SN0921CR000F-02 / National Assessment Centre Services [408933]
ENTRY DATE & TIME: 27/12/2021 16:37 (SGT)
SUBMITTED BY: Chew Hsiao Tong
VERSION: 3 (07/01/2022 11:53 (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 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	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?	Yes
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

IMPORTANT NOTICE

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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.

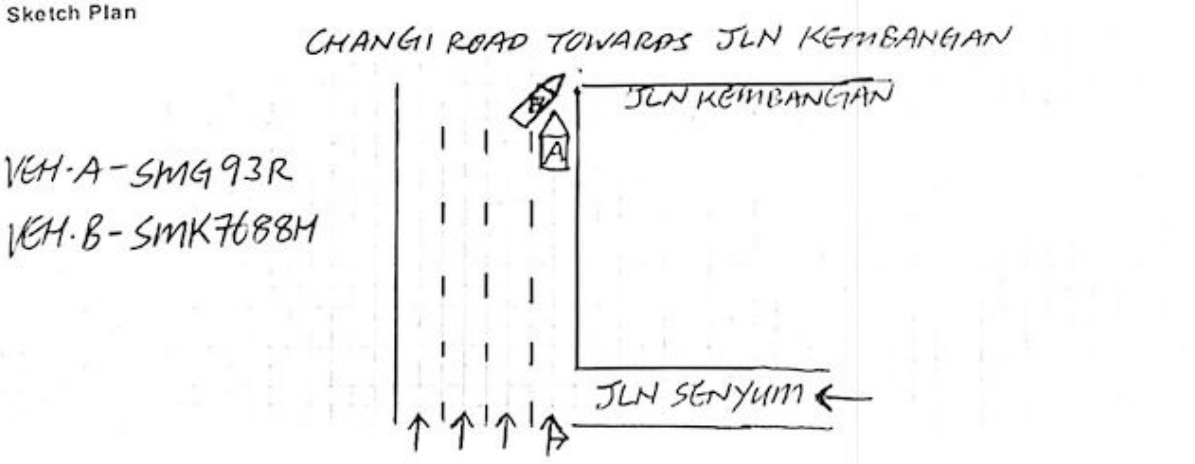
Policyholder's Signature / Date & Time

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

21/12/2021

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON THE STATED DATE AND TIME. I, 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

IMAGES


TOYOTA MOTOR CORPORATION JAPAN
MODEL DBA-ANH20W-NFXQK
ENGINE 2AZ-FE 2362 mL
FRAME No. ANH20-8083059
COLOR TRIM PLANT OPTION
202 FF01 C31
TRANS./AXLE K112 -02A
844

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

SINGAPORE POLICE FORCE

G/20211227/7101

POLICE REPORT (NP299)

Report No. G/20211227/7101

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made	Vide Report No.	Station Diary No.
27/12/2021 22:23		

Name Of Informant	Address
LIM SHENG CHUAN, JEREMY	438B SENGKANG WEST AVENUE #19-341 SINGAPORE 792438
ID Type / ID No. NRIC NO / S8315795Z	Contact No. Home/Office: Mobile: 92787383
Nationality SINGAPORE CITIZEN	Email Address jeremylim@certact.com.sg

Occupation	Sex	Age	Date of Birth	Race
Director	Male	38	27/05/1983	Chinese

Institution/School Name	Language
	English
Date/Time Of Incident 24/12/2021 23:30	Location Of Incident CHANGI ROAD

Brief details.

On the stated date and time, I was driving my vehicle SMG93R along Changi Road.

I was travelling along the extreme right lane with 5 other family members on board.

All 6 of us were belted.

As I was approaching the junction of Jalan Kembangan, SMK7688H abruptly swerved into my vehicle's

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:

SINGAPORE POLICE FORCE

G/20211227/7101

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:

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN0921CR000F Vehicle Registration No: SMG 93K

Name(as shown in NRIC) : Lim Sheng Chuan, Jeremy NRIC/FIN/Passport No : S8315795B

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : 436B Sengkang West Ave #19-341 Singapore(792436)

Contact (Tel) : Mobile No. : 92787393

Email Address :

Date of Accident : 24-12-2021 Time of Accident : 2330hrs

Place of Accident : Changi Rd Twds 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:

change to own damage claim

Policyholder / Driver's Signature
Date:

07/01/2022
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: