

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 26/01/2022 14:31 (SGT)
Date of Accident 25/01/2022 16:30 (SGT)
Exact Location of Accident Near PIE, Singapore
Additional Location Information PIE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SH1904T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Ng Boon Lim
NRIC No SXXXX338G
Email Address edmund_neo@yahoo.com.sg
Mobile Phone No (Phone) +65-97814109
Alternative Phone No +65-64562756

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Elantra
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 Taxi
Transmission Auto
CC 1591

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd
Type of Coverage -
Fleet Policy No
Policy Number D-210097686MSH
Cover Note Number -

DRIVER

Name of Driver Lim Tong Seng
NRIC No SXXXX837I

Date Of Birth	03/07/1947
Occupation	Outdoor
Date Of Driving Pass	12/08/1965
Driving experience	56 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82672161
Alt. Phone Number	-
Email Address	limtongseng5@gmail.com
Address	Block 572 Ang Mo Kio Avenue 3
Address complement	#03-3375
Postcode	560572
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Relief Driver
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	Collision - Head to Rear
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Boy 1
Gender	Male

PASSENGER 2

Name	Boy 2
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to police report

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	Retrieving
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLA9317E
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Chia Jin Ling
Contact Number	(Phone) +65-97107722
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Lim Tong Seng
Gender	Male
Phone No	(Phone) +65-82672161
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	Neck and shoulder
Injured person in which vehicle?	SH1904T
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.
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. 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")

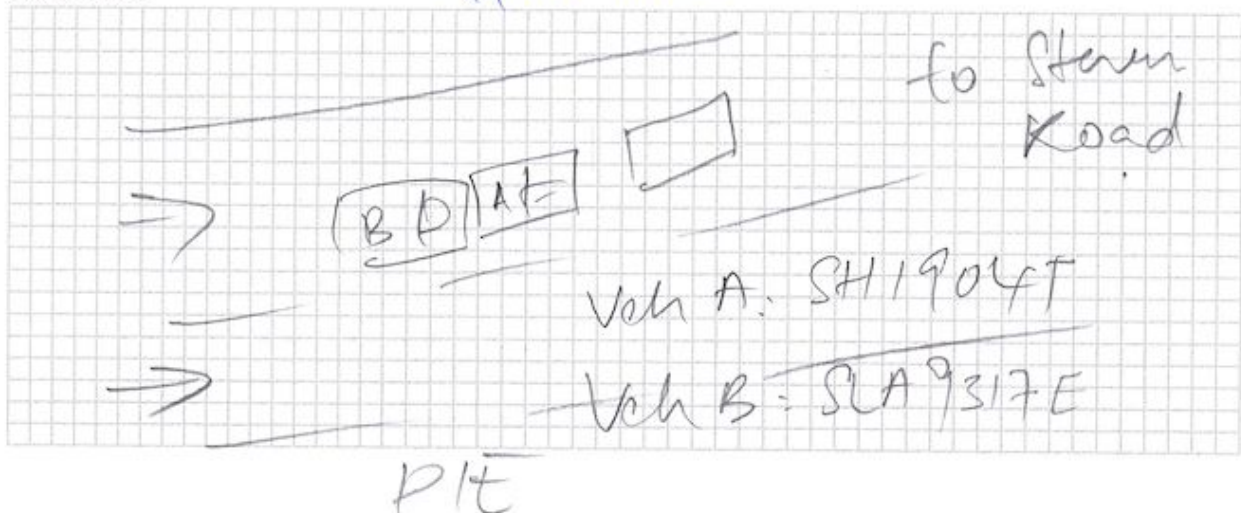
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

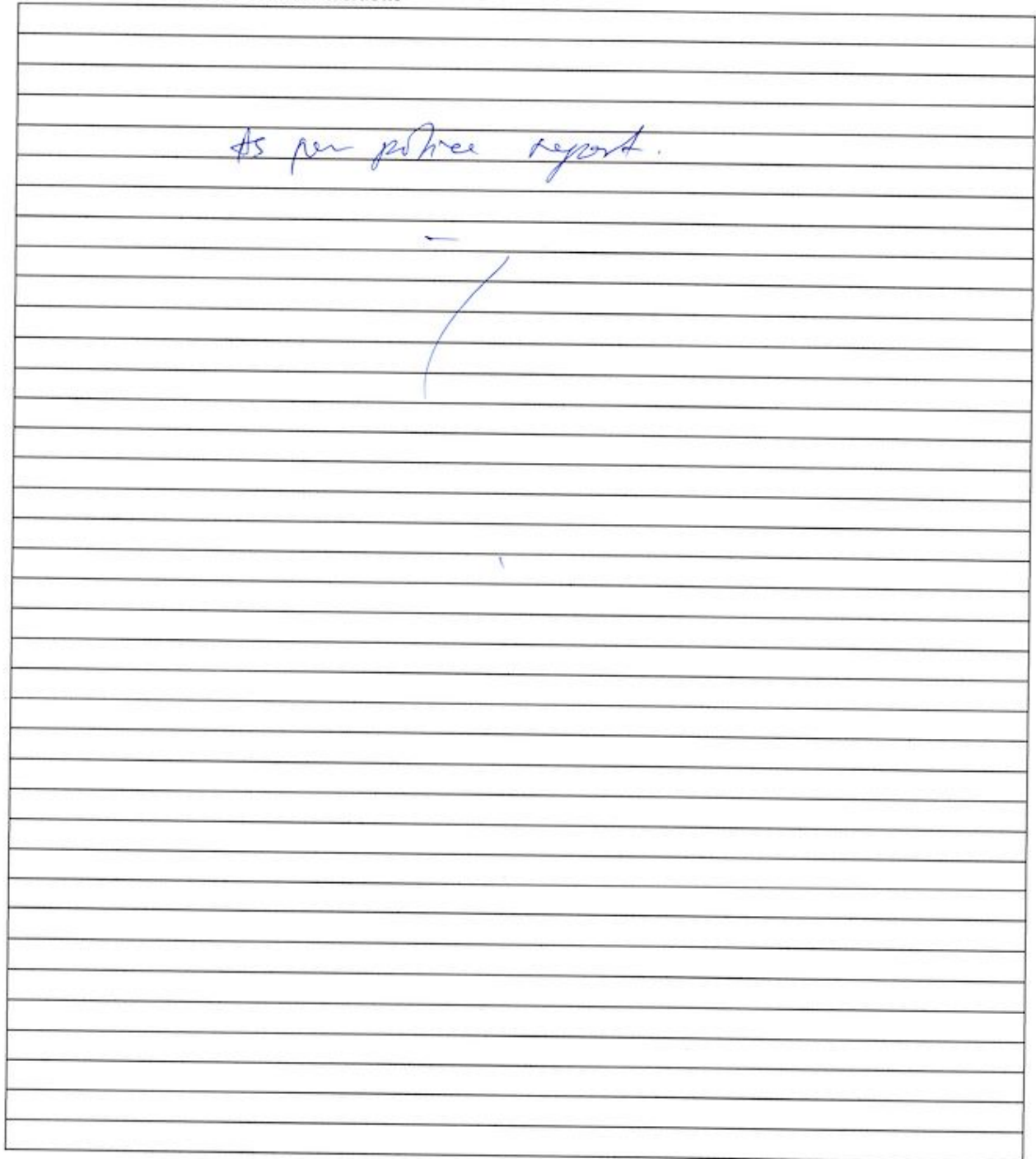
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

As per police report.



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**



T/20220126/2022

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 4

Report No. T/20220126/2022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/01/2022 11:25	Vide Report No.:	Station Diary No.: 29
--	------------------	--------------------------

Informant's Particulars

Name of Informant: LIM TONG SENG			Address: APT BLK 572 ANG MO KIO AVENUE 3 #03-3375 SINGAPORE 560572	
ID Type / ID No.: NRIC NO / S05008371			Contact No.: Home/Office: Mobile: 82672161	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 74	Date of Birth: 03/07/1947	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/01/2022 16:30	Type of Location: Bend
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH1904T	Car				Seriously Damaged	2
SLA9317E	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220126/2022

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194

Tel No: 1800-2519999

2 of 4

Report No. T/20220126/2022

CONTINUATION OF REPORT

Driver			
Name	LIM TONG SENG		ID No. S0500837I
Related Vehicle	SH1904T (Car)		Contact No. 82672161
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Driver			
Name	Chia Jin Ling		ID No. S9809941G
Related Vehicle	SLA9317E (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 25/01/2022 at about 1630hrs, I was travelling in my vehicle (SH1904T) along PIE(Tuas) ferrying 2 primary school boys. I was on the extreme left lane, intending to exit PIE towards Steven Road. Right at the entrance of the exit, the vehicle in front of me braked and come to a stop. As such, I braked gradually and came to a stop. A few seconds later, I felt and impact from the rear of my vehicle.

I went down to make a check and discovered that another vehicle (SLA9317E) had collided into me. My vehicle sustained cracks and dents to the left rear bumper and tail lights, as well as a crack on the right rear bumper. Due to the impact, I am also not able to open and close my boot properly. I exchange particulars with the other driver and took pictures of the damages before leaving to continue to send my passengers to their destination. I made a check with the 2 young boys and they informed that they were feeling fine. I wish to state that I had written down the other driver's contact number but I did not bring the paper with me to lodge the report.

I have an in car camera facing the front of my vehicle. I removed the SD card and attempted to view the accident footage however I cannot seem to find the footage.

On 26/01/2022, I started feeling some pain and stiffness on my neck and shoulders as such I went to see a doctor and was given 5 days of MC.



**SINGAPORE
POLICE FORCE**



T/20220126/2022

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

4 of 4

Report No. T/20220126/2022

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature of Officer Recording The Report E/ Sgt 2 GARY LEW QI HAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/01/2022 11:25
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
Authentication Stamp NP168	



SINGAPORE
POLICE FORCE



T/20220126/2022

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

3 of 4

Report No. T/20220126/2022

CONTINUATION OF REPORT