SK0J21AK0001 / K. KIM HIN AUTO PTE LTD
ENTRY DATE & TIME: 20/10/2021 18:41 (SGT)
SUBMITTED BY: Ng Meng Huat
VERSION: 1 (20/10/2021 18:41 (SGT))

Your NCD will be affected due to late reporting

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.
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	20/10/2021 18:41 (SGT)
Date of Accident	18/10/2021 14:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MOULMEIN ROAD (JUNCTION OF JLN TAN TOCK SENG)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ7699H

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SIM SUET LIN, STEPHANIE
NRIC No	S8334007Z
Email Address	STEFFSIM@GMAIL.COM
Mobile Phone No	(Phone) +65-94247444
Alternative Phone No	+65-94247444

VEHICLE PARTICULARS

Manufacturer	BMW
Model	320i
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1995

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5120358237
Cover Note Number	-

DRIVER

Name of Driver	SIM SUET LIN, STEPHANIE
NRIC No	S8334007Z

Date Of Birth	07/11/1983
Occupation	Indoor
Date Of Driving Pass	16/01/2009
Driving experience	12 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94247444
Alt. Phone Number	+65-94247444
Email Address	STEFFSIM@GMAIL.COM
Address	79 MULBERRY AVE
Address complement	-
Postcode	348452
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 - Cross Junction
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	Kampong Java Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002959999
Alt. Police Station Phone No	(Fax) +65-63913442
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO SKETCH PLAN

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	SMJ5860U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	VASUDEVAN S/O NAGARAJAN
NRIC No	S9530213J
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	SIM SUET LIN, STEPHANIE
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJZ7699H
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**.
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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.

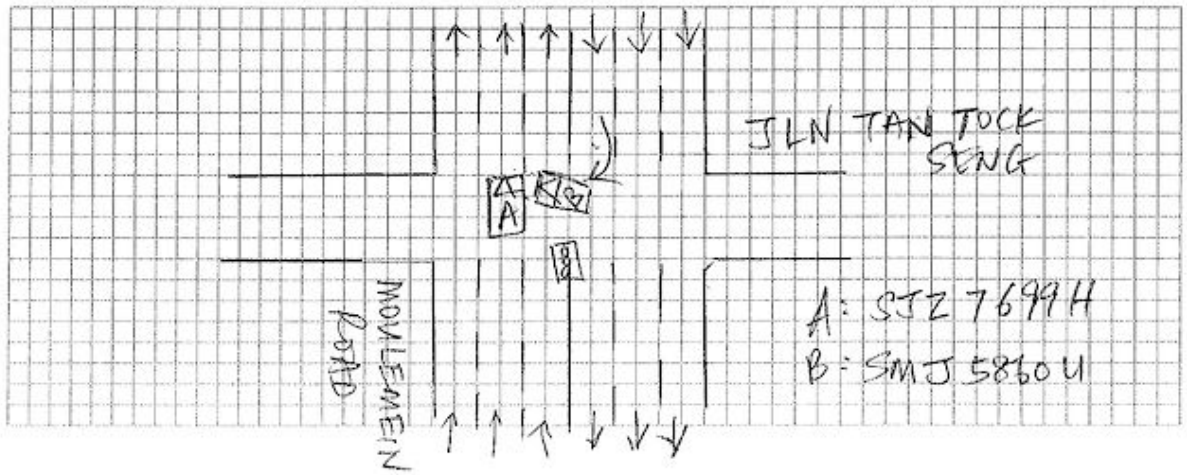
19/10/2021 @ 5pm

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

I WAS DRIVING ALONG MOULMEIN ROAD AND TRAFFIC LIGHT IS GREEN IN MY FAVOUR.

FROM A DISTANCE APPROACHING THE JUNCTION, I ALREADY SAW 2 VEHICLES TURNING AND I SLOW DOWN AS I APPROACH THE JUNCTION JUST IN CASE SOME CARS TURN.

AS I CROSS THE JUCTION, VEHICLE B MADE A U-TURN INTO MY LANE. (*) THERE WAS NO WAY I COULD AVOID HIM EVENTHOUGH I SWERVE LEFT AS HE WAS COMING MY WAY. HIS CAR HIT MY CAR RIGHT PORTION. MY DOOR GLASS ON BOTH SIDES SHATTERED.
I WAS INJURED AS A RESULT AND GIVEN 3 DAYS MC.

IF I DID NOT SWERVE, I WOULD HAVE BEEN BADLY INJURED.

(*) HIS HEADLIGHTS WAS JUST AT MY DRIVER'S DOOR. I QUICKLY MADE A LEFT TURN AWAY OUT OF PURE FEAR. VEHICLE B CONTINUED ON HIS TURN DESPITE MY SWERVE AND PROCEEDED TO RAM FORCEFULLY INTO MY CAR CAUSING THE AIRBAGS TO DEPLOY. THE IMPAG OF THE CRASH CAUSED THE CAR WINDOWS TO EXPLODE, ~~AND MY CAR CA~~ I BRAKED AS HARD AS POSSIBLE AND THE CAR STOPPED.

PHYSICALLY I WAS THROWN VIOLENTLY TO THE LEFT IN MY CAR.

Declaration

I/We declare the foregoing particulars are true in every respect.

19/10/2021 @ 5pm

KIM HIN AUTO PTE LTD TEL: 6452 7018

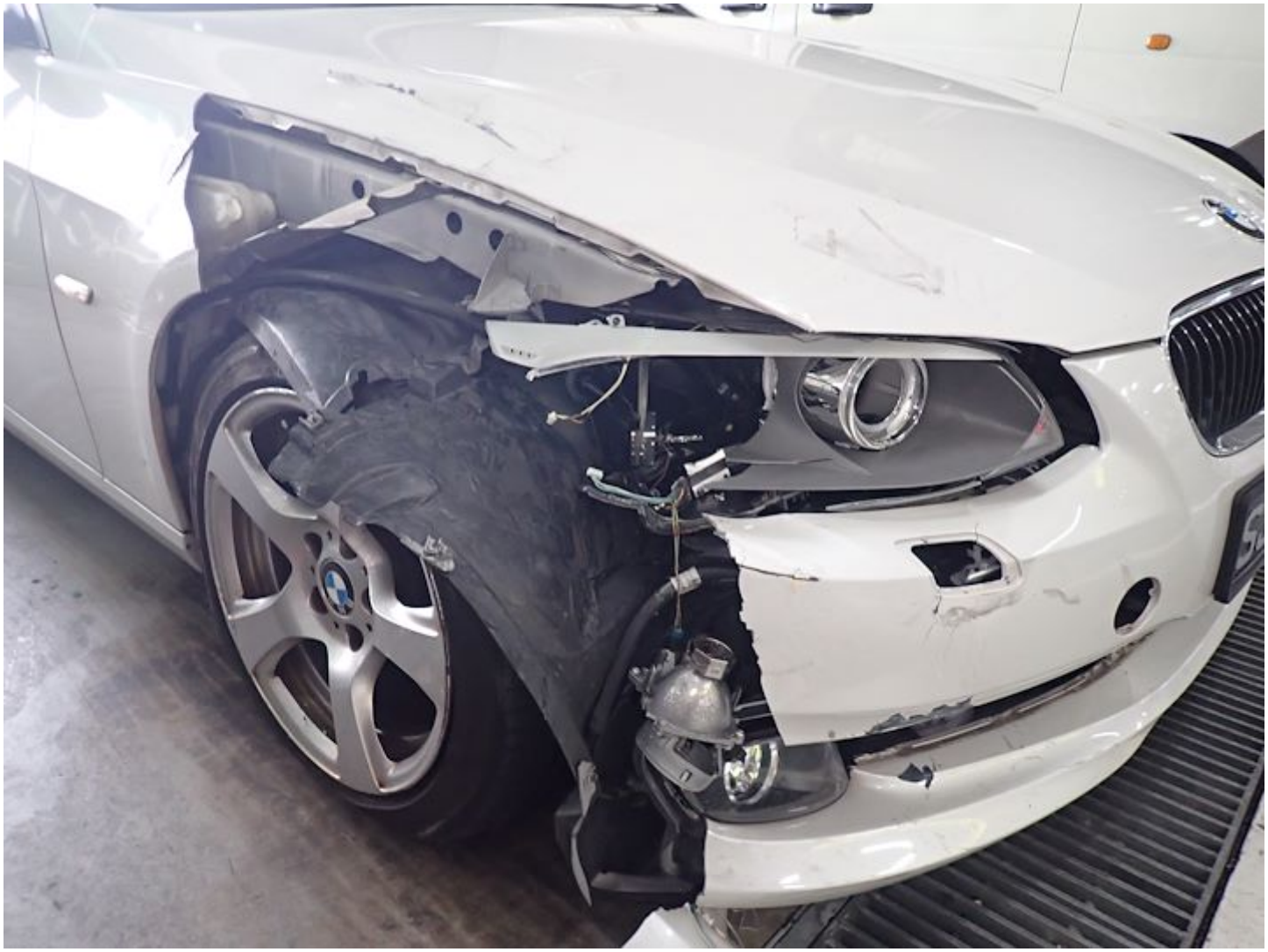
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

