

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 17:44 (SGT)
Date of Accident 23/02/2022 18:48 (SGT)
Exact Location of Accident 55 Loyang Dr, Singapore 508967
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKP3883J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM KEE SENG
NRIC No SXXXX056C
Email Address jmartauto@gmail.com
Mobile Phone No (Phone) +65-83430083
Alternative Phone No +65-83430083

VEHICLE PARTICULARS

Manufacturer Subaru
Model WRX 4D 2.0 AWD CVT SR
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 1998

INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DHOM110164481803
Cover Note Number -

DRIVER

Name of Driver LIM WEI JUN MALCOM
NRIC No SXXXX643H

Date Of Birth	27/03/1992
Occupation	Indoor
Date Of Driving Pass	07/01/2011
Driving experience	11 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-83430083
Alt. Phone Number	-
Email Address	jmartaauto@gmail.com
Address	22 JALAN SEGAM
Address complement	-
Postcode	488265
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 on 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	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

PLS REFER TO THE POLICE REPORT:T/20220301/2051

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	YP9951R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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	UNKNOWN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	YP9951R
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")

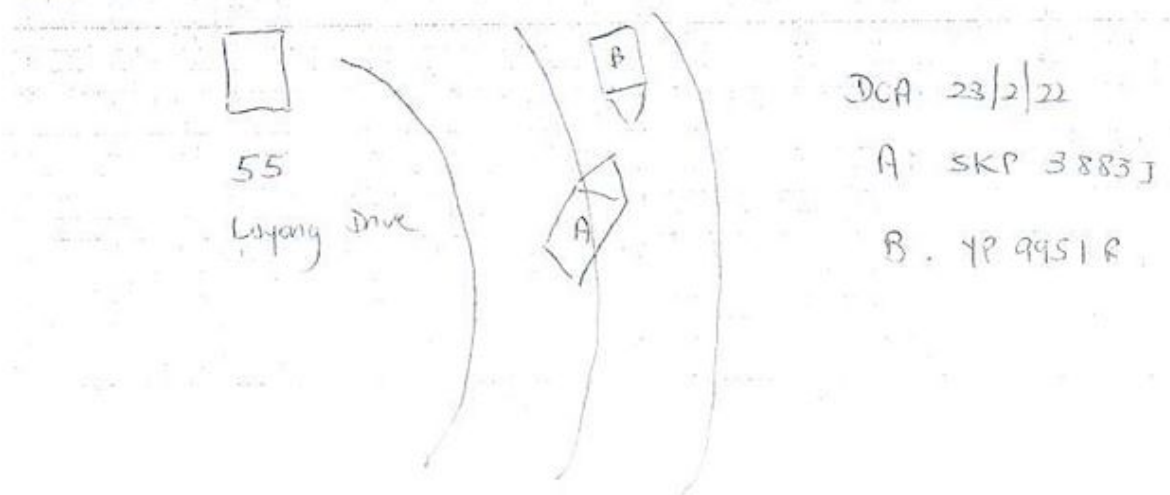
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Refer to Police Report : T/20220301/2051

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

5

Policyholder's Signature / Date &
Time

12

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

2/3/02

Witnessed by Reporting Centre
Personnel



T/20220301/2051

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Report No. T/20220301/2051

Continuation of CSF For NP168

Driver			
Name	LIM WEI JUN MALCOM	ID No.	S9210643H
Related Vehicle	SKP3883J (Car)	Contact No.	83430083
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 Facts.

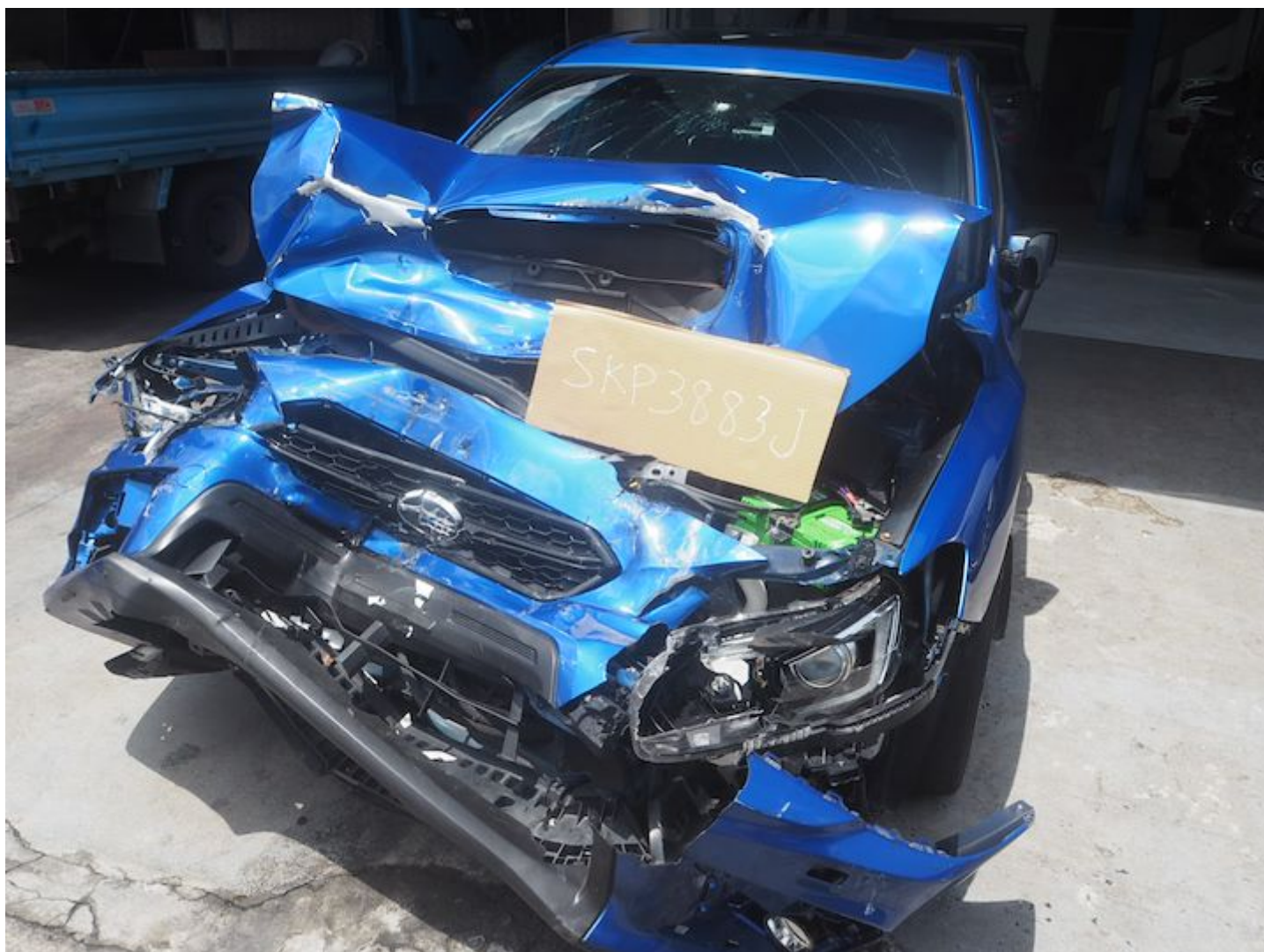
On the stated date, time and location.

On the 23/02/2022 at about 1830hrs outside 55 Loyang Drive, I was involved in an accident with a lorry (YP9951R) at the bend, I was returning home from work, as I was negotiating the left bend, I did not notice that my car had drifted on the oncoming lane. I hit the front of the vehicle. I went to check on the other party and contacted "999" and "995". He was conveyed by ambulance. Traffic Police was present at the said location.

That is all. IO:Vilton / HP:90919891, Ref. G/20220223/0196

































T/20220301/2051

1 of 3

Report No. T/20220301/2051

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20220301/2045

Report Number T/20220301/2051

Vide Report Number T/20220301/2045

Date/Time of Report Made 01/03/2022 16:33

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant LIM WEI JUN MALCOM

ID Type / ID No. NRIC NO / S9210643H

Home Office

Mobile 83430083

Email

Type of Accident Injury / Conveyed By Ambulance

Drink Drive No

Anyone conveyed by ambulance Yes

Date/Time of Accident 23/02/2022 18:30

Accident Location LOYANG DRIVE

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKP3883J	Car	SUBARU	WRX 4D 2.0 AWD CVT SR	Blue		0
YP9951R	Lorry		XZU710R 14FT WIDE CAB 5T	White		0

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



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2 of 3

Report No. T/20220301/2051

Continuation of CSF For NP168

Driver			
Name	LIM WEI JUN MALCOM	ID No.	S9210643H
Related Vehicle	SKP3883J (Car)	Contact No.	83430083
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 Facts.

On the stated date, time and location.

On the 23/02/2022 at about 1830hrs outside 55 Loyang Drive, I was involved in an accident with a lorry (YP9951R) at the bend, I was returning home from work, as I was negotiating the left bend, I did not notice that my car had drifted on the oncoming lane. I hit the front of the vehicle. I went to check on the other party and contacted "999" and "995". He was conveyed by ambulance. Traffic Police was present at the said location.

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T/20220301/2051

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Report No. T/20220301/2051

Continuation of CSF For NP168

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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIT / SITI NORHAFIDAH BINTE HANAFI
Classification of Case	1) INJURY / CONVEYED BY AMBULANCE

