

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	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

Vehicle Registration Number	SKF5642C
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INSURED/POLICYHOLDER

Is company?	No
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	Mercedes
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
CC	1597

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00098152107
Cover Note Number	-

DRIVER

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	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?	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?	No
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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJL6560D
Vehicle Manufacturer	Suzuki
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	MURAT BIN TIMYATI
NRIC No	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	LIM YUE FEN (LIN YUEFEN)
Gender	Female
Phone No	(Phone) +65-81888161
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKF5642C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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' 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

PIE HBAR 70th Tuck Exit.

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 front and I can see that the cars in front
 are starting to ~~break~~ brake and suddenly the car right in front of me
 did an e-brake. I braked and also checked the rear mirror and saw
 that the car behind me was quite a distance away.
 After e-braking, I still can see the car braking behind me, slowing down
 and suddenly I felt ~~the~~ a tremendous bang right behind.
 my ~~the~~ 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 our cars to check the damages
 and exchanged details. As there was a passenger in his front seat,
 we quickly agreed to claim his insurance and parted.

POLICE REPORT T/20210920/7044

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/20210920/7044

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

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.:	
Informant's Particulars					
Name of Informant: LIM YUE FEN			Address: 791 CHOA CHU KANG NORTH 6 #12-256 SINGAPORE 680791		
ID Type / ID No.: NRIC NO / S8327470J			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:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/09/2021 13:00	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Raining		Road Surface: Wet		Road Speed Limit: 65 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SJL6560D	Car		Suzuki	Silver	Seriously Damaged	2
SKF5642C	Car					0



**SINGAPORE
POLICE FORCE**



T/20210920/7044

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

2 of 4
Report No. T/20210920/7044

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
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 granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	LIM YUE FEN	ID No.	S8327470J
Related Vehicle	SKF5642C (Car)	Contact No.	81888161
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	20/09/2021	Date	20/09/2021
No. of Days granted Medical Leave	03	Degree of	Slight

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



**SINGAPORE
POLICE FORCE**



T/20210920/7044

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

3 of 4

Report No. T/20210920/7044

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.



**SINGAPORE
POLICE FORCE**



T/20210920/7044

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 REPORTSketch 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 /
TAN JEOK LENG
Contact No.: 65476151

NP168

Signature Of Informant:

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

Date/Time:
20/09/2021 17:33

Classification Of Case: