

# 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 .....	02/03/2022 13:05 (SGT)
Date of Accident .....	01/03/2022 08:30 (SGT)
Exact Location of Accident .....	SLE, Singapore
Additional Location Information .....	TOWARDS CTE AFTER YIO CHU KANG EXIT
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJN5628P
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	MUHAMMAD SHAKIR LIM BIN MUHAMMAD SHARIZAL LIM
NRIC No .....	SXXXX180B
Email Address .....	shakir.lim@gmail.com
Mobile Phone No .....	(Phone) +65-97688099
Alternative Phone No .....	+65-93269974

### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	Lancer
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 .....	Private car
Transmission .....	Auto
CC .....	1499

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DMPCSNW00021692203
Cover Note Number .....	-

### DRIVER

Name of Driver .....	FATIMAH BINTE ABDULLAH
NRIC No .....	SXXXX883B

Date Of Birth .....	23/12/1991
Occupation .....	Indoor
Date Of Driving Pass .....	01/12/2017
Driving experience .....	4 YEARS AND 3 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-93269974
Alt. Phone Number .....	-
Email Address .....	shakir.lim@gmail.com
Address .....	BLK 573A WOODLANDS DRIVE 16 #05-624
Address complement .....	-
Postcode .....	731573
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	4
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	MUHAMMAD AYMAN LIM BIN MUHAMMAD SHAKIR LIM
Gender .....	Male

#### 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 SKETCH AND POLICE REPORT T/20220301/7021

#### 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 .....	SLQ3085D
Vehicle Manufacturer .....	Toyota

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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SJE955A
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Wish
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	SND9731C
Vehicle Manufacturer .....	Hyundai
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 .....	FATIMAH BINTE ABDULLAH
Gender .....	Female
Phone No .....	(Phone) +65-93269974
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SJN5628P
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

INJURED 2

Name of injured person .....	MUHAMMAD AYMAN LIM BIN MUHAMMAD SHAKIR LIM
Gender .....	Male
Phone No .....	(Phone) +65-93269974
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SJN5628P
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

# 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 this 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 be 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 the 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 statutory 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 be 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/are 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 abroad outside of Singapore, for one or more of the above Purposes.

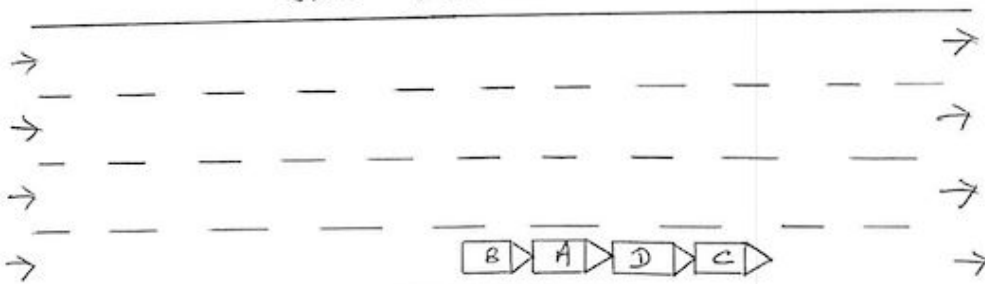
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan:

SLR towards CTB



(A) SJN 5628 P

(C) SND 9731 C

(B) SLR 3085 D

(D) SJE 955 A

Describe Circumstances of the Accident

I was driving along SE towards CTE on lane 1, veh in front stop. Make slow down my veh to a stop position, while stationary, I felt a very great impact from my veh rear part. This impact caused my veh to surge and hit into the front veh. when I got down, I realised that I was involved in a 4-car collision.

POLICE REPORT 7/20/2020/7021

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















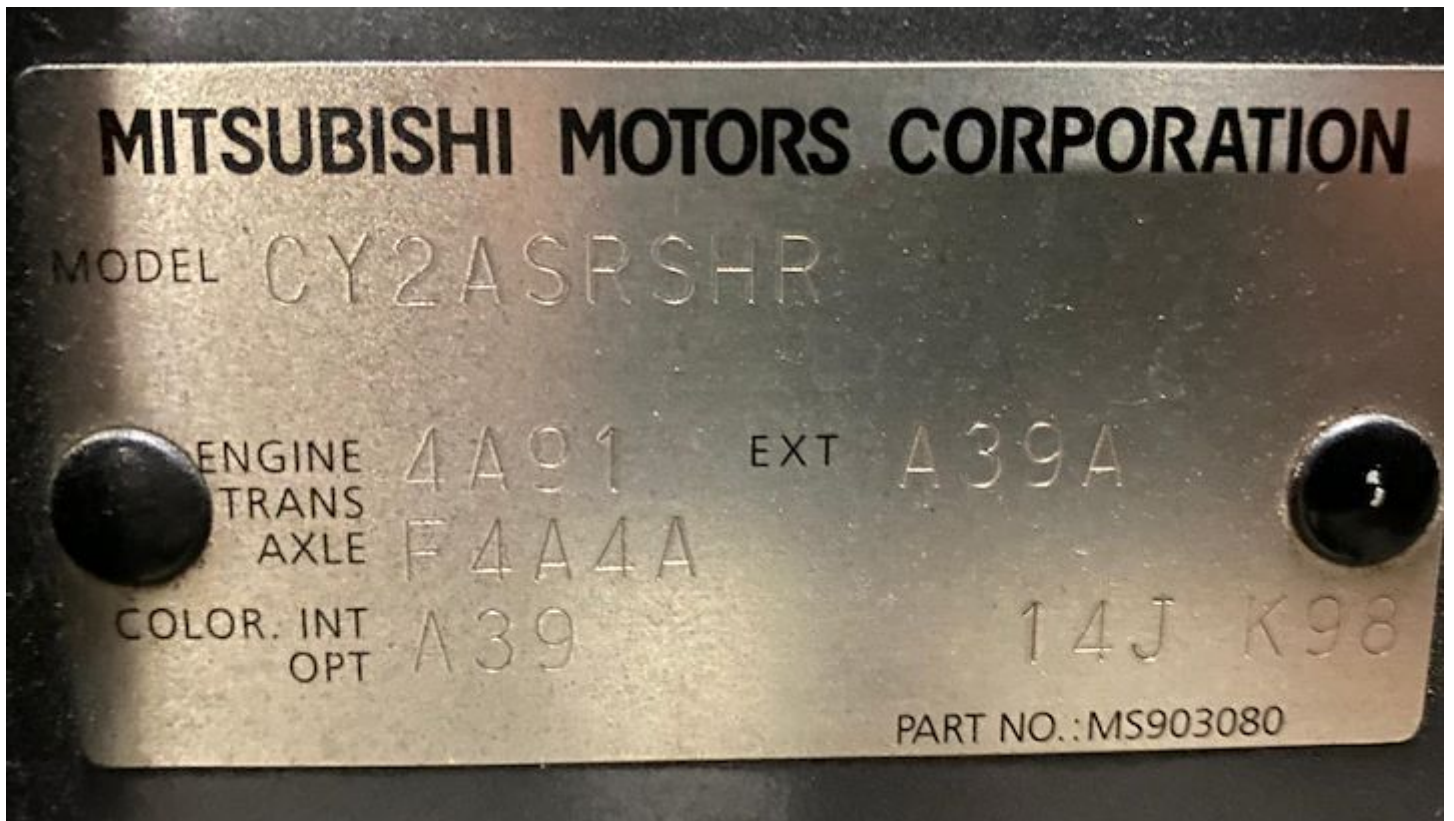













**SINGAPORE  
POLICE FORCE**

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



T/20220301/7021

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Report No. T/20220301/7021

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/03/2022 16:14		Vide Report No.: F/20220301/0081	Station Diary No.:
<b>Informant's Particulars</b>			
Name of Informant: FAHIMAH BINTE ABDULLAH		Address: 573A WOODLANDS DRIVE 16 #05-624 SINGAPORE 731573	
ID Type / ID No.: NRIC NO / S9146883B		Contact No.: Home/Office: Mobile: 93269974	
Nationality: SINGAPORE CITIZEN		Email: FAHIMAH.ABDULLAH@GMAIL.COM	
Sex: Female	Age: 30	Date of Birth: 23/12/1991	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: School principal		Driving Licence Information: Class:	Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/03/2022 08:30	Type of Location: Straight Road
Location:  SELETAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJE955A	Car	TOYOTA	WISH	Grey		2
SJN5628P	Car					0
SLQ3085D	Car	TOYOTA	PRIUS	White		1
SND9731C	Car	HYUNDAI	Avante	Red		1





**SINGAPORE  
POLICE FORCE**

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



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Report No. T/20220301/7021

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	JOHARI	ID No.	NIL
Related Vehicle	SJE955A (Car)	Contact No.	96817144
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	NIL
<b>Driver</b>			
Name	FAHIMAH BINTE ABDULLAH	ID No.	S9146883B
Related Vehicle	SJN5628P (Car)	Contact No.	93269974
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	01/03/2022	Date	01/03/2022
No. of Days granted Medical Leave	04	Degree of	Slight
<b>Passenger</b>			
Name	MUHAMMAD AYMAN LIM BIN MUHAMMAD SHAKIR LIM	ID No.	T2104453E
Related Vehicle	SJN5628P (Car)	Contact No.	93269974
Hospital/Clinic	NATIONAL HEALTHCARE GROUP POLYCLINICS (WOODLANDS)	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	01/03/2022	Date	01/03/2022
No. of Days granted Medical Leave	02	Degree of	Slight



**SINGAPORE  
POLICE FORCE**

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



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Report No. T/20220301/7021

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	LAW MING HAN		ID No. NIL
Related Vehicle	SND9731C (Car)		Contact No. 83236893
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	NIL

**Brief Details.**

On the above mentioned date, time and location, I was travelling on the right of 4 lanes road along SLE(CTE) after Yio Chu Kang Road. The Car in front of me slowed down to a stop as I could see the vehicles ahead were all doing the same. I applied my brakes to slow down and gradually come to a stop. After about 3-5 seconds, I felt a hard impact from my rear. The impact caused my Car to surge forward and hit onto the car in front of me. I was conveyed to Sengkang General Hospital thereafter for treatment thereafter.



**SINGAPORE  
POLICE FORCE**

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



T/20220301/7021

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Report No. T/20220301/7021

**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 / TPIB /  
INTAN WULANDARI BUDDY SANTOSO  
Contact No.: 65476415

NP168

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

Date/Time:  
01/03/2022 16:14

Classification Of Case: