

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	21/02/2022 17:50 (SGT)
Date of Accident	19/02/2022 00:35 (SGT)
Exact Location of Accident	Pasir Ris Dr 1, Singapore
Additional Location Information	JUNCTION WITH PASIR RIS DRIVE 8
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ7912R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM HOON GEOK (LIN YUNYU)
NRIC No	SXXXX526B
Email Address	cherylhg@singnet.com.sg
Mobile Phone No	(Phone) +65-98384660
Alternative Phone No	+65-98384660

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
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	Private car
Transmission	Auto
CC	1395

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MTPV01016607
Cover Note Number	-

DRIVER

Name of Driver	LIM HOON GEOK (LIN YUNYU)
NRIC No	SXXXX526B

Date Of Birth	15/02/1972
Occupation	Indoor
Date Of Driving Pass	01/10/1997
Driving experience	24 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98384660
Alt. Phone Number	+65-98384660
Email Address	cherylhg@singnet.com.sg
Address	BLK 249 BISHAN STREET 22 #09-370
Address complement	-
Postcode	570249
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - Cross Junction
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?	Yes
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

PLEASE REFER TO POLICE REPORT T/20220219/7019

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	WITH TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBQ4263T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Motorcycle
Name of Driver	IRFAN HARITH HELMI ABDULLAH
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 HOON GEOK (LIN YUNYU)
Gender	Female
Phone No	(Phone) +65-98384660
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLQ7912R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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 :

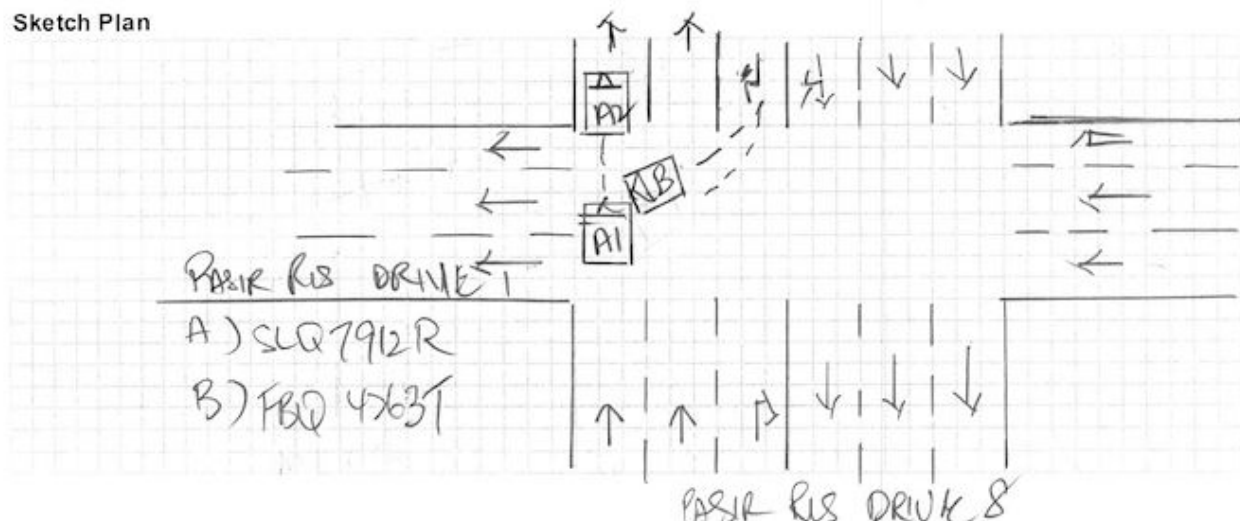
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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.

[Signature] 21/2/22 1550pm
Policyholder's Signature / Date & Time

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

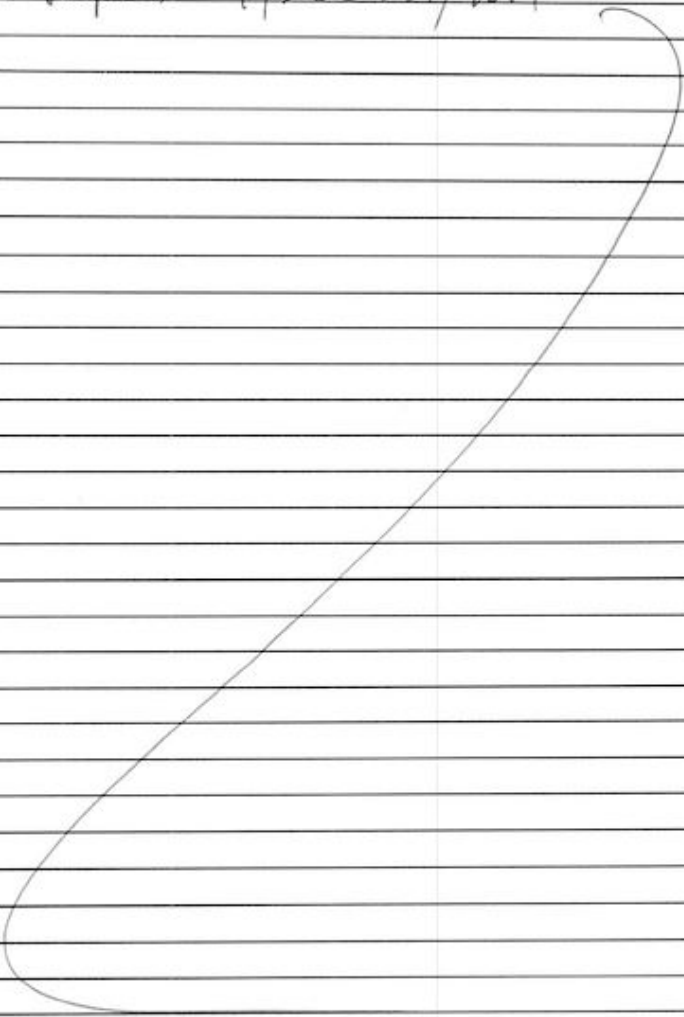
[Signature] 21/02/2022
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT 7/20220219/7019



Declaration

We declare the foregoing particulars are true in every respect.

 21/2/22
15:50 PM
Policyholder's Signature / Date &
Time

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

 21/02/2022
Witnessed by Reporting Centre
Personnel



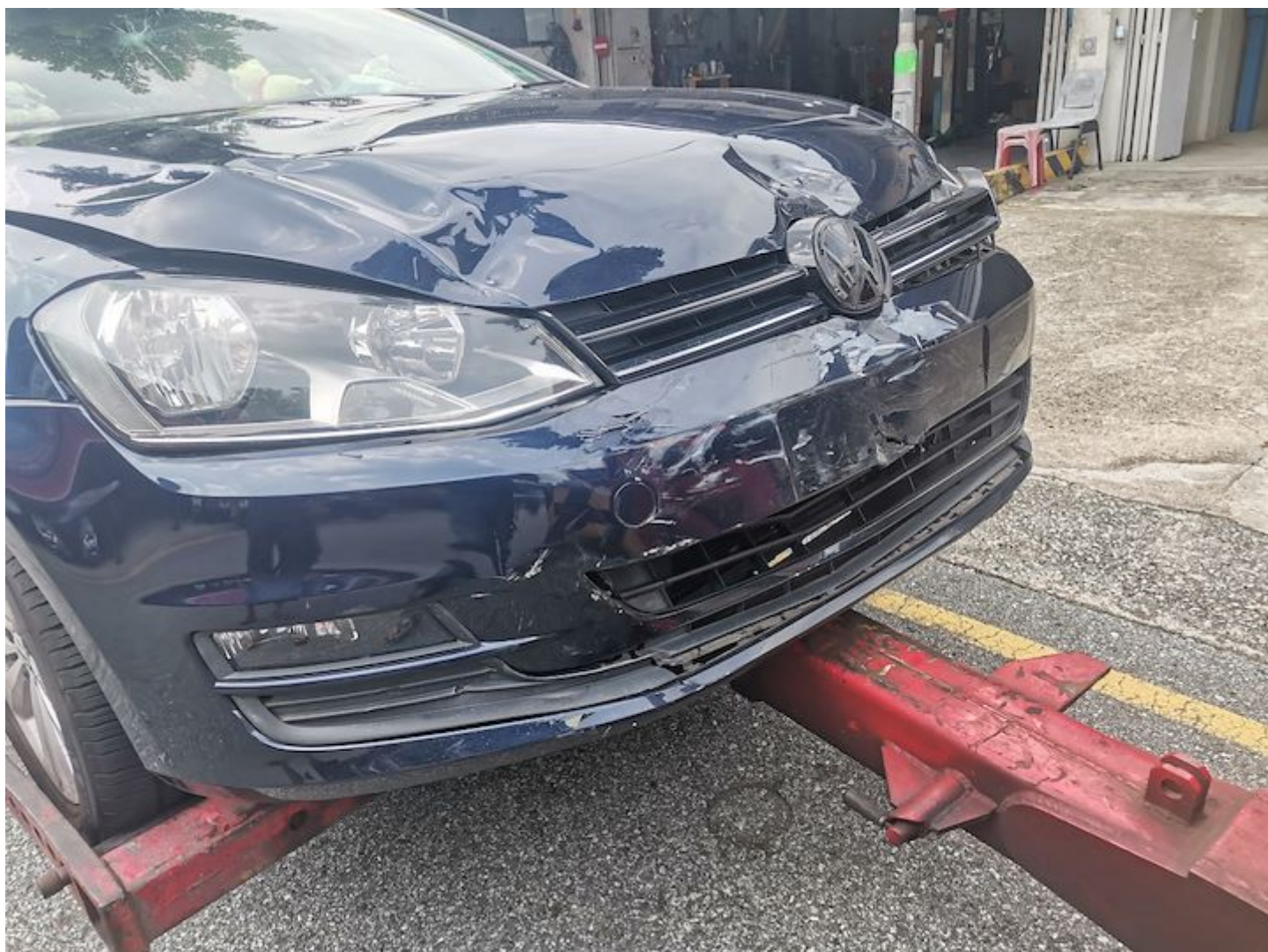
























**SINGAPORE
POLICE FORCE**



T/20220219/7019

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

1 of 3
Report No. T/20220219/7019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/02/2022 21:41		Vide Report No.: G/20220219/0002		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM HOON GEOK			Address: 249 BISHAN STREET 22 #09-370 SINGAPORE 570249		
ID Type / ID No.: NRIC NO / S7204526B			Contact No.: Home/Office: Mobile: 98384660		
Nationality: SINGAPORE CITIZEN			Email: cherylhg@singnet.com.sg		
Sex: Female	Age: 50	Date of Birth: 15/02/1972	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Sales and marketing manager			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/02/2022 00:35	Type of Location: X-Junction
Location: PASIR RIS DRIVE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLQ7912R	Car	VOLKSWAGO N	GOLF A7 1.4 TSI AT 5G13GZ W/O HID	Blue		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20220219/7019

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

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Report No. T/20220219/7019

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLQ7912R	TENET SOMPO INSURANCE PTE. LTD.	D21MTPV01016607	29/11/2021	28/11/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LIM HOON GEOK		ID No.	S7204526B
Related Vehicle	SLQ7912R (Car)		Contact No.	98384660
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	Slight

Brief Details.

I was travelling down from Loyang point after taking petrol at shell station. Going back home to BISHAN. I was at pasir ris drive 1 heading towards TPE at the junction, motorcycle dashed out from nowhere appeared right in front of me i jam break a bang on my car with airbags out on my side n passenger side. A big jerk of me car engine start to come out smoke i was afraid n trying to dash out with difficulty as my left hand was in great pain n left chest in congested pain too. I afraid car caught fire so panicky i rush out of the car off my engine. Saw some people come out of the car to help the motorist and i am in terrifying brain go shocked... i walk slowly to the man he stand up and talk to him when i asked him - why you driving like this? He replied : " Sorry is my fault, i thought i saw green light, i was daydreaming..." I asked him if he just passed the driving license cos i saw he got the triangle plate. He said yes, just passed. And i ask if he drinking, he say no. He asked me so how i want it to settle, I told him i need to wait for the police to come as my left hand got a cut, bleed and swelling in pain. Ambulance came, attend to me check my BP but no dressing was done. All waiting for TP to come. The young man pass me his driving license and IC when i make a request to take a photo of each. i followed the ambulance to CGH after TP issue me acknowledge slip and will arrange to tow my car. Also i have hang the camera card to TP.



**SINGAPORE
POLICE FORCE**



T/20220219/7019

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

3 of 3

Report No. T/20220219/7019

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

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:
19/02/2022 21:41

Officer In Charge Of Case:
TP / TPIB /
MARIAH BINTE ZAKARIA
Contact No.: 65476433

Classification Of Case:

NP168



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: SN09222L000D Vehicle Registration No: SLQ 7912 R
 Name (as shown in NRIC): Lim Hoone Guan (Lim Yun Yu) NRIC/FIN/Passport No: SXXXX 576B
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 98384660
 Email Address: _____
 Date of Accident: 19/03/2022 Time of Accident: 00:35
 Place of Accident: PASIR RIS DRIVE 1 JUNCTION WITH PASIR RIS DR 8
 Insurance Company: Sampo

(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:

from THIRD PARTY TO OWN DAMAGE CLAIMS

 Policyholder / Driver's Signature
 Date:

Am 10/03/2022
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.: Roha hooj08
 Date: