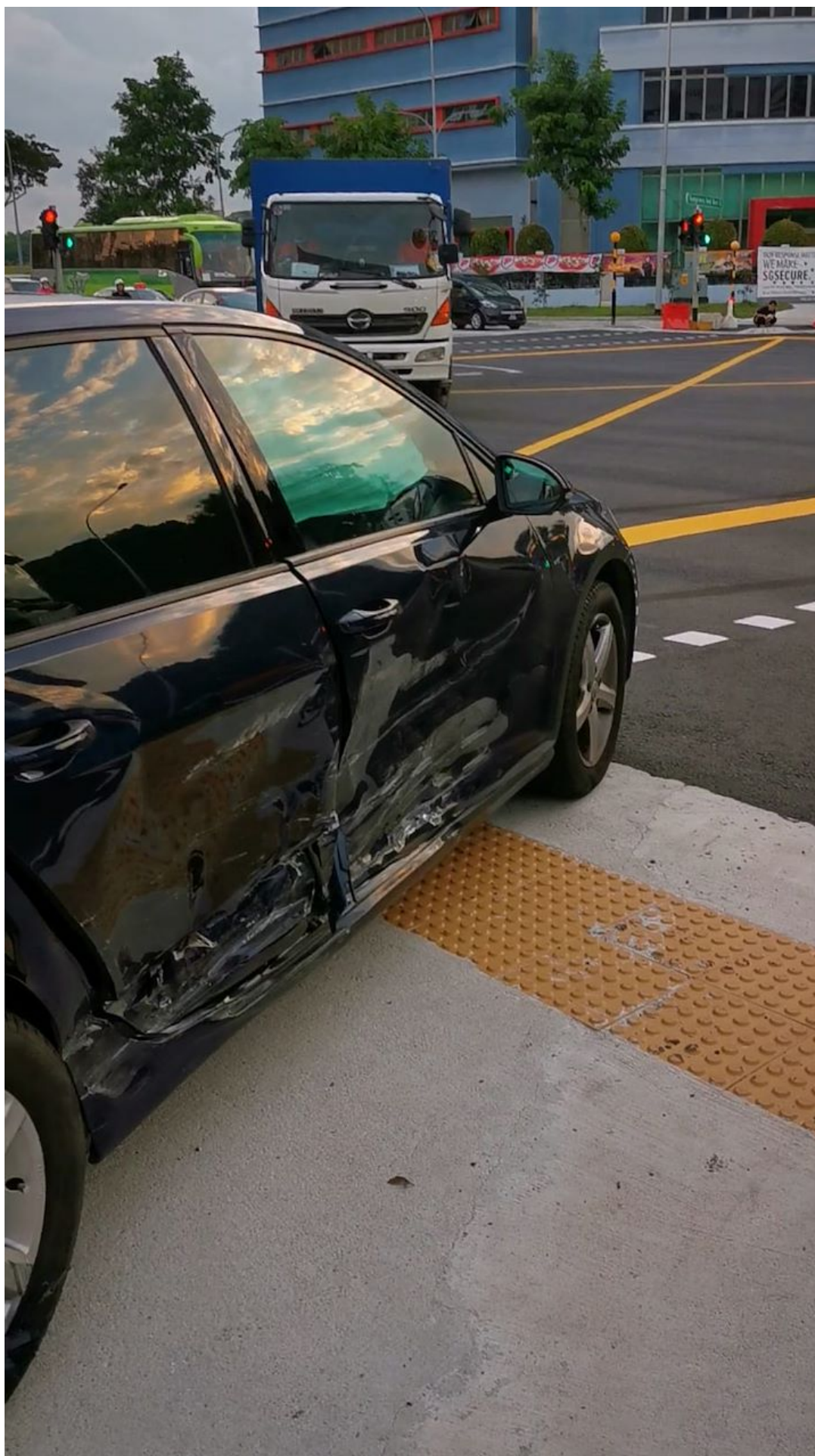
NRIC/FIN No.:

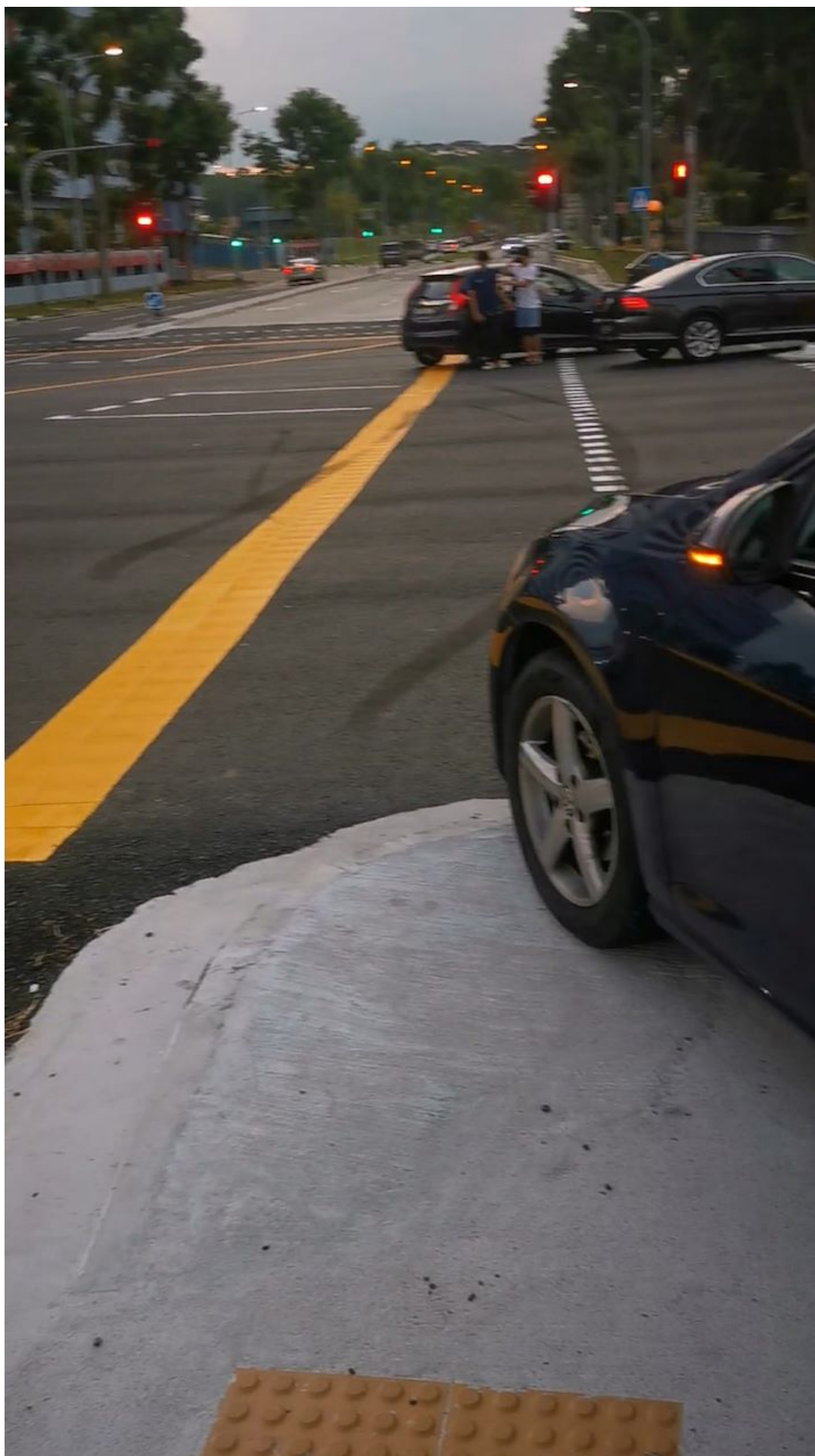


















**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

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

Original Report No: SE0921920001 Vehicle Registration No: SLB 1020 H  
 Name (as shown in NRIC): Lim Tung Gunn NRIC/FIN/Passport No: S7936769 I  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 717, Tampine St 72 #13-77 Singapore (5207) 7  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 9873 0897  
 Email Address: combat12345@hotmail.com  
 Date of Accident: 1st Sept 2021 Time of Accident: 6.50 pm  
 Place of Accident: Tanjong Pagar Ave 3  
 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:

My son, Lim Kai Hao was brought to KKH by an  
ambulance. He had then admitted to a ward and discharged  
on 2nd Sept with 7 days of MC. I was brought to  
Changi General Hospital by ambulance for checkup and  
given 1 day MC.

Policyholder / Driver's Signature  
 Date: 3rd Sept 21

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





## YOUR PRESTIGE CAR INSURANCE SUMMARY

Please call +65-6322-2072 for FWD Emergency Assistance  
if Your Car breaks down or is involved in an accident.  
All accidents must be reported within 24 hours or the next working day of the incident  
regardless of whether it will lead to a claim.

POLICY NUMBER : PNPV2017-00002611-04

## About this policy

Premium paid	: S\$700.33	Coverage start date	: 28/03/2021
(Inclusive of GST)		Coverage end date	: 27/03/2022
Who is insured to drive:	: You and any Authorised Driver		
Policy Type	: PRESTIGE		

## About you (As the policyholder)

Your name	: Lim Tiong Guan		
Address	: 717 Tampines Street 72 #13-77 Tampines Starlight Singapore 520717		
Email	: combat12345@hotmail.com		
NRIC/FIN	: S7936769I	Date of birth	: 15/11/1979
Marital status	: Married	Gender	: Male
Current no claims discount	: 50%	Mobile Number	: 98730897
Years of driving experience	: Three or more	Certificate of merit	: Yes

## About your car

Car make and model	: VOLKSWAGEN GOLF 1.2
Year of first registration	: 2016
Car plate number	: SLB1020H
Issued on:	: 22/02/2021

Khor Kee Eng  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please refer to contract for specific terms, conditions  
and exclusions of this policy.

Please immediately inform us at +65-6820-8888  
or email us to [contact.sg@fwd.com](mailto:contact.sg@fwd.com) if any details in  
this Car Insurance Summary need to be changed.



**KK Women's and  
Children's Hospital**  
SingHealth

Reg No 198904227G

**ORIGINAL****MEDICAL CERTIFICATE****PAS2021247602**

<b>Name</b> LIM KAI HAO, ARISTOTLE		<b>NRIC No.</b> T2015898G
This is to certify that the above-named is unfit for duty for a period of <u>7</u> days from <u>01-Sep-2021</u> to <u>07-Sep-2021</u> inclusive.		
<b>Type of medical leave granted :</b> <input checked="" type="checkbox"/> Hospitalization Leave <input type="checkbox"/> Outpatient Sick Leave <input type="checkbox"/> Maternity Leave <input type="checkbox"/> Sterilization Leave		
Admitted on : <u>01-Sep-2021</u>	Delivered on : _____	
Discharged on : <u>02-Sep-2021</u>	Operated on : _____	
This certificate is not valid for absence from court attendance.		
Fit for light duty from <u>N.A.</u>	to <u>N.A.</u>	
Time Chit : _____	Time in : <u>N.A.</u>	Time out : <u>N.A.</u>
<b>Diagnosis</b>		<b>Surgical Operation (if applicable)</b>
<b>Comments :</b>		
<b>Hospital</b> KK Women's and Children's Hospital Pte. Ltd.	<b>Date</b> 02-Sep-2021	<b>Signature, Name (In BLOCK LETTERS) and Designation/MCR No.</b>  JOSHUA TUNG YI MIN , 63029B

WCHD 03  
KK Women's & Children's Hospital Pte. Ltd.  
Reg No: 198904227G



Changi  
General Hospital  
SingHealth

ORIGINAL

# MEDICAL CERTIFICATE

EMD2021154861

Name <b>LIM TIONG GUAN (LIN ZHONGYUAN)</b>		NRIC No. <b>S79367896</b>
This is to certify that the above-named is unfit for duty for a period of <u>1</u> days from <u>02-Sep-2021</u> to <u>02-Sep-2021</u>		
Type of medical leave granted:		
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	Delivered on: _____
Admitted on: _____	<input type="checkbox"/> Maternity Leave	Operated on: _____
Discharged on: _____	<input type="checkbox"/> Sterilization Leave	
This certificate is not valid for absence from court attendance.		
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Time Chd. Time in <u>N.A.</u> Time out <u>N.A.</u>		
Diagnosis		Surgical Operation (if applicable)
Comments:		
Hospital/Clinic Emergency Medicine Changi General Hospital	Ward No. CGH Accident & Emergency Date 01-Sep-2021	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  TEO ZHONGYANG, 156090