

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	14/04/2022 12:39 (SGT)
Date of Accident	13/04/2022 18:45 (SGT)
Exact Location of Accident	Punggol Central, Singapore
Additional Location Information	BEFORE RIVER ISLES
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR3674Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG MEI XUE, MICHELLE
NRIC No	SXXXX386I
Email Address	stanley.sri5000@gmail.com
Mobile Phone No	(Phone) +65-86861415
Alternative Phone No	+65-90726100

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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	1591

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00024372201
Cover Note Number	-

DRIVER

Name of Driver	LIM TECK YEW, STANLEY
NRIC No	SXXXX264B

Date Of Birth	16/05/1987
Occupation	Indoor
Date Of Driving Pass	20/12/2008
Driving experience	13 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90726100
Alt. Phone Number	-
Email Address	stanley.sri5000@gmail.com
Address	BLK 832 HOUGANG CENTRAL #11-546
Address complement	-
Postcode	530832
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	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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NG JIAN RONG, MARCUS
Gender	Male

PASSENGER 2

Name	LIM EN YU, ALVIS
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 POLICE REPORT T/20220413/7042

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKM36Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	FELICIA
Contact Number	(Phone) +65-90229927
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	SMN2778Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JASON LENG
Contact Number	(Phone) +65-90035745
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 TECK YEW, STANLEY
Gender	Male
Phone No	(Phone) +65-90726100
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJR3674Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	NG JIAN RONG, MARCUS
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJR3674Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	LIM EN YU, ALVIS
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJR3674Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

X

Policyholder's Signature / Date & Time

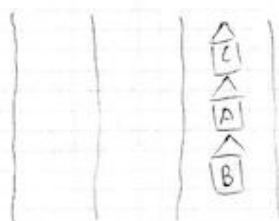
Sketch Plan

X

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

PUNGGOL CENTRAL (BEFORE RIVER ISLES)

Witnessed by Reporting Centre Personnel



A: SJR 3674Y

B: SKM 36Z

C: SMN 2778Z

Describe Circumstances of the Accident


Refer to attached police report

Report NO : T/20220413/7092


Declaration

We declare the foregoing particulars are true in every respect.

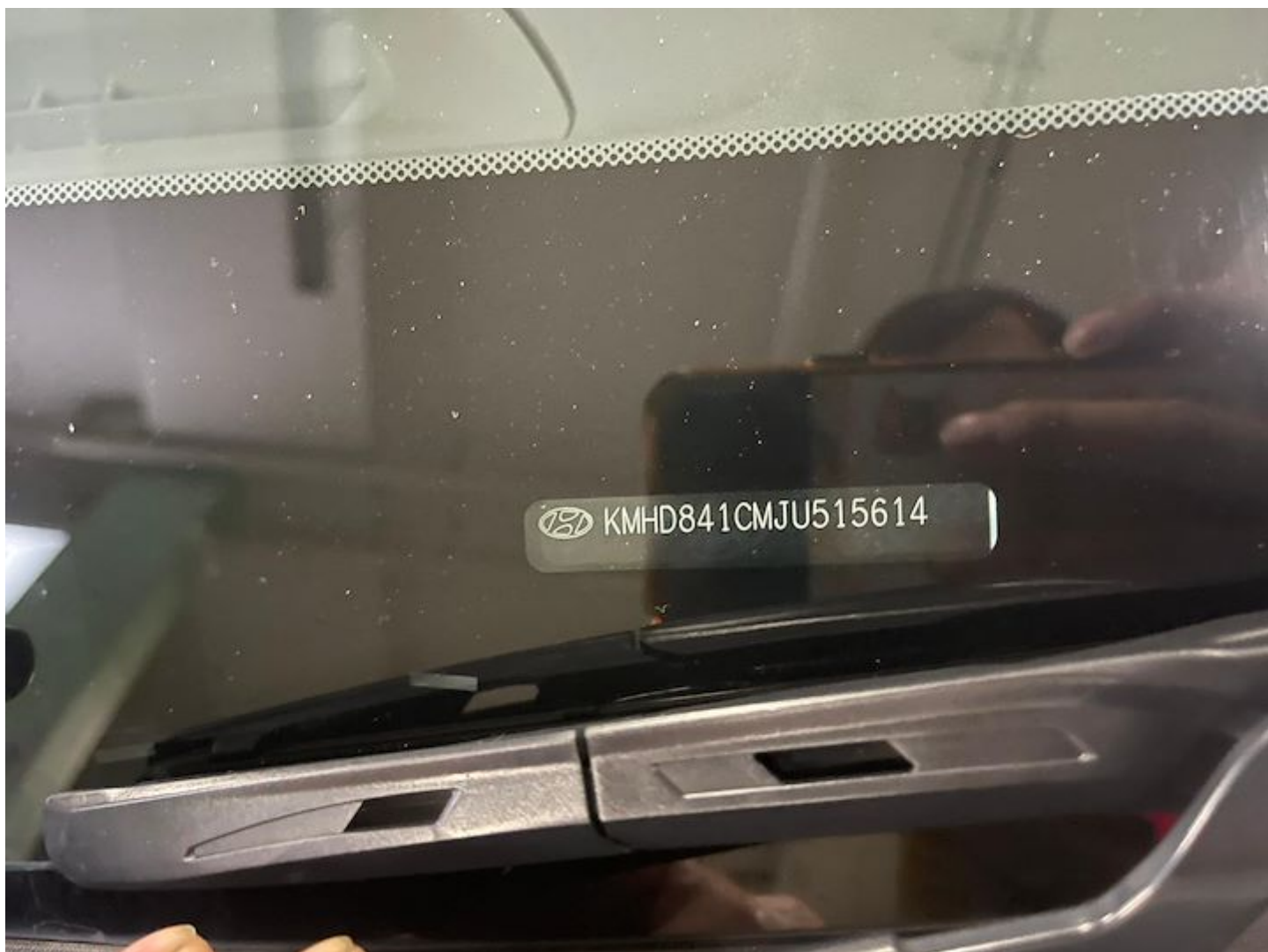
X


Policyholder's Signature / Date & Time

X


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


Witnessed by Reporting Centre Personnel




















**SINGAPORE
POLICE FORCE**


T/20220413/7042

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

1 of 4
Report No. T/20220413/7042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/04/2022 19:53		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM TECK YEW, STANLEY			Address: 832 HOUGANG CENTRAL #11-546 SINGAPORE 530832		
ID Type / ID No.: NRIC NO / S8715264B			Contact No.: Home/Office: Mobile: 90726100		
Nationality: SINGAPORE CITIZEN			Email: STANLEY.SRI5000@GMAIL.COM		
Sex: Male	Age: 34	Date of Birth: 16/05/1987	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Self Employed			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: 13/04/2022 18:45	Type of Location: Straight Road
Location: PUNGGOL CENTRAL				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: CHAIN			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJR3674Y	Car	HYUNDAI	Elantra	White	Seriously Damaged	2
SKM36Z	Car	HONDA	CRV	Red	Seriously Damaged	0
SMN2778Z	Car	HONDA	Fit	Red	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**

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



T/20220413/7042

2 of 4

Report No. T/20220413/7042

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM TECK YEW, STANLEY	ID No.	S8715264B
Related Vehicle	SJR3674Y (Car)	Contact No.	90726100
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	13/04/2022	Date	13/04/2022
No. of Days granted Medical Leave	03	Degree of	Slight
Passenger			
Name	NG JIAN RONG MARCUS	ID No.	S9101825Z
Related Vehicle	SJR3674Y (Car)	Contact No.	91889590
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	13/04/2022	Date	13/04/2022
No. of Days granted Medical Leave	03	Degree of	Slight
Passenger			
Name	LIM EN YU, ALVIS	ID No.	T1641214C
Related Vehicle	SJR3674Y (Car)	Contact No.	NIL
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	13/04/2022	Date	13/04/2022
No. of Days granted Medical Leave	03	Degree of	Slight



**SINGAPORE
POLICE FORCE**

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



T/20220413/7042

3 of 4

Report No. T/20220413/7042

CONTINUATION OF REPORT

Driver			
Name	FELICIA	ID No.	NIL
Related Vehicle	SKM36Z (Car)	Contact No.	90229927
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
Driver			
Name	JASON LENG	ID No.	NIL
Related Vehicle	NIL	Contact No.	90035745
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.

I was stationary along the rightmost lane of Punggol Central waiting to make a right turn when a car rear ended me, causing my car to surge forward and hit another car in front of me. We alighted from our vehicles, exchanged particulars and left the scene. In my car was my son and brother-in-law. All of us sought medical attention and was given three days of medical leave due to the impact. I have also retrieved my car's camera footage and submitted it for insurance claims purposes. We were also advised to lodge an accident report on this said matter.

**SINGAPORE
POLICE FORCE**

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



T/20220413/7042

4 of 4

Report No. T/20220413/7042

CONTINUATION OF REPORTSketch 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:

NP168

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

Date/Time:
13/04/2022 19:53

Classification Of Case: