

ST0J21A90002 / TAN LIM MOTOR PTE LTD  
ENTRY DATE & TIME: 09/10/2021 14:57 (SGT)  
SUBMITTED BY: Patricia Tan  
VERSION: 1 (09/10/2021 14:57 (SGT))

## 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	09/10/2021 14:57 (SGT)
Time of Accident	09/10/2021 10:55 (SGT)
Exact Location of Accident	Pasir Ris CI, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG1088K
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Lim Kin Hon, Adrian
NRIC No	SXXXX080G
Email Address	adrlim73@gmail.com
Mobile Phone No	(Phone) +65-96912128
Alternative Phone No	+65-96912128

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1500

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5109981361-02
Cover Note Number	-

#### DRIVER

Name of Driver	Lim Kin Hon, Adrian
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Date Of Birth	08/12/1973
Occupation	Outdoor
Date Of Driving Pass	01/11/1995
Driving experience	25 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96912128
Alt. Phone Number	+65-96912128
Email Address	adrlim73@gmail.com
Address	Block 209A Compassvale Lane
Address complement	#04-112
Postcode	541209
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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	Mr Ang
Gender	Male

#### PASSENGER 2

Name	Grab Pax 2
Gender	Female

#### PASSENGER 3

Name	Grab Pax 3 (kid)
Gender	Male

#### PASSENGER 4

Name	Grab Pax 4 (kid)
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

As per sketch plan

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	Retrieving
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA3754D
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private hire
Name of Driver	Kelvin
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
Of Passenger (Including Driver)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	Mr Ang
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	Neck
Injured person in which vehicle?	SJG1088K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

##### INJURED 2

Name of injured person	Mrs Ang
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	Giddiness
Injured person in which vehicle?	SJG1088K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

##### INJURED 3

Name of injured person	Lim Kin Hon, Adrian
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	Neck and back
Injured person in which vehicle?	SJG1088K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



# 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' 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

Sketch Plan

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

Witnessed by Reporting Centre Personnel

Veh A: STG 1088 K  
Veh B: SMA 3754 D

Diagram showing vehicle positions and directions:

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    [A] → [A] → [B] → [A] → [A]
    
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Passer by Close

Describe Circumstances of the Accident

On 09/10/2021 at about 10:55 hrs, I was driving along Paris Rd close at stopped behind vehicles due to Red traffic light with a family of four. While waiting for front vehicle to move, a sudden hard bang from behind, a vehicle (B: SMA 3754D) had hit the rear of my vehicle (A: 555 1088 K). I checked with my passenger and was informed that his neck was having discomfort and the wife is having giddiness. They turned down on calling ambulance. I felt discomfort on my neck & back after an hour. That's all!

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

9/10/2021  
@ 1355 hrs

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

Witnessed by Reporting Centre Personnel