

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 21/06/2022 12:46 (SGT)
Date of Accident 21/06/2022 08:15 (SGT)
Exact Location of Accident KJE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKQ4418H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM KWO YIN(LIN GUYUN)
NRIC No SXXXX428D
Email Address dariuslimkwoyin@gmail.com
Mobile Phone No (Phone) +65-98166878
Alternative Phone No +65-98166878

VEHICLE PARTICULARS

Manufacturer BMW
Model 535i
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 3000

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D22MTPV01000528
Cover Note Number -

DRIVER

Name of Driver LIM KWO YIN(LIN GUYUN)
NRIC No SXXXX428D

Date Of Birth	25/01/1977
Occupation	Indoor
Date Of Driving Pass	18/11/2000
Driving experience	21 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98166878
Alt. Phone Number	+65-98166878
Email Address	dariuslimkwoyin@gmail.com
Address	101 LOYANG RISE
Address complement	-
Postcode	507500
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 - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
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

FOREIGN VEHICLE 1

Vehicle Registration Number	VBK1863
Vehicle Category	Commercial vehicle

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

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 WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	VBK1863
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)	-

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 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")

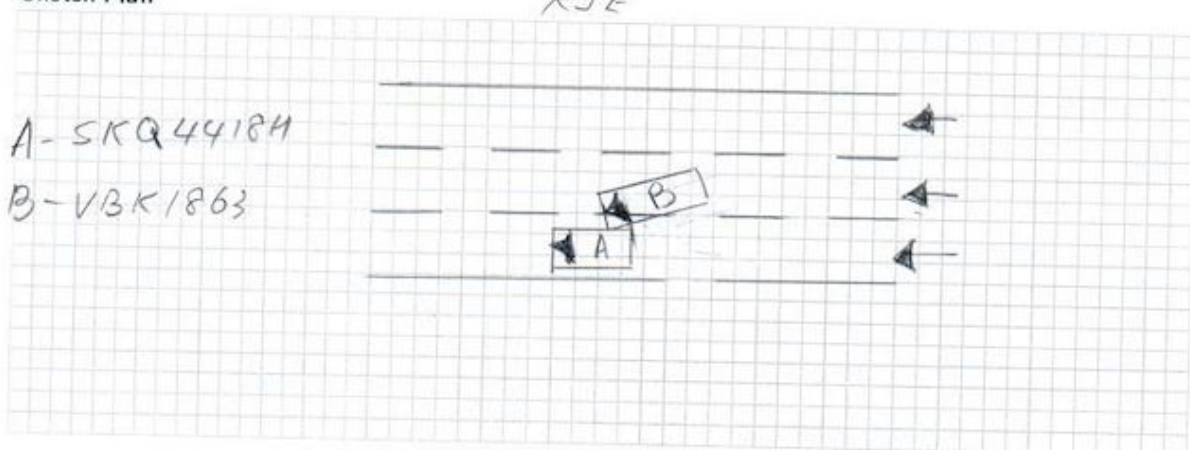
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

Cym
21/6/2022
Policyholder's Signature / Date & Time

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

sfym 21/06/22
Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

P/s refer to the police report: T/20220621/2014

Declaration

We declare the foregoing particulars are true in every respect.

[Signature] 21/6/2022
 Policyholder's Signature / Date & Time

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

[Signature] 21/06/22
 Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220621/2014

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

2 of 3

Report No. T/20220621/2014

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM KWO YIN	ID No.	S7701428D
Related Vehicle	NIL	Contact No.	98166878
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MD SHAHROM BIN SULIEMAN	ID No.	750715015787
Related Vehicle	NIL	Contact No.	83178746
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 Details.

On 21/06/2022 at about 0814hrs, I was driving my vehicle bearing plate number SKQ4418H along KJE before slip road towards Woodlands Road and was travelling at the most left lane. A vehicle bearing plate number VBK1863 collided onto the right rear side of my vehicle. After making a check, my vehicle sustained damages such as scratches on the right rear fender and right rear tyre. No other government property or vehicle was damaged. There are in-built cameras installed on both front and rear of my vehicle.





















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T/20220621/2014

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Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 3

Report No. T/20220621/2014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/06/2022 09:01	Vide Report No.:	Station Diary No.: 18
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Informant's Particulars

Name of Informant: LIM KWO YIN			Address: 101 LOYANG RISE SINGAPORE 507500		
ID Type / ID No.: NRIC NO / S7701428D			Contact No.: Home/Office: Mobile: 98166878		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 45	Date of Birth: 25/01/1977	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: CIVIL SERVANT			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 21/06/2022 08:15	Type of Location:
Location: KRANJI EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SKQ4418H	Car	BMW	535I A	Silver	Slightly Damaged	0
VBK1863	TRUCK					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKQ4418H	TENET SOMPO INSURANCE PTE. LTD.	D22MTPV01000528	27/01/2022	26/01/2023



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T/20220621/2014

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Tel No: 1800-8929999

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Report No. T/20220621/2014

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No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
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Related Vehicle	NIL	Contact No.	98166878
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MD SHAHROM BIN SULIEMAN	ID No.	750715015787
Related Vehicle	NIL	Contact No.	83178746
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
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T/20220621/2014

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Tel No: 1800-8929999

3 of 3

Report No. T/20220621/2014

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:

J /

SGT 3 CHERYL YEO

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/06/2022 09:01

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Classification Of Case:

NP168