IMAGES

IMAGES #2



IMAGES #3

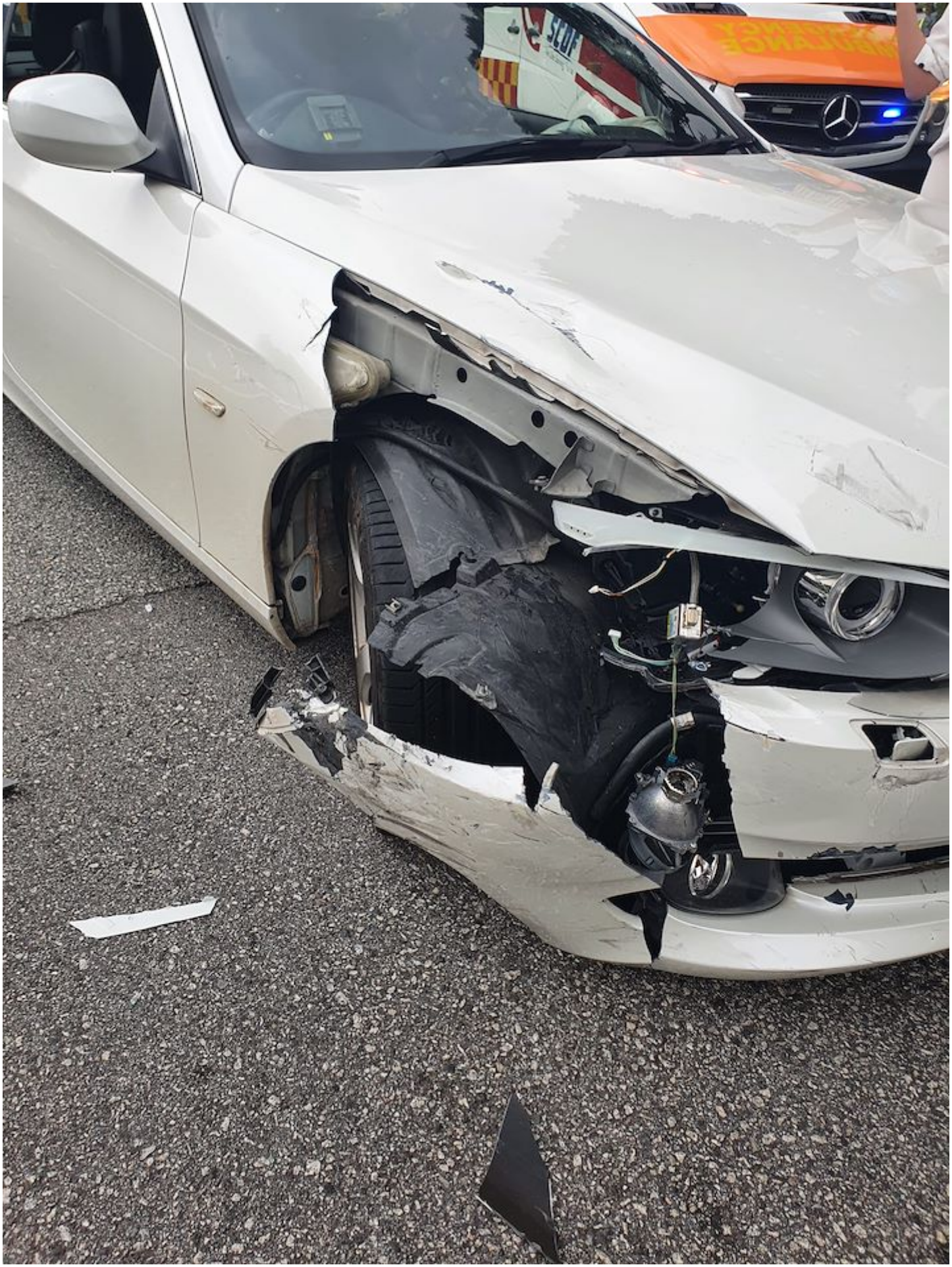
IMAGES #4

IMAGES #5

IMAGES #6

Made in Germany
320i
N46B20B
SINGAPORE
A96/0
1.0
MINERALWEISS METALLIC
BAYERISCHE MOTOREN WERKE AG
WBADV32070E49180
1–
2–
2055 kg
3630 kg
915 kg
1160 kg
/
2.2
220
2.7
270
2.7
270
3.2
270
2.3
230
2.9
290
/
/
/
685165

IMAGES #8



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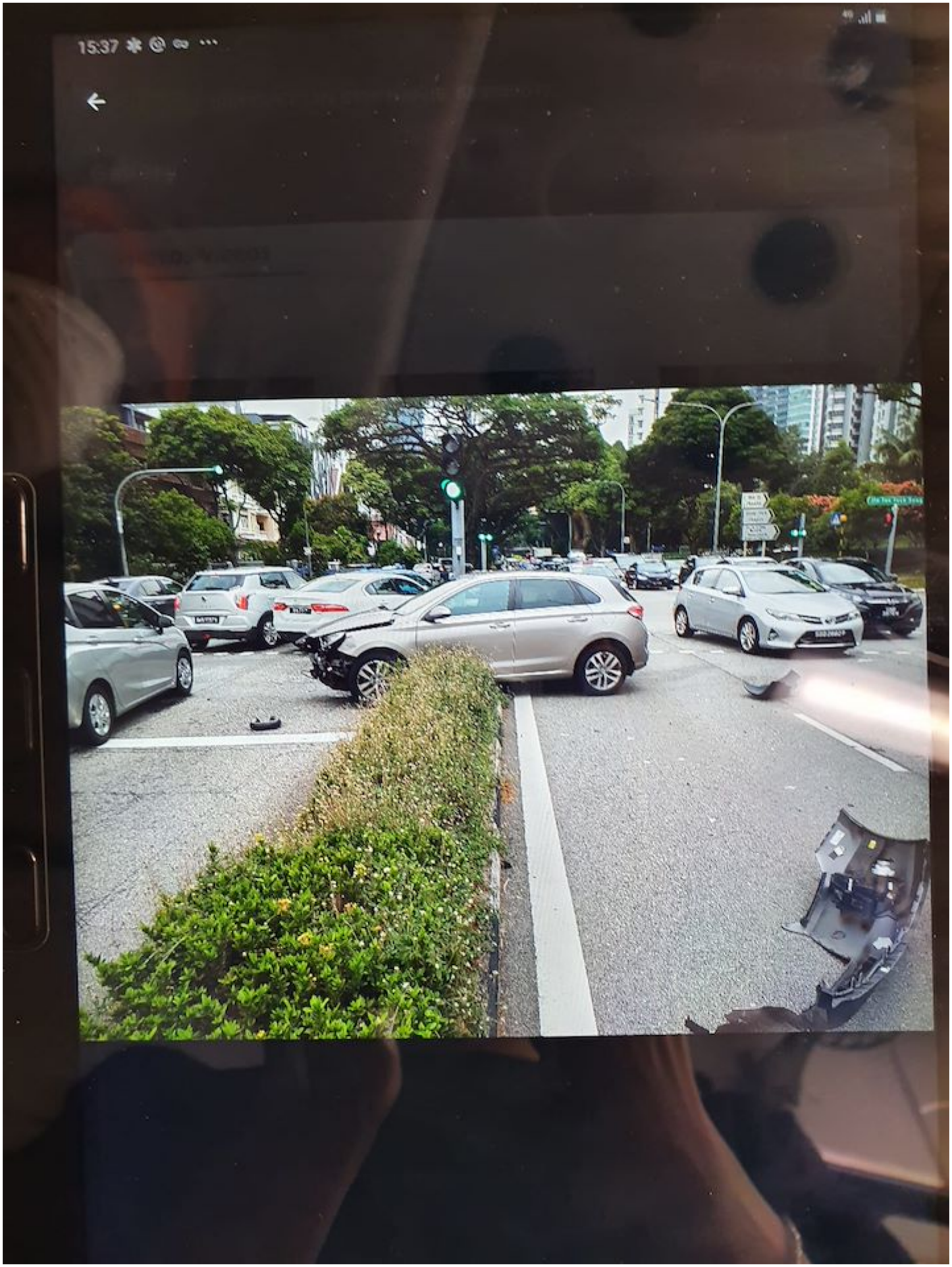

IMAGES #10

IMAGES #11

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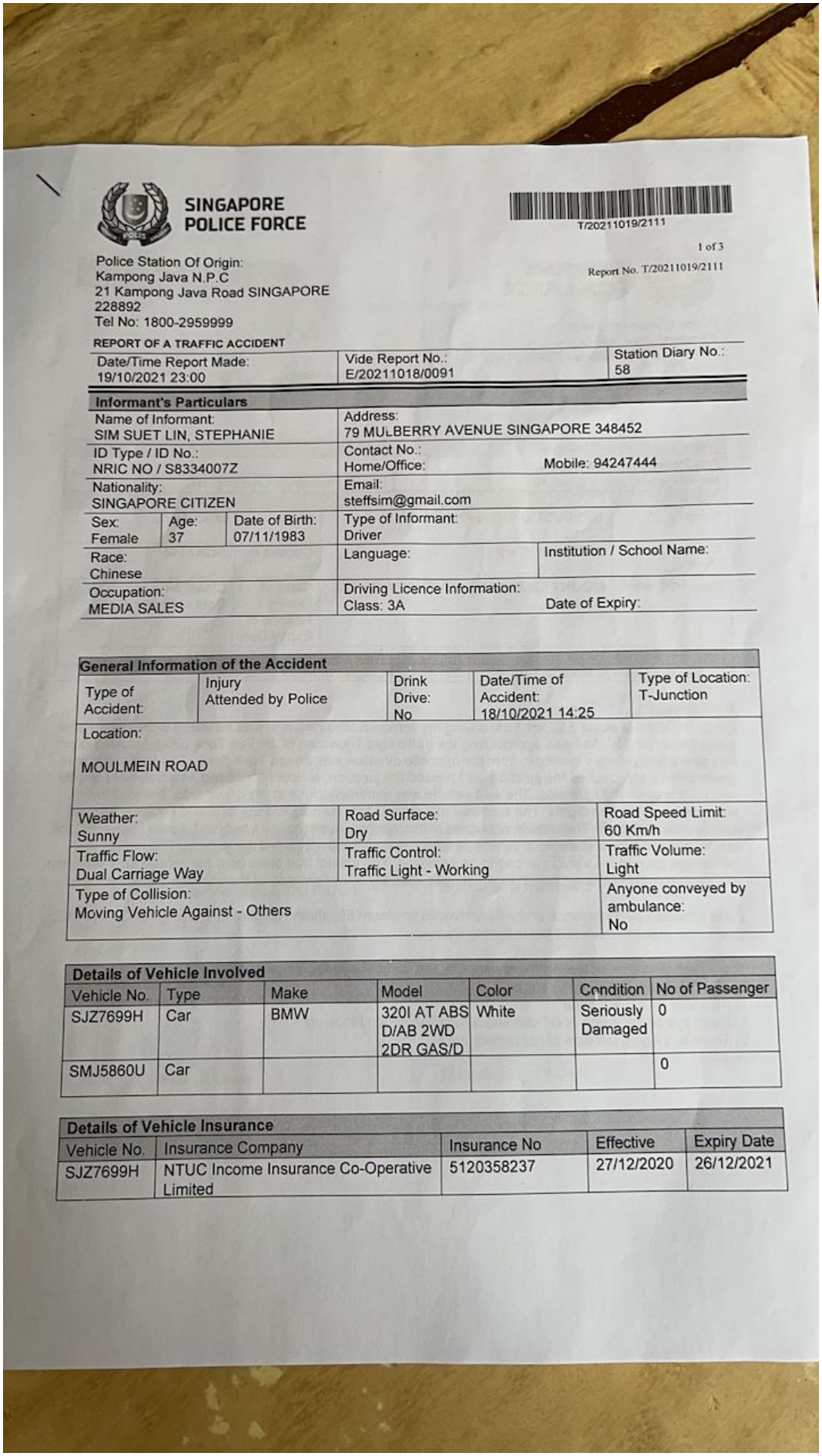
IMAGES #14

IMAGES #15

IMAGES #16



SINGAPORE POLICE FORCE

T/20211019/2111

1 of 3

Report No. T/20211019/2111

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
19/10/2021 23:00	E/20211018/0091	58

Informant's Particulars

Name of Informant: SIM SUET LIN, STEPHANIE			Address: 79 MULBERRY AVENUE SINGAPORE 348452	
ID Type / ID No.: NRIC NO / S8334007Z			Contact No.: Home/Office:	Mobile: 94247444
Nationality: SINGAPORE CITIZEN			Email: steffsim@gmail.com	
Sex: Female	Age: 37	Date of Birth: 07/11/1983	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: MEDIA SALES			Driving Licence Information: Class: 3A	Date of Expiry:

General Information of the Accident

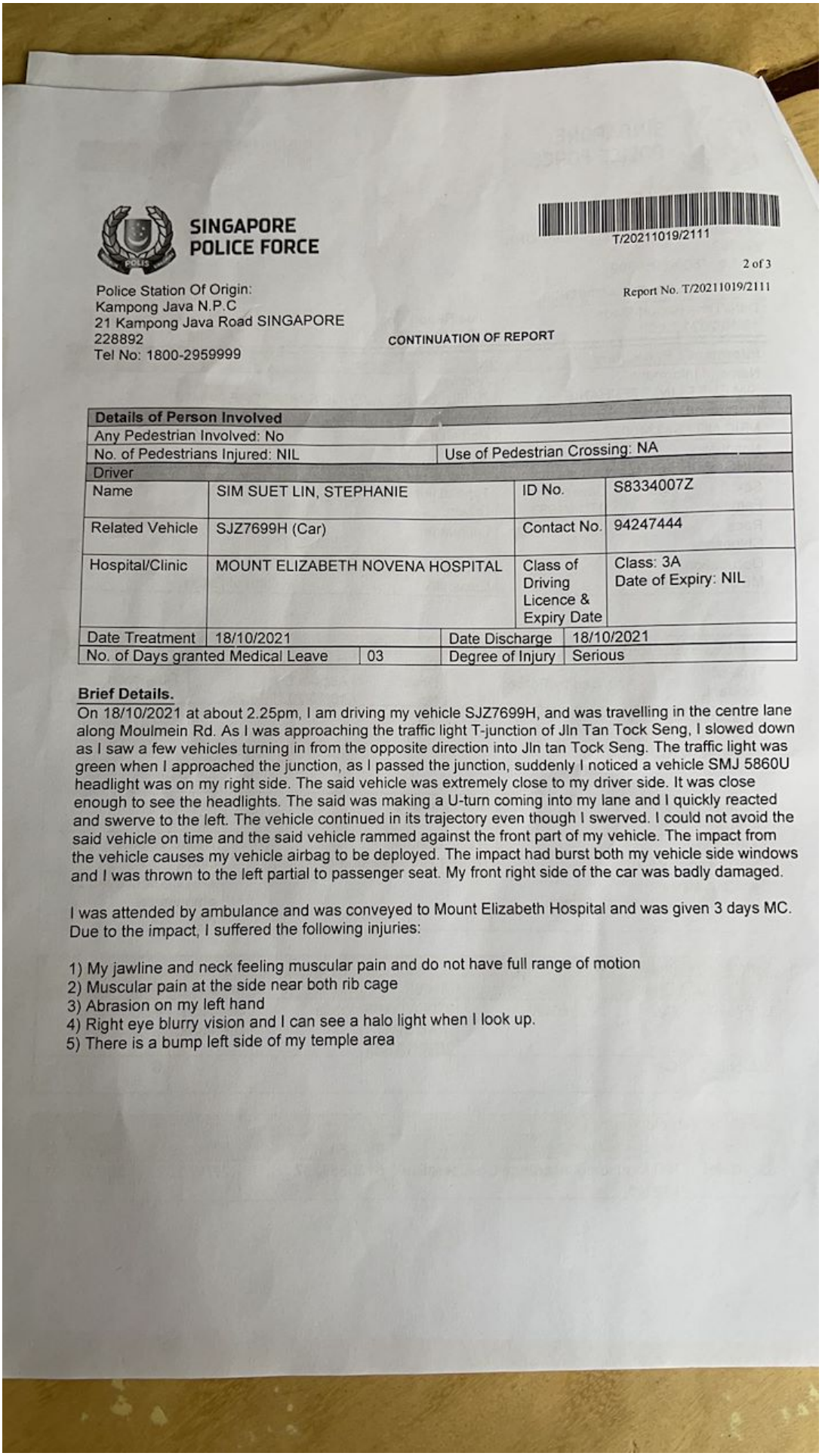
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/10/2021 14:25	Type of Location: T-Junction
Location: MOULMEIN ROAD				
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJZ7699H	Car	BMW	320I AT ABS D/AB 2WD 2DR GAS/D	White	Seriously Damaged	0
SMJ5860U	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJZ7699H	NTUC Income Insurance Co-Operative Limited	5120358237	27/12/2020	26/12/2021



SINGAPORE POLICE FORCE

T/20211019/2111

Report No. T/20211019/2111

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

CONTINUATION OF REPORT

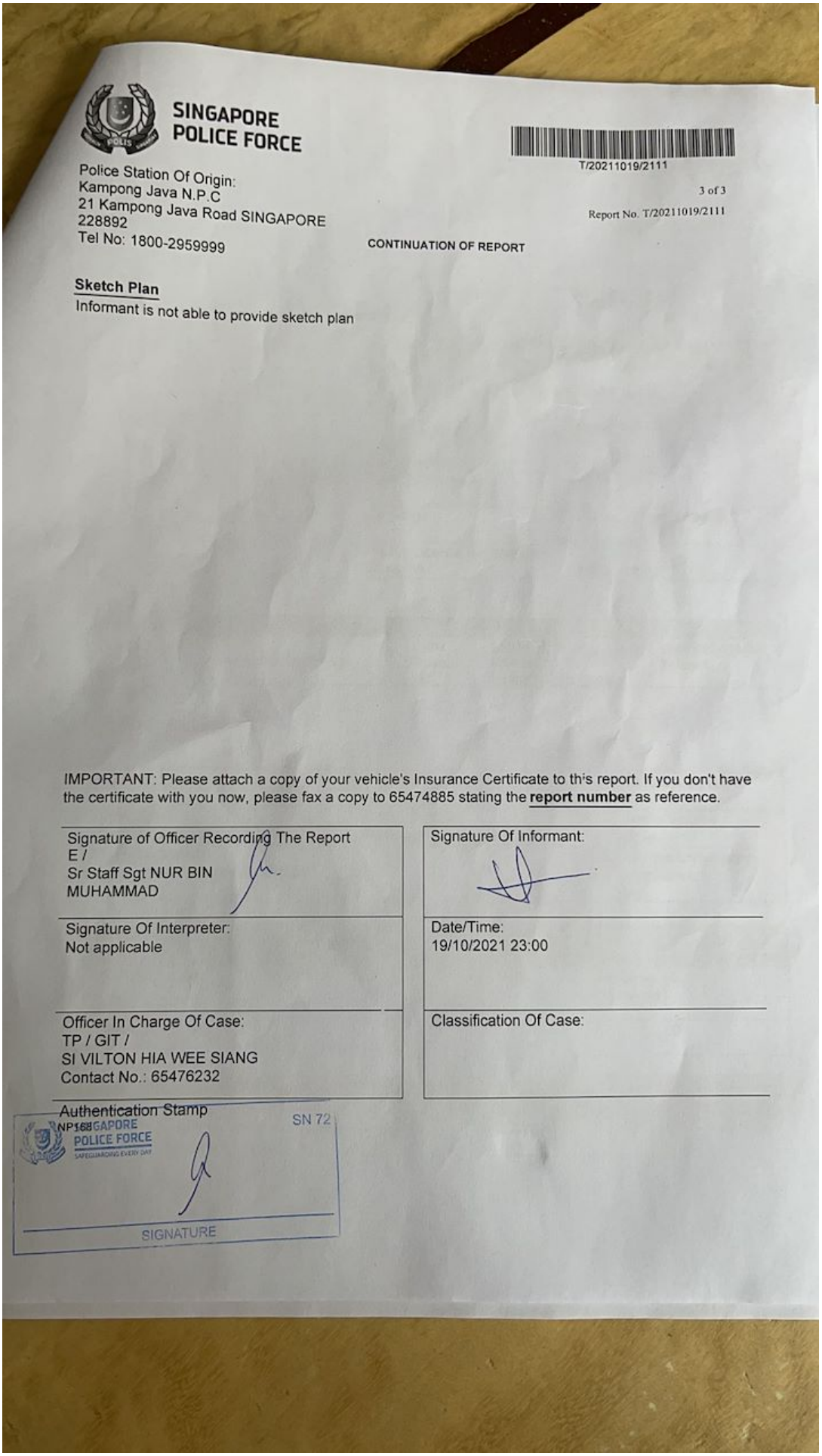
Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SIM SUET LIN, STEPHANIE	ID No.	S8334007Z
Related Vehicle	SJZ7699H (Car)	Contact No.	94247444
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	18/10/2021	Date Discharge	18/10/2021
No. of Days granted Medical Leave	03	Degree of Injury	Serious

Brief Details.

On 18/10/2021 at about 2.25pm, I am driving my vehicle SJZ7699H, and was travelling in the centre lane along Moulmein Rd. As I was approaching the traffic light T-junction of Jln Tan Tock Seng, I slowed down as I saw a few vehicles turning in from the opposite direction into Jln tan Tock Seng. The traffic light was green when I approached the junction, as I passed the junction, suddenly I noticed a vehicle SMJ 5860U headlight was on my right side. The said vehicle was extremely close to my driver side. It was close enough to see the headlights. The said was making a U-turn coming into my lane and I quickly reacted and swerve to the left. The vehicle continued in its trajectory even though I swerved. I could not avoid the said vehicle on time and the said vehicle rammed against the front part of my vehicle. The impact from the vehicle causes my vehicle airbag to be deployed. The impact had burst both my vehicle side windows and I was thrown to the left partial to passenger seat. My front right side of the car was badly damaged.

I was attended by ambulance and was conveyed to Mount Elizabeth Hospital and was given 3 days MC. Due to the impact, I suffered the following injuries:

1) My jawline and neck feeling muscular pain and do not have full range of motion
2) Muscular pain at the side near both rib cage
3) Abrasion on my left hand
4) Right eye blurry vision and I can see a halo light when I look up.
5) There is a bump left side of my temple area



SINGAPORE POLICE FORCE

T/20211019/2111

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

3 of 3

Report No. T/20211019/2111

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 E / Sr Staff Sgt NUR BIN MUHAMMAD	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/10/2021 23:00
Officer In Charge Of Case: TP / GIT / SI VILTON HIA WEE SIANG Contact No.: 65476232	Classification Of Case:

Authentication Stamp

NP168 SINGAPORE POLICE FORCE SAFEGUARDING EVERY DAY

SN 72

SIGNATURE