



# 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 SENKANG 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

1. Please report correctly the details of the accident to speed up the claims process.
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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)**

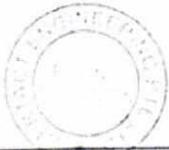
I understand, acknowledge, agree and consent that:

(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

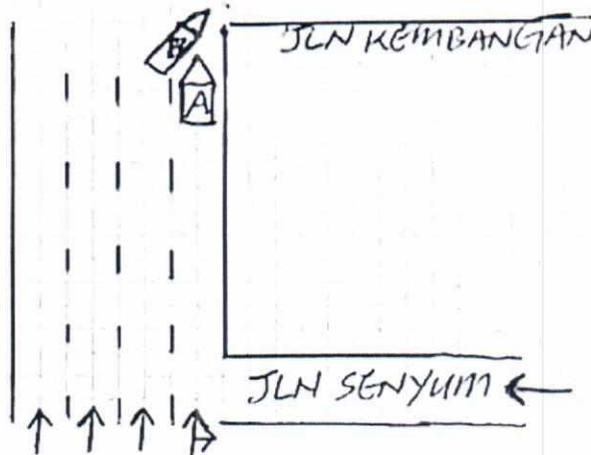
Witnessed by Reporting Centre Personnel

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/2021/227/7101

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

J

Date of Accident : 24/12/2021 Accident Time: 2330 (24-HR-Format)

Accident Place : CHANGI ROAD TOWARDS JUN KEMERANGAN

Vehicle No. (Car Plate No.) : SMK 93R Make/Model: TOYOTA VELLFIRE

Insurance Company : INDIA Policy No: ANM20 8083059

Owner or Company Name / IC No. : CERTACT ENGINEERING PTE LTD

Owner or Company Contact No. : 62683865 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_

DRIVER'S Name / IC No. : LIM SHENG CHUAN, JEREMY 58515795Z

DRIVER'S Date Of Birth : 27/05/1983 DRIVER'S License Pass Date 17/09/2004

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling Employee Others: \_\_\_\_\_

DRIVER'S Address : Seng Kay West Ave BIK 438B 19-341 5792438

DRIVER'S Contact No./ Alt No. : 1) 92787393 2) \_\_\_\_\_

DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)

Email Address : Jeremylim@certact.com.sg

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 6

Was there any video Captured by car camera: YES NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any Injury (If YES, Pls state): \_\_\_\_\_

Other Party Driver's Particular (if any)

Vehicle No: SMK 7688H Vehicle No: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_ Vehicle Make/Model: \_\_\_\_\_

Name Driver: \_\_\_\_\_ Name Driver: \_\_\_\_\_

IC No. Driver/Contact: \_\_\_\_\_ IC No. Driver/Contact: \_\_\_\_\_

\* NEW - Passenger's name & gender:

JEREMY LOH - MALE

SOPHIA - FEMALE

JEREMY LIM - MALE

QINAN - FEMALE

JOVAN - MALE

CARA - FEMALE





**SINGAPORE  
POLICE FORCE**



G/20211227/7101

2 of 2

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:



INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg No. 190703292K | GST Reg. No. M2-007000000  
64 Cecil Street | #04 | #05 | #06-02 | 10th Building | Singapore 049711  
Office (65) 63476199 | Email: insure@iil.com.sg  
Fax (65) 62244174 | Website: www.iil.com.sg

### CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1990 (ROAD TRANSPORT ACT, 1987) (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1999 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

<b>CERTIFICATE NO.: D19MPC0003510_01</b>		<b>COVER: COMPREHENSIVE</b>
1. Index Mark and Registration Number of Vehicle	: SMG93R	
Chassis No	: ANH208083059	
2. Name of Policyholder	: CERTACT ENGINEERING PTE. LTD.	
3. Effective date of Insurance	: 04 Feb 2021	
4. Expiry date of Insurance	: 03 Feb 2022	
5. Persons or Classes of Persons entitled to drive*		
Any person who is driving on the Policyholder's order or with their permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle		
6. Limitations as to use*		
Use only for social, domestic and pleasure purposes and for the Policyholder's business.		
<b>The Policy does not cover</b>		
a) Use for hire or reward.		
b) Use for racing, pace-making, reliability trial, speed-testing.		
c) Use for the carriage of goods other than samples in connection with any trade or business.		
d) Use for any purpose in connection with the Motor Trade.		
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.		
Excess Sect I (For Employees)	:SGD600.00	
Sect I (For Non-Employees)	:SGD1100.00	
Windscreen Excess	:SGD100.00	
Sunroof Excess	:SGD150.00	
Hire Purchase Company	: Hong Leong Finance Limited	
FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I WILL BE APPLICABLE.		
I/We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).		
Agent/Broker	: A099921/Tan Shi Jack	For India International Insurance Pte Ltd
Date of Issue	: 02/02/2021 18:58:51	
MX4 - Private Car (Company)		Authorised Signatory

**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: SN 0921CR00F      Vehicle Registration No: SM6 93R  
 Name (as shown in NRIC): Lim Sien G Chuan Zhen      NRIC/FIN/Passport No: S83157952  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 438B Sen Kang West Ave #19-341      Singapore (79438)  
 Contact (Tel): \_\_\_\_\_      Mobile No.: 92787383  
 Email Address: \_\_\_\_\_  
 Date of Accident: 24.12.2021      Time of Accident: 23:30hrs  
 Place of Accident: Changi Rd Tmds Jalan Kembangan  
 Insurance Company: III

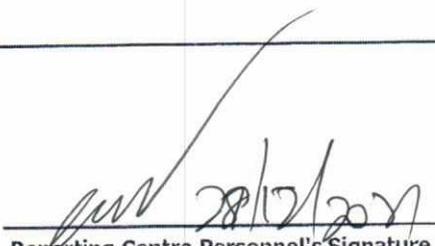
**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

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 Persons
- 
- 
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- 
- 
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Policyholder / Driver's Signature  
Date:



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