

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 04/10/2021 09:39 (SGT)
Date of Accident 29/09/2021 21:05 (SGT)
Exact Location of Accident 50 Bukit Batok East Ave 3, Singapore 659879
Additional Location Information SPC
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number EG8333R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM HENG KWEE MICHAEL
NRIC No SXXXX671Z
Email Address mike8333@gmail.com
Mobile Phone No (Phone) +65-96683177
Alternative Phone No +65-96683177

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 1595

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00124332103
Cover Note Number -

DRIVER

Name of Driver LIM HENG KWEE MICHAEL
NRIC No SXXXX671Z

Date Of Birth	05/09/1967
Occupation	Outdoor
Date Of Driving Pass	14/06/1993
Driving experience	28 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96683177
Alt. Phone Number	+65-96683177
Email Address	mike8333@gmail.com
Address	BLK 539 AMK AVE 10
Address complement	#15-2575
Postcode	560539
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	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?	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	Jurong Division Headquarters
Police Station Phone No	(Phone) +65-18007910000
Alt. Police Station Phone No	(Fax) +65-68965647
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:J/20210930/7051

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	SLG5676M
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 HENG KWEE MICHAEL
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	EG8333R
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.
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. 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.

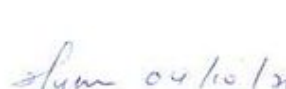
(collectively the "Purposes")

(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

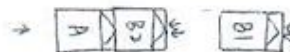

Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan

SPC BUKIT BATOK

(50 BUKIT BATOK EAST AVE 3)



Vehicle A: EG 8333R

Vehicle B: SL 9576M

Refer to Police Report NO: J 20210930 7051

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



J/20210930/7051

1 of 2

POLICE REPORT (NP299)

Report No. J/20210930/7051

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7910000

Date/Time Report Made 30/09/2021 21:21	Vide Report No.	Station Diary No.
Name Of Informant LIM HENG KWEE MICHAEL	Address 539 ANG MO KIO AVENUE 10 #15-2575 SINGAPORE 560539	
ID Type / ID No. NRIC NO / S1810671Z	Contact No. Home/Office:	Mobile: 96683177
Nationality SINGAPORE CITIZEN	Email Address mike8333@gmail.com	
Occupation Operations Manager	Sex Male	Age 54
Institution/School Name	Date of Birth 05/09/1967	Race Chinese
Date/Time Of Incident 29/09/2021 21:05	Location Of Incident 50 BUKIT BATOK EAST AVENUE 3 SINGAPORE 659879	

Brief details.

On the stated date and time, I was in my vehicle EG8333R waiting in line to pump petrol at SPC Bukit Batok.

I was looking to my right to check on which petrol pump would be first to be available when suddenly, a huge impact knocked against my vehicle from the front.

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: 30/09/2021 21:21
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



J/20210930/7051

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20210930/7051

I was caught completely off guard as my body lunged forward due to the unexpected impact.

I knocked my right knee against the underside of the dashboard as a result.

I looked to the front to realise that SLG5676M had reversed into my vehicle.

Initially, only right knee was painful. However, the next morning, I woke up with soreness over my neck area as well.

The pain got increasingly worse and I proceeded to the doctor at Intenedical Kovan that same evening for treatment.

I was given 3 days MC for my injuries suffered due to the accident.

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

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

Date/Time:
30/09/2021 21:21

Classification Of Case:





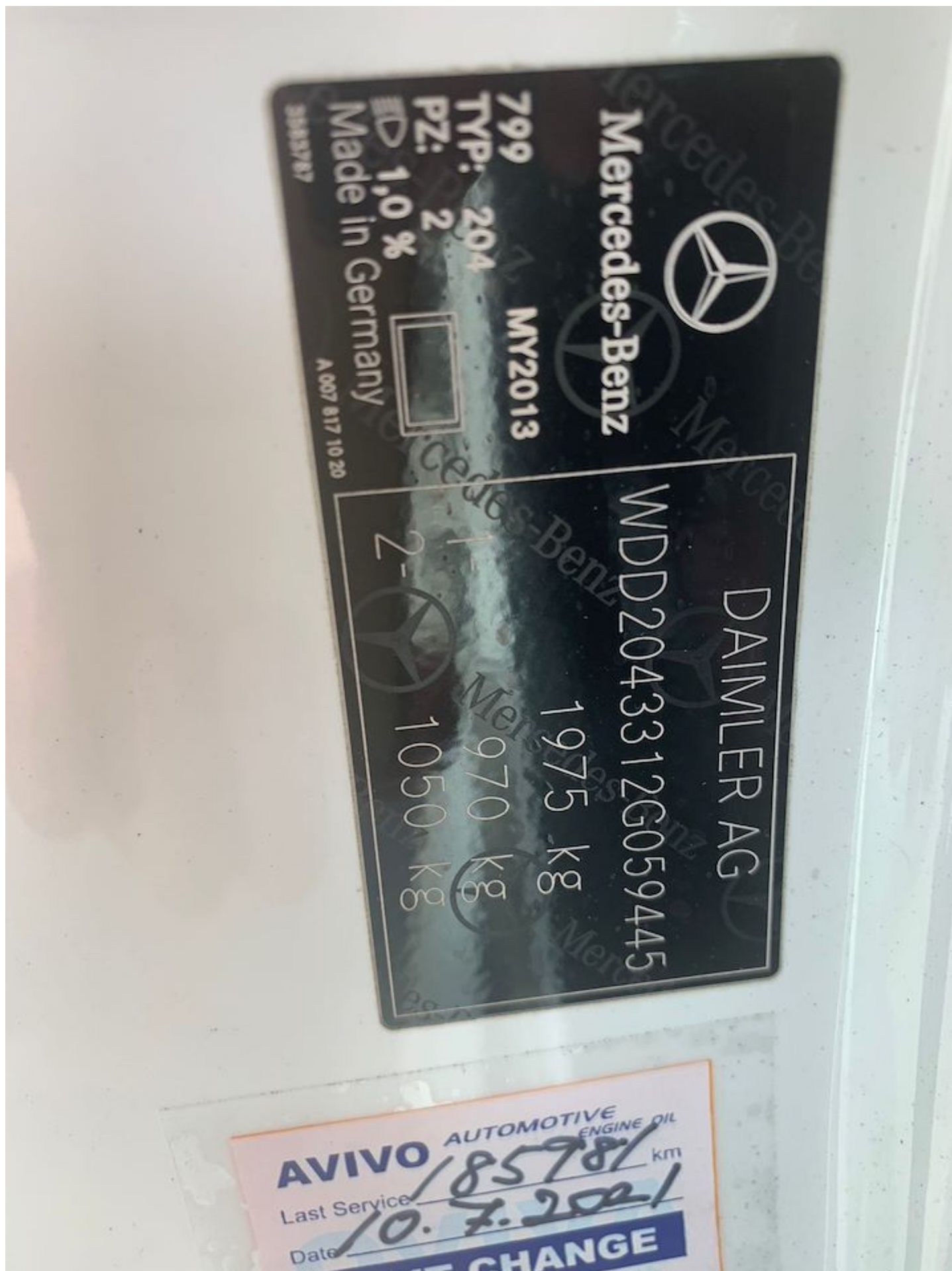














**SINGAPORE
POLICE FORCE**



J/20210930/7051

1 of 2

POLICE REPORT (NP299)

Report No. J/20210930/7051

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7910000

Date/Time Report Made 30/09/2021 21:21	Vide Report No.	Station Diary No.
Name Of Informant LIM HENG KWEE MICHAEL	Address 539 ANG MO KIO AVENUE 10 #15-2575 SINGAPORE 560539	
ID Type / ID No. NRIC NO / S1810671Z	Contact No. Home/Office:	Mobile: 96683177
Nationality SINGAPORE CITIZEN	Email Address mike8333@gmail.com	
Occupation Operations Manager	Sex Male	Age 54
Institution/School Name	Date of Birth 05/09/1967	Race Chinese
Date/Time Of Incident 29/09/2021 21:05	Location Of Incident 50 BUKIT BATOK EAST AVENUE 3 SINGAPORE 659879	

Brief details.

On the stated date and time, I was in my vehicle EG8333R waiting in line to pump petrol at SPC Bukit Batok.

I was looking to my right to check on which petrol pump would be first to be available when suddenly, a huge impact knocked against my vehicle from the front.

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: 30/09/2021 21:21
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



J/20210930/7051

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20210930/7051

I was caught completely off guard as my body lunged forward due to the unexpected impact.

I knocked my right knee against the underside of the dashboard as a result.

I looked to the front to realise that SLG5676M had reversed into my vehicle.

Initially, only right knee was painful. However, the next morning, I woke up with soreness over my neck area as well.

The pain got increasingly worse and I proceeded to the doctor at Intenedical Kovan that same evening for treatment.

I was given 3 days MC for my injuries suffered due to the accident.

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: 30/09/2021 21:21
Officer In-Charge Of Case:	Classification Of Case: