

# 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 ..... 20/01/2022 17:16 (SGT)  
Date of Accident ..... 19/01/2022 14:20 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PIE TOWARDS CHANGI (BEFORE LORNIE ROAD EXIT)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBD9770G

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... MARTEVICK DISTRIBUTOR  
Company Reg No ..... 1XXXX300B  
Email Address ..... abc8627e@gmail.com  
Mobile Phone No ..... (Phone) +65-91815670  
Alternative Phone No ..... +65-90862766

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Nv350  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2488

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... D18MCV0001021\_03  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LIM XIONG CHUN  
Passport No/FIN ..... GXXXX769R

Date Of Birth .....	30/07/1995
Occupation .....	Outdoor
Date Of Driving Pass .....	27/07/2017
Driving experience .....	4 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90862766
Alt. Phone Number .....	-
Email Address .....	serene@martevick.com
Address .....	1085, EUNOS AVENUE 7A
Address complement .....	#04-42, EUNOS INDUSTRIAL ESTATE
Postcode .....	409535
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 .....	Chain Collision
Weather Conditions .....	AFTER RAIN
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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 .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : T/20220119/7032

#### 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 .....	SBY18U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	ANG KWANG
NRIC No .....	SXXXX786G
Contact Number .....	(Phone) +65-97933300
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	EH3939X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	PUAH SOOK KIEN MRS YANG
NRIC No .....	SXXXX309H
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 XIONG CHUN
Gender .....	Male
Phone No .....	(Phone) +65-90862766
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BACK AND LEG PAIN (SLIGHT)
Injured person in which vehicle? .....	GBD9770G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

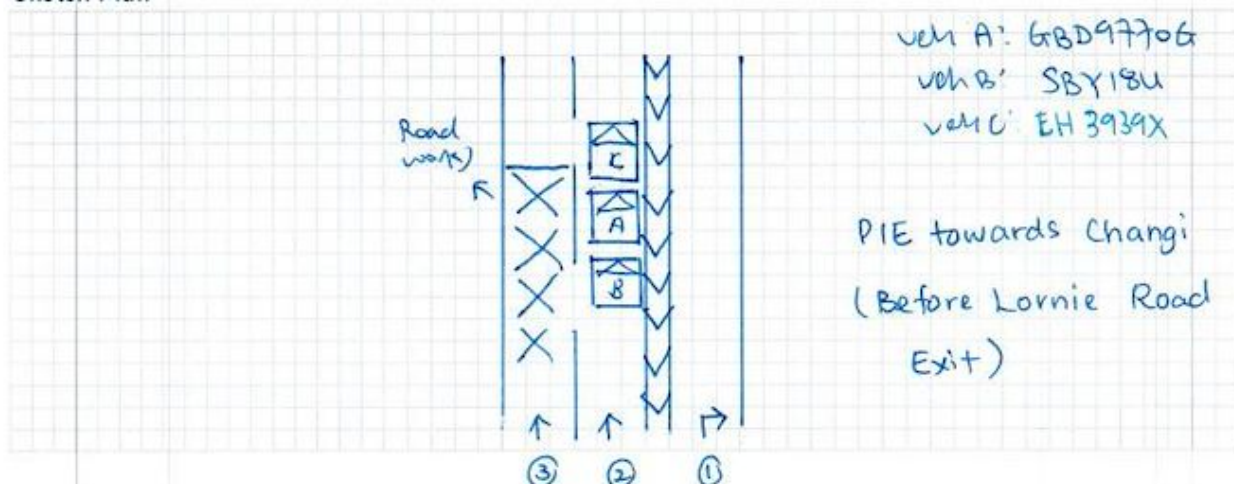
**MARTEVICK  
DISTRIBUTOR**

*Per 20/01/2022*

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


Handwritten notes in the accident description area:

- Police
- Police Report No.: T20220119/7032
- Police
- Police

Declaration

We declare the foregoing particulars are true in every respect.

 **MARTEVICK DISTRIBUTOR** 

Policyholder's Signature / Date & Time      Driver's Signature (If driver is not the policyholder) / Date & Time      Witnessed by Reporting Centre Personnel  20/01/2022









































**SINGAPORE  
POLICE FORCE**



T/20220119/7032

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20220119/7032

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/01/2022 16:51	Vide Report No.:	Station Diary No.:
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Informant's Particulars				
Name of Informant: LIM XIONG CHUN			Address:	
ID Type / ID No.: FIN NO / G2622769R			Contact No.: Home/Office:                      Mobile: 90862776	
Nationality: MALAYSIAN			Email: serene@martevick.com	
Sex: Male	Age: 26	Date of Birth: 30/07/1995	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Salesperson (door-to-door)			Driving Licence Information: Class:                      Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/01/2022 14:20	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY				
Weather: After Rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
EH3939X	Car					0
GBD9770G	Van					0
SBY18U	Car					0





**SINGAPORE  
POLICE FORCE**



T/20220119/7032

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20220119/7032

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM XIONG CHUN	ID No.	G2622769R
Related Vehicle	GBD9770G (Van)	Contact No.	90862776
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	19/01/2022	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

**Brief Details.**

I GBD9770G) was driving straight along PIE towards Airport -Lornie Road Exit at 2nd lane of 3 lanes. The traffic at that point of time was very heavy, vehicles were moving and stopping intermittently. Vehicles in front of me slowed down and stopped, I follow suit. Suddenly, I felt a huge impact. Vehicle B (SBY18U) collided into the rear portion of my vehicle and caused my vehicle to surge forward and collided into vehicle C (EH3939X) rear portion. I alighted and realised there were a total of 3 vehicles involved. After the accident, I felt discomfort and went to UNIHEALTH 24-HR CLINIC to seek medical treatment and was given 3 days MC by a doctor.



**SINGAPORE  
POLICE FORCE**



T/20220119/7032

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20220119/7032

**CONTINUATION OF REPORT**Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPB /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
19/01/2022 16:51

Classification Of Case: