

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 22/06/2022 19:35 (SGT)
Date of Accident 19/06/2022 23:25 (SGT)
Exact Location of Accident Singapore
Additional Location Information ADMIRALTY ROAD WEST
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMH71Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM CHOON BUAY
NRIC No SXXXX137F
Email Address LINSERENE@MSN.COM
Mobile Phone No (Phone) +65-89124330
Alternative Phone No +65-89124330

VEHICLE PARTICULARS

Manufacturer Mercedes
Model Cla45
Variant CLA45 AMG 4MATIC (R19 BI)
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 1991

INSURANCE COMPANY

Name of Insurance Company Etiqa Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MA013037
Cover Note Number -

DRIVER

Name of Driver LIM CHOON BUAY
NRIC No SXXXX137F

Date Of Birth	08/10/1977
Occupation	Indoor
Date Of Driving Pass	02/04/1996
Driving experience	26 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-89124330
Alt. Phone Number	+65-89124330
Email Address	LINSERENE@MSN.COM
Address	71 JALAN KEMUNING
Address complement	-
Postcode	769793
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?	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)	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

REFER TO THE SKETCH PLAN

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	YP9633J
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	LIM CHOON BUAY
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMH71Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

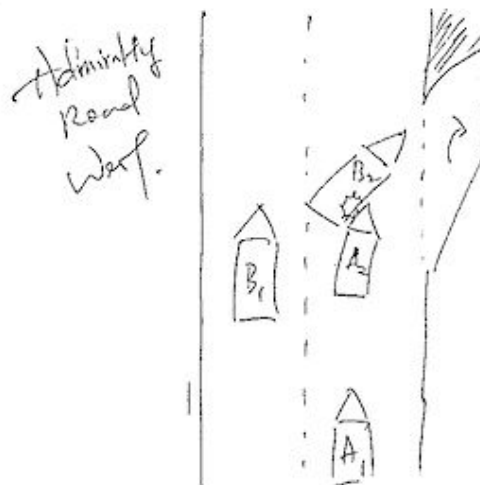
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



VEH (A) SMH71Z
VEH (B) : YP9633J

Describe Circumstances of the Accident

Refer to Police Report T/2022-0620/7055.

Declaration

We declare the foregoing particulars are true in every respect.

[Signature]

Policyholder's Signature / Date & Time

[Signature]

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

[Signature]


Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20220620/7055

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

1 of 3

Report No. T/20220620/7055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/06/2022 20:40		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM CHOON BUAY			Address: 71 JALAN KEMUNING SINGAPORE 769793		
ID Type / ID No.: NRIC NO / S7727137F			Contact No.: Home/Office: Mobile: 89124330		
Nationality: SINGAPORE CITIZEN			Email: LINSERENE@MSN.COM		
Sex: Female	Age: 44	Date of Birth: 08/10/1977	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Admin			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/06/2022 23:25	Type of Location:
Location: ADMIRALTY ROAD WEST				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMH71Z	Car	MERCEDES BENZ	CLA45 AMG 4MATIC (R19 BI)	Grey		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMH71Z	ETIQA INSURANCE BERHAD	MA013037	08/02/2022	07/02/2023



**SINGAPORE
POLICE FORCE**



T/20220620/7055

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

2 of 3

Report No. T/20220620/7055

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM CHOON BUAY	ID No.	S7727137F
Related Vehicle	SMH71Z (Car)	Contact No.	89124330
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	04	Degree of	Slight

Brief Details.

On the stated date and time, I was driving SMH71Z along Admiralty Road West towards Road East.

I was travelling straight along the right of 2 lanes.

Just after Sembawang Camp Entrance/Exit, YP9633J, which was travelling in front of me along the left of 2 lanes, abruptly swerved into my vehicle's path as the driver suddenly changed his mind and wanted to turn right via an opening on the right.

The sudden manoeuvre of YP9633J caught me by complete surprise and I immediately jammed on my brakes and attempted to swerve to my right in a bid to avoid the collision but to no avail.

YP9633J's rear right portion still slammed into the front left portion of my vehicle.

The impact was huge and my vehicle rocked sideways.

Initially, I was only in a state of shock. However, the following morning, I woke up with soreness and aches in my neck and back areas.

I went to Pow Family Clinic near my place to seek treatment and was given 4 days MC for injuries caused by the accident.



**SINGAPORE
POLICE FORCE**



T/20220620/7055

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

3 of 3

Report No. T/20220620/7055

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 /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

NP168

Signature Of Informant:

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

Date/Time:
20/06/2022 20:40

Classification Of Case:



INTERVIEW FORM

Name (Driver) : Lim Choon Buay (Lin Chunmei)
 Policy No : MA013037
 Vehicle No : SMH71Z
 Place of Accident : Admiralty Rd West after Sembawang Camp
 Insured Driver's relationship with Insured : Owner
 Drink Driving of Insured and/or Insured Driver : -Nil-
 No of passenger(s) in Insured vehicle : 0
 Injury to Insured and/or Insured driver, please indicate which hospital:
SORNESS & ARCHES - POW FAMILY Clinic
 Third Party Vehicle No (if any) : YP9633J
 No of passenger(s) in Third Party Vehicle : Unknown
 Injury to Third Party driver and/or passenger(s), please indicate which hospital:

 Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:
Side SWIPE - change lane
 Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):
NIL
 Traffic Police report (enclosed) : ☒ Yes / No
 Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)
22-Jun-2022
Lim Choon Buay (Lin Chunmei)
 Driver (Name & Signature) / Date
 I, affirmed the above information is given to
 my best knowledge

Attended by (Name & Signature) / Date

Workshop Name: _____

eTiqa Insurance Pte Ltd
 One Raffles Quay
 #22-01 North Tower
 Singapore 048583

T +65 63360477
 F +65 63392109

www.etiqa.com.sg
 Company Reg. No. 201331004E

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