

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 18/10/2021 15:48 (SGT)
Date of Accident 15/10/2021 19:30 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information CTE TOWARDS CITY BEFORE BALESTIER EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDH9588Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM BOK CHUAN
NRIC No SXXXX458J
Email Address DANIELLIMXC@HOTMAIL.COM
Mobile Phone No (Phone) +65-97110292
Alternative Phone No (Office) +65-62917612

VEHICLE PARTICULARS

Manufacturer Honda
Model Stream
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 1799

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5023647257-14
Cover Note Number -

DRIVER

Name of Driver DANIEL LIM SIN CHOO
NRIC No SXXXX843I

Date Of Birth	21/04/1995
Occupation	Indoor
Date Of Driving Pass	14/03/2016
Driving experience	5 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97769280
Alt. Phone Number	-
Email Address	DANIELLIMXC@HOTMAIL.COM
Address	BLK 19 BEDOK SOUTH ROAD
Address complement	#07-23
Postcode	460019
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	Yes

PASSENGER 1

Name	CHEE LI JOON
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Marine Parade Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004428999
Alt. Police Station Phone No	(Fax) +65-62447678
Police Station Address	300 Marine Parade Road Singapore 449296
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX6651M
Vehicle Manufacturer	Mazda

Vehicle Model	3
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM CHEW LIANG
NRIC No	SXXXX785E
Contact Number	(Phone) +65-97935552
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	DANIEL LIM SIN CHOO
Gender	Male
Phone No	-
Address	BLK 19 BEDOK SOUTH ROAD
Address Complement	#07-23
Post Code	460019
Approximate Age Years Old	26
Injuries Sustained	5 DAYS MC
Injured person in which vehicle?	SDH9588Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	CHEE LI JOON
Gender	Male
Phone No	(Phone) +65-98190125
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SDH9588Y
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.
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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' 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.

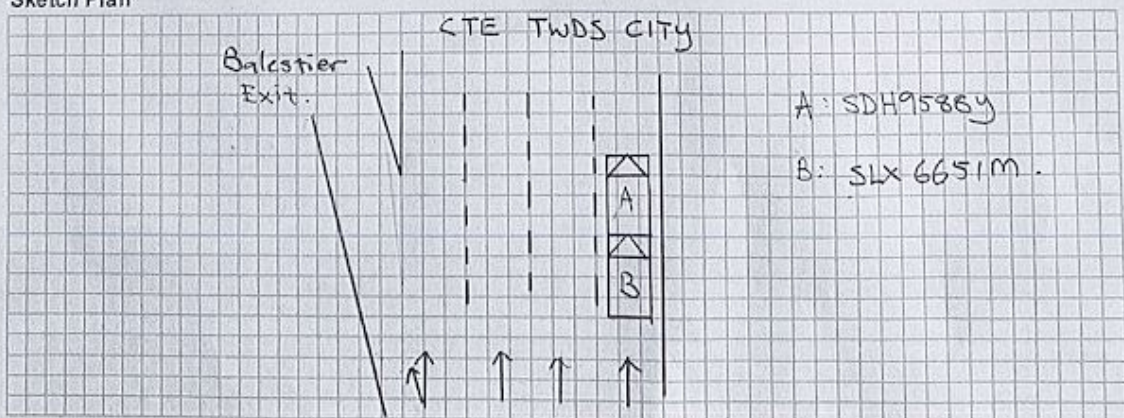
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



Sketch Plan



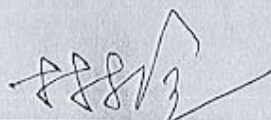
Describe Circumstances of the Accident

Please Refer To The Police Report.


Vehicle Claim & Repair Under : CH Motor Repair & Services.

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

To, CH Motor repairs n services

RE: Accident involving SDH4588Y and SLX6651M along CTE towards city before ~~balestier~~ balestier exit on 15/10/2021 at about 1930 hrs.

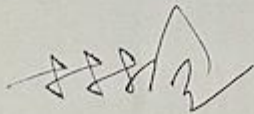
We refer to the above accident.

Please be informed that we have appointed ABWIN SERVICE PTE LTD to repair and handle the claim for our vehicle SDH4588Y.

Kindly release our vehicle SDH4588Y to our appointed workshop Abwin service pte ltd.

For any further clarification kindly contact me at 4776 9280.

Thank You



Name: Lim bok chuan

NRIC no. ~~5145548~~ 514554585

owner of vehicle: SDH4588Y



Name: Daniel Lim Shi Chao

NRIC no. 59915843I

~~owner~~
Driver of vehicle: SDH4588Y
















**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999



T/20211015/2115

1 of 3

Report No. T/20211015/2115

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/10/2021 21:54	Vide Report No.:	Station Diary No.: 97
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Informant's Particulars

Name of Informant: DANIEL LIM SIN CHOO		Address: APT BLK 19 BEDOK SOUTH ROAD #07-23 SINGAPORE 460019	
ID Type / ID No.: NRIC NO / S9515843I		Contact No.: Home/Office: Mobile: 97769280	
Nationality: SINGAPORE CITIZEN		Email: daniellimxc@hotmail.com	
Sex: Male	Age: 26	Date of Birth: 21/04/1995	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: TELE SALES CITY BANK STAFF		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: 15/10/2021 19:30	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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 Passenger
SDH9588Y	Car	HONDA	STREAM	Grey	Seriously Damaged	1
SLX6651M	Car	MAZDA	MAZDA 3	White	Totally Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999



T/20211015/2115

Report No: T/20211015/2115

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SINGAPORE
POLICE FORCE
Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

CONTINUATION OF REPORT

Driver Name	DANIEL LIM SIN CHOO		ID No.	S9515843I
Related Vehicle	SDH9588Y (Car)		Contact No.	97769280
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight	
Driver Name	LIM CHEW LIANG		ID No.	S7637785E
Related Vehicle	SLX6651M (Car)		Contact No.	97935552
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight	

Brief Details.

On the 15/10/2021 at about 1933hrs, while I was driving my vehicle bearing plate number: SDH9588Y along CTE towards AYE before Balestier Exit, while travelling along the second lane and switched subsequently switched to lane 1. While travelling at lane 1, I noticed that the vehicle in front of me bearing plate number: SMC8113K, BMW blackcolour was observed to be braking and eventually coming to a stop.

I would like to mention that I managed to stop in time however the vehicle behind of me bearing plate number: SLX6651M could not stop in time and collided to my rear causing damages at the front bonnet area which eventually caused the air bag to be deployed. I would like to mention that my vehicle rear bumper area and causing my rear door unable to close properly. After the incident, both driver alighted and exchange particulars for insurance claim and record purposes. No one is conveyed to hospital and no police attend to my incident.

I would like to inform that I will be going to seek medical attention together with my passenger name: Chee Li Joon HP: 98190125 due to dizziness and pain on the back of our head. I would like to inform that my vehicle is installed with front and rear in vehicle camera and the whole incident is captured. The footages is captured and I had save the footages for future reference.



**SINGAPORE
POLICE FORCE**



T/20211015/2115

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

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Report No. T/20211015/2115

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report
G /
Sgt 2 LIM KAI EN, VINCENT

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
15/10/2021 21:54

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Classification Of Case:

Authentication Stamp
NP168

SIGNATURE



SINGAPORE POLICE FORCE

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999



T/20211016/2003

1 of 4

Report No. T/20211016/2003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
16/10/2021 01:50

Vide Report No.:
T/20211015/2115

Station Diary No.:
16

Informant's Particulars

Name of Informant: DANIEL LIM SIN CHOO		Address: APT BLK 19 BEDOK SOUTH ROAD #07-23 SINGAPORE 460019	
ID Type / ID No.: NRIC NO / S9515843I		Contact No.: Home/Office: Mobile: 97769280	
Nationality: SINGAPORE CITIZEN		Email: DANIELLIMXC@HOTMAIL.COM	
Sex: Male	Age: 26	Date of Birth: 21/04/1995	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: TELE SALES CITY BANK STAFF		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: 15/10/2021 19:30	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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 Passenger
SHD9588Y	Car	HONDA	STREAM	Grey	Seriously Damaged	1
SLX6651M	Car	MAZDA	MAZDA 3	White	Totally Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA


**SINGAPORE
POLICE FORCE**


T/20211016/2003

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

Report No. T/20211016/2003

CONTINUATION OF REPORT

Passenger			
Name	CHEE LI JOON	ID No.	S8840725C
Related Vehicle	SHD9588Y (Car)	Contact No.	98180125
Hospital/Clinic	PARKWAY EAST HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	15/10/2021	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	DANIEL LIM SIN CHOO	ID No.	S9515843I
Related Vehicle	SHD9588Y (Car)	Contact No.	97769280
Hospital/Clinic	PARKWAY EAST HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	15/10/2021	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	LIM CHEW LIANG	ID No.	S7637785E
Related Vehicle	NIL	Contact No.	97935552
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 15/10/2021 at 2154hrs, I had lodge a traffic accident report vide T/20211015/2115.

I am lodging this current traffic accident report to indicate and add on that my passenger and I felt aching on the back of our head and neck area. My passenger and I visited Parkway East Hospital, where my passenger was given 4 days of Medical Leave and I was given 5 days of Medical leave. My passenger's medical bill totaled up to SGD\$410.15/- and my medical bill totaled up to SGD\$1669.26/-.

I would like to state that I am lodging this report to facilitate my insurance claims.

**SINGAPORE
POLICE FORCE**

T/20211016/2003

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Report No. T/20211016/2003

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

CONTINUATION OF REPORT**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report
G /

Sgt 3 AMSYAR HAKIM BIN
AHMAD JAMAL

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
16/10/2021 01:50

Officer In Charge Of Case:
TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Classification Of Case:

Authentication Stamp
NP168



SIGNATURE



**SINGAPORE
POLICE FORCE**



T/20211016/2003

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

3 of 4

Report No. T/20211016/2003

CONTINUATION OF REPORT