

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	23/05/2022 14:39 (SGT)
Reported by	Both
Date of Accident	20/05/2022 21:50 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY439H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SAMUEL LIM WEI JIN
NRIC No	SXXXX928A
Email Address	hwapengauto@singnet.com.sg
Mobile Phone No	(Phone) +65-83839213
Alternative Phone No	+65-83839213

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Voxy
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 hire
Transmission	Auto
CC	1992

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00002252201

DRIVER

Name of Driver	SAMUEL LIM WEI JIN
NRIC No	SXXXX928A
Date Of Birth	23/09/1968
Occupation	Outdoor

Date Of Driving Pass	16/03/1990
Driving experience	32 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83839213
Alt. Phone Number	+65-83839213
Email Address	hwapengauto@singnet.com.sg
Address	BLK 317 WOODLANDS STREET 31 #12-196
Address complement	-
Postcode	730317
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 - 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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	DANISH ARHAM BIN FADZLI
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Timah Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004629999
Alt. Police Station Phone No	(Fax) +65-64628933
Police Station Address	1 Duke Road Singapore 268914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220521/2089

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT6342B
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WONG PEI YI
Contact Number	(Phone) +65-86681686
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	SAMUEL LIM WEI JIN
Gender	Male
Phone No	(Phone) +65-83839213
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMY439H
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.

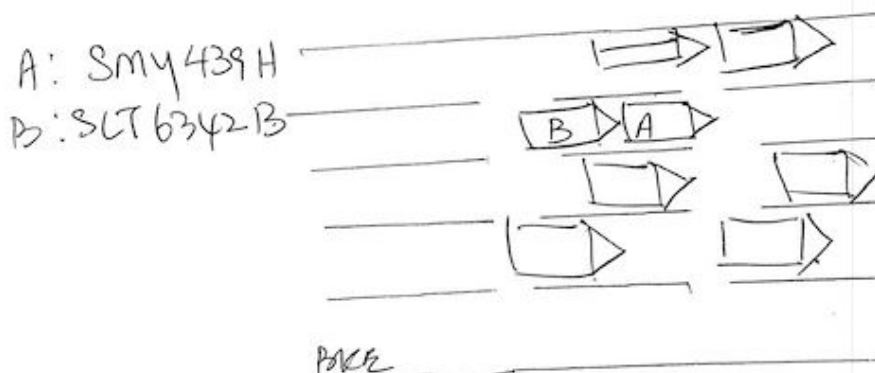

Policyholder's Signature / Date & Time

Sketch Plan


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


Witnessed by Reporting Centre Personnel

→ WOODLANDS



Describe Circumstances of the Accident

REFER TO POLICE REPORT T/20220521/2089

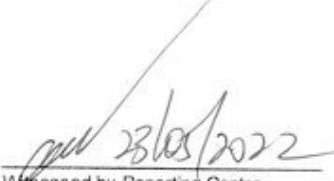
01 - DRIVER
 01 - PASSENGER - MALE - DANISH ARHAM BIN FADZIL
 NO VIDEO RECORDING AVAILABLE

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:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999



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Report No. T/20220521/2089

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/05/2022 22:25	Vide Report No.:	Station Diary No.: 77
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Informant's Particulars

Name of Informant: SAMUEL LIM WEI JIN			Address: APT BLK 317 WOODLANDS STREET 31 #12-196 SINGAPORE 730317		
ID Type / ID No.: NRIC NO / S6834928A			Contact No.: Home/Office: Mobile: 83839213		
Nationality: SINGAPORE CITIZEN			Email: samuel_lim@ymail.com		
Sex: Male	Age: 53	Date of Birth: 23/09/1968	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Private Hire			Driving Licence Information: Class: 3,4,5		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/05/2022 21:50	Type of Location: Straight Road
Location: BUKIT TIMAH EXPRESSWAY				
Lamp Post Number: 397F				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SLT6342B	Car	MERCEDES BENZ		White	Slightly Damaged	0
SMY439H		TOYOTA	Voxy	Black	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMY439H	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNA0000225 2201	09/02/2022	08/02/2023


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999



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Report No. T/20220521/2089

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WONG PEI YI	ID No.	NIL
Related Vehicle	SLT6342B (Car)	Contact No.	86681686
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
Driver			
Name	SAMUEL LIM WEI JIN	ID No.	S6834928A
Related Vehicle	SMY439H	Contact No.	83839213
Hospital/Clinic	DOCTORS INC MEDICAL GROUP	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	21/05/2022	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 20/05/2022 at about 09.50pm, I was driving my car (SMY439H) along BKE towards Woodlands just before SLE exit before lamp post number 397F to drop off a passenger at 512 Woodlands Dr 14. I was driving on the 4th lane and noticed there was roadworks on lane 5. The vehicle in front of me and I made an emergency brake. I did not hit the front vehicle, but the vehicle (SLT6342B) hit the back of my vehicle. My vehicle suffered dents at the boot area and bumper. I also discovered some internal damages on my vehicle as well. My passenger did not suffer any injuries and the vehicle that hit me exchanged particulars.

The vehicle (SLT6342B) had dent on the front plate number. No government property damaged, and no police attended. Today, I felt some pain on my back and knee. As such, I went to the clinic to take MC and received 5 days MC. I did not manage to get my passenger's particular, but his name is Danish Arham Bin Fadzli.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999



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Report No. T/20220521/2089

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 /
Other DANISH AFIQ BIN ZAINAL

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
21/05/2022 22:25

Officer in Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

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: SN08226N0004 Vehicle Registration No: SMY 439H
 Name (as shown in NRIC): SAMUEL LIM WAI JIN NRIC/FIN/Passport No: _____
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 83839213
 Email Address: _____
 Date of Accident: 20/05/2022 Time of Accident: 21:50
 Place of Accident: BKE
 Insurance Company: CHINA TAIPIING

(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:

EMAIL ADDRESS SHOULD BE HWAPENG@AUTO@SINGNET.COM.SG

Policyholder / Driver's Signature
Date:

23/06/2022
Reporting Centre Personnel's Signature
Name: Paul Norton
NRIC/FIN No.: _____
Date: