# **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 witholding 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.

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   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 20/09/2021 18:49 (SGT) Date of Accident 19/09/2021 13:02 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information **NEAR TOH TUCK EXIT** Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Mercedes

1597

Vehicle Registration Number SKF5642C

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner LIM MONG SIAH RENEE NRIC No SXXXX034C Email Address feny.lim@gmail.com Mobile Phone No (Phone) +65-81003605 Alternative Phone No +65-81888161

#### VEHICLE PARTICULARS

Manufacturer

Model C180 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

#### **INSURANCE COMPANY**

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00098152107 Cover Note Number

#### DRIVER

CC

Name of Driver LIM YUE FEN (LIN YUEFEN) NRIC No. SXXXX470J

Date Of Birth 08/09/1983 Occupation Indoor Date Of Driving Pass 14/04/2005 Driving experience 16 YEARS AND 5 MONTHS Gender Female Mobile Number (Phone) +65-81888161 Alt. Phone Number Email Address feny.lim@gmail.com Address BLK 791 CHOA CHU KANG NORTH 6 #12-256 Address complement Postcode 680791 Is the driver the policyholder? No If No. Relationship of the Driver with the Insured Sibling 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Yes **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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH AND POLICE REPORT T/20210920/7044 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SJL6560D Vehicle Manufacturer Suzuki Vehicle Model

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver NRIC No	MURAT BIN TIMYATI SXXXX442G
Contact Number	(Phone) +65-91164397
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 Gender Phone No	LIM YUE FEN (LIN YUEFEN) Female (Phone) +65-81888161
Address	-
Address Complement	-
Post Code	_
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKF5642C
144	
Note coal boile worth.	Yes
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN

#### \* IMPORTANT NOTICE

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- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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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.
- 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.

olicyholder's Signa ime iketch Plan	PIE N	Driver's Signature (if & Time	driver is not the policyholder)	) / Date Witnessed by Reporting Centre Personnel
			, 18	B) SEL 6560

# Describe Circumstances of the Accident

on 19/09/2021, I was driving along PIE, near exit to 70h Tuck.
There was a slight curve in bont and I can see that the care in fact
are starting to break brake and suddenly the car right in font of me
all an e-brake. I braked and also checked the rear mimor and say
that the car behind me was quite a distance concern
After e-braking, I still can fee the car braking behind me slowing down
and suddenly I felt the a tremendous bang right behind.
my two head rest popped out and I hit my head and back.
It was around 1:02 pm in the afternoon. Raining and floor was wet.
Both of us drivers came out of air cars to check the damages
and exchanged details in bloom was a resource in the damages
and exchanged details. As there was a pastinger in his front feat,
We quickly agreed to dain his insurance and parted.
Police Ragion 1/202/0920/7088
1021 - CANTON 1 1/ 00 1/0100/ 1084

#### Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

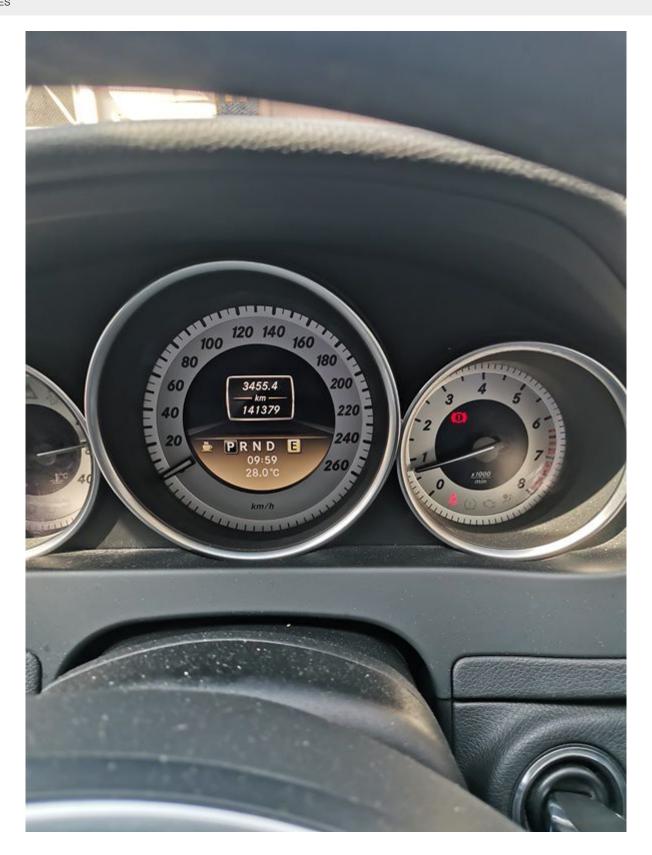
Time

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

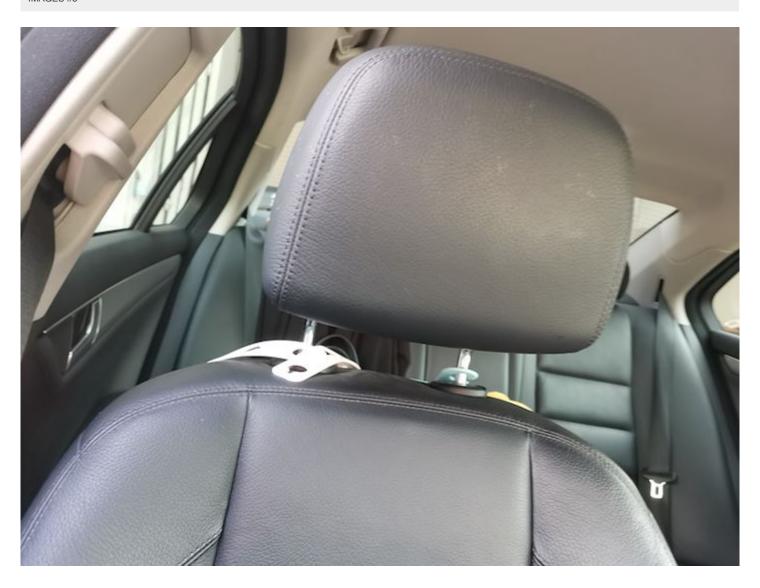
& Time

Witnessed by Reporting Centre

Personnel



















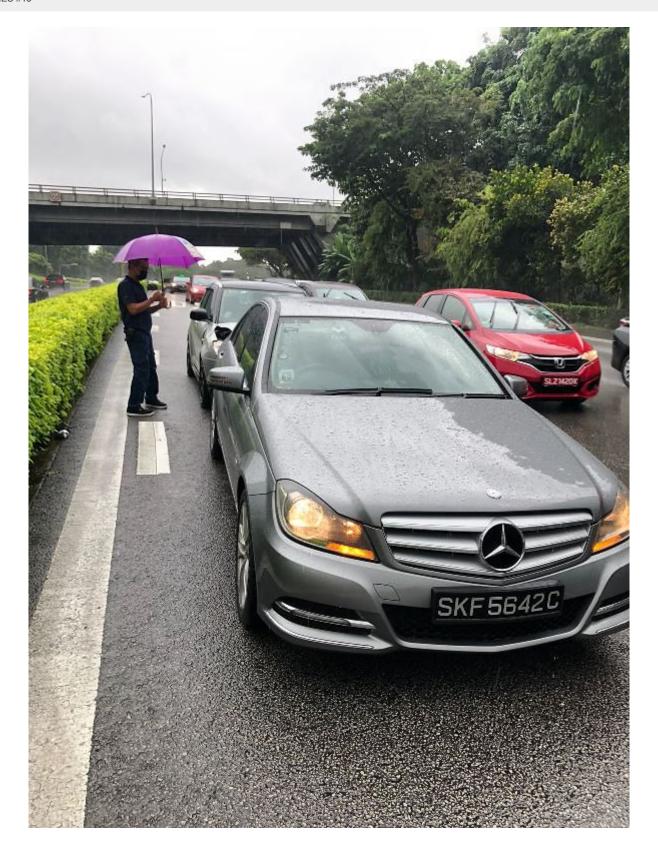




















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

T/20210920/7044	

1 of 4

Report No. T/20210920/7044

### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/09/2021 17:33			Vide Report No.:	Station Diary No.:		
Informan	t's Partic	ulars				
Name of I LIM YUE	nformant: FEN		Address: 791 CHOA CHU KANG NORTH 6 #12-256 SINGAPORE 680791			
ID Type / NRIC NO	ID No.: / S83274	70J	Contact No.: Home/Office:	Mobile: 81888161		
Nationality: SINGAPORE CITIZEN			Email: feny.lim@gmail.com			
Sex: Female	Age: 38	Date of Birth: 08/09/1983	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Financial/Investment adviser			Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/09/2021 13:00	Type of Location Straight Road
	EXPRESSWAY	Road Surface:		Road Speed Limit:
Weather: Raining		Wet		
Weather: Raining Traffic Flow: Two Way		Wet Traffic Control: Not Controlled	- 6	65 Km/h Traffic Volume:

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SJL6560D	Car		Suzuki	Silver	Seriously Damaged	2
SKF5642C	Car					0





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

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#### CONTINUATION OF REPORT

Details of Perso	n Involved	A STORY		100		
Any Pedestrian II	nvolved: No					
No. of Pedestrian	Use of Pe	Use of Pedestrian Crossing: NA				
Driver		Langue Con		A CONTRACTOR	1511/16	
Name	MURAT BIN TIMYATI			ID No.		S7419442G
Related Vehicle	SJL6560D (Car)			Contact No.		91164397
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: 2B,2A,3,4 Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	Degree o	of NIL			
Driver				Section 1	100	MANUFACTURE IN SOCIETY
Name	LIM YUE FEN			ID No	).	S8327470J
Related Vehicle	SKF5642C (Car)			Conta	ct No.	81888161
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class Drivin Licen Expire	ig ce &	Class: 3 Date of Expiry: NIL
Date	20/09/2021		Date		20/09	9/2021
No. of Days gran	ted Medical Leave	03	Degree o	Degree of Slight		t

#### Brief Details.

On 19 September 2021, 1:00PM, I was alone, driving along PIE, with 1.5-2km from Toh Tuck exit. It was raining, roads were wet, with moderate traffic. I was driving straight, at the first lane, going to exit Toh Tuck in another 2km or more. I saw that the cars in front of me were starting to brake, and I braked to slow down my car. Checking my rear mirror every 5-8 seconds, I can see that the car behind me was quite a distance away. Suddenly, the car in front of me e-braked and stopped completely, which I also had to brake to bring my car to a complete stop. All the cars in front of me, including myself had came to a stop. Suddenly, I felt a huge impact from behind. The car could not manage to stop and hit the rear of my car very hard. The two front passenger seats' head rests popped out with the huge impact and hit my head and neck. My body was hit against my seat as well. I felt pain in my head, neck, and spine area.

The driver of car plate SJL 6560D and I got out of the car to assess the damages. He told me that he was not able to stop even though he was quite faraway because the roads were too wet. We exchanged details and he told me to claim under his insurance. I can only see another man in the front passenger seat as the rain was picking up. I managed to drive back home.

As the accident happened on 19 September 2021, which was a Sunday afternoon, all reporting centres were closed. On 20 September 2021, Monday morning, i went to IDAC to





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

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CONTINUATION OF REPORT

report my accident around 930-10am. After which, I went to repair my car and see a doctor nearby, at Mount Alvernia A&E. The doctor gave me 3 days of MC and medication and asked me to monitor my neck and spine for pain subsequently.

I will send in this report to IDAC for additional add on. Thank you for your attention.





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

4 of 4 Report No. T/20210920/7044

#### CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/09/2021 17:33
Officer In Charge Of Case: TP / TPIB / TAN JEOK LENG Contact No.: 65476151	Classification Of Case:
NP168	