

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 - Reporting only
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

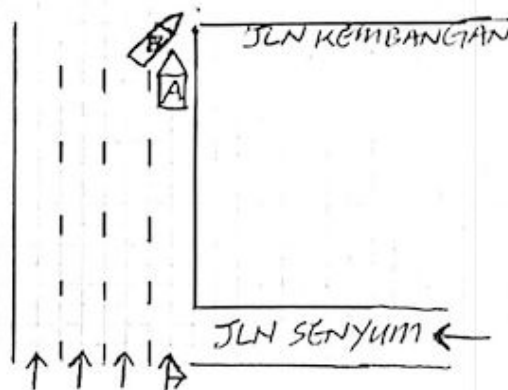
Witnessed by Reporting Centre Personnel

Sketch Plan

CHANGI ROAD TOWARDS JLN KEMBANGAN

VEH-A-SMG93R

VEH-B-SMK7688M



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


















**SINGAPORE
POLICE FORCE**


G/20211227/7101

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POLICE REPORT (NP299)

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

Report No. G/20211227/7101

Date/Time Report Made 27/12/2021 22:23	Vide Report No.	Station Diary No.
Name Of Informant LIM SHENG CHUAN, JEREMY	Address 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 Director	Sex Male	Age 38
Institution/School Name	Date of Birth 27/05/1983	Race Chinese
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

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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:



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: S66550020G / 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: SMB 03K
Name (as shown in NRIC) : Lim Sheng Chuan, Jernm NRIC/FIN/Passport No : S83157958
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 438B Senokang Wes Hwe #19-34 Singapore (792438)
Contact (Tel) : _____ Mobile No. : 9278 7393
Email Address : _____
Date of Accident : 24-12-2021 Time of Accident : 2330hrs
Place of Accident : Changi Rd Towards 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:

to amend to reporting only

Policyholder / Driver's Signature
Date:

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

(continued, addendum form 1/2)