

# 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 ..... 27/12/2021 16:37 (SGT)  
Date of Accident ..... 24/12/2021 23:30 (SGT)  
Exact Location of Accident ..... Changi Rd, Singapore  
Additional Location Information ..... TOWARDS JALAN KEMBANGAN  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMG93R

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... CERTACT ENGINEERING PTE. LTD.  
Company Reg No ..... 1XXXXX577N  
Email Address ..... jeremylim@certact.com.sg  
Mobile Phone No ..... (Phone) +65-92787383  
Alternative Phone No ..... (Office) +65-62683865

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Vellfire  
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 ..... Commercial vehicle  
Transmission ..... Auto  
CC ..... 2494

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... D19MPC0003510\_01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LIM SHENG CHUAN, JEREMY  
NRIC No ..... SXXXX795Z

Date Of Birth .....	27/05/1983
Occupation .....	Indoor
Date Of Driving Pass .....	17/09/2004
Driving experience .....	17 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92787383
Alt. Phone Number .....	-
Email Address .....	jeremylim@certact.com.sg
Address .....	BLK 438B SENGKANG WEST AVENUE #19341
Address complement .....	-
Postcode .....	792438
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	Side Swipe
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) .....	6
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	JEREMY LOH
Gender .....	Male

#### PASSENGER 2

Name .....	SOPHIA
Gender .....	Female

#### PASSENGER 3

Name .....	QINAN
Gender .....	Female

#### PASSENGER 4

Name .....	JOVAN
Gender .....	Male

#### PASSENGER 5

Name .....	CARA
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bedok Division Headquarters
Police Station Phone No .....	(Phone) +65-18002440000
Alt. Police Station Phone No .....	(Fax) +65-64443009
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

## CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT G/20211227/7101

## 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 ..... SMK7688H  
 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 SHENG CHUAN, JEREMY  
 Gender ..... Male  
 Phone No ..... (Phone) +65-92787380  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT INJURY  
 Injured person in which vehicle? ..... SMG93R  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

## INJURED 2

Name of injured person ..... SOPHIA  
 Gender ..... Female  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT INJURY  
 Injured person in which vehicle? ..... SMG93R  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

**SKETCH PLAN**

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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.

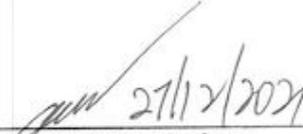
(collectively the "Purposes")

(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

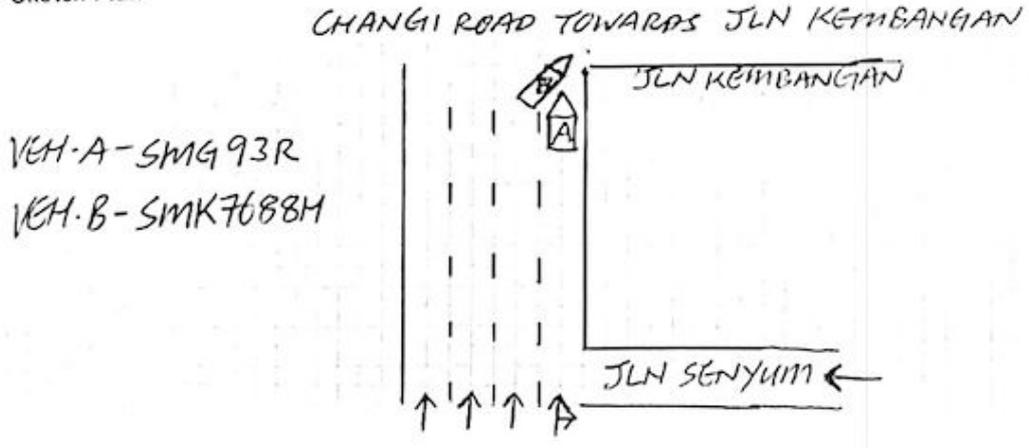
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
 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

ON THE STATED DATE AND TIME, VEHICLE 'A'  
WAS TRAVELLING STRAIGHT ON MY LANE AT THE  
STATED VENUE. SUDDENLY, VEHICLE 'B' SWERVED ABRUPTLY  
ONTO MY LANE AND COLLIDED ONTO MY VEHICLE'S  
FRONT LEFT PORTION.

POLICE REPORT G/20211227/7101

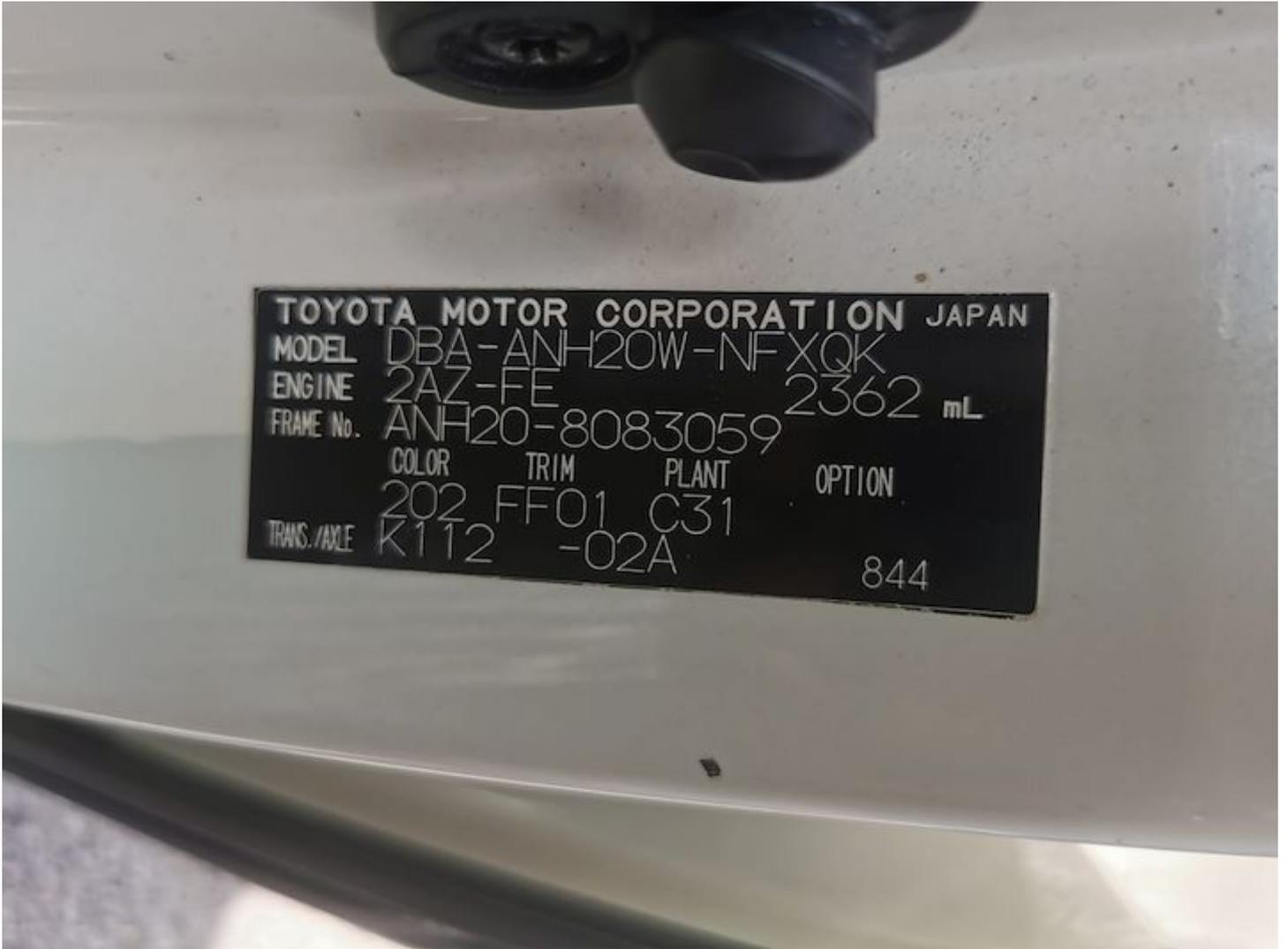
Declaration

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**



G/20211227/7101

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20211227/7101

path from the left at fast speed.

I immediately jammed on my brakes and swerved to my right in a bid to avoid the collision but to no avail.

SMK7688H still crashed into my vehicle's front left portion despite my attempts to avoid the accident.

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

My wife Mu Qinan also knocked her head against the inside of my vehicle as a result.

The next morning, my wife woke up with aches over her neck as well while I felt stiffness and soreness over my neck and back areas.

The pain did not go away after the holidays and as such, on 27/12/2021, we visited our family doctor at Pow Family Clinic for treatment.

We were given 3 days MC each.

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: 27/12/2021 22:23
Officer In-Charge Of Case:	Classification Of Case:



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN0921CR00F Vehicle Registration No: SM6 93R  
 Name (as shown in NRIC): Lim Sien E Chuan Jeehng NRIC/FIN/Passport No: S83157952  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 438B Senokang West Ave #19-341 Singapore (74238)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 92787383  
 Email Address: \_\_\_\_\_  
 Date of Accident: 24.12.2021 Time of Accident: 23:30hrs  
 Place of Accident: Chan Si Rd Tndu Jalan Kembangan  
 Insurance Company: III

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

- ① Attached Police Report: 6/2021/227/7101
- ② Injured Parties

Policyholder / Driver's Signature  
 Date:



Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date:

GIA/RNC Addendum Form