

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 11:13 (SGT)
Date of Accident 18/06/2022 15:45 (SGT)
Exact Location of Accident Near Marina Bay Sands Theatre, Singapore
Additional Location Information BayFront Avenue
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLW2026A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Pha Poh Siong , Jerry
NRIC No SXXXX401D
Email Address irenelim@minwa.com.sg
Mobile Phone No (Phone) +65-98215893
Alternative Phone No +65-98215893

VEHICLE PARTICULARS

Manufacturer Audi
Model A4
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 1984

INSURANCE COMPANY

Name of Insurance Company HL Assurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MP316071
Cover Note Number -

DRIVER

Name of Driver Lim Siew Kwan
NRIC No SXXXX554D

Date Of Birth	13/06/1957
Occupation	Indoor
Date Of Driving Pass	15/11/1978
Driving experience	43 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97344538
Alt. Phone Number	-
Email Address	irenelim@minwa.com.sg
Address	Block 408 Fajar Road #02-335
Address complement	-
Postcode	670408
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Pha Yileen
Gender	Female

PASSENGER 2

Name	Sia Jenelle
Gender	Female

PASSENGER 3

Name	Cangas Meiziel Silatan
Gender	Female

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

Refer to police report No : T/20220618/2076

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	Retrieve
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMV1263G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Tan Wang Seng
Contact Number	(Phone) +65-92722636
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	Cangas Meiziel Silatan
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLW2026A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**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 willful 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. The 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.
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")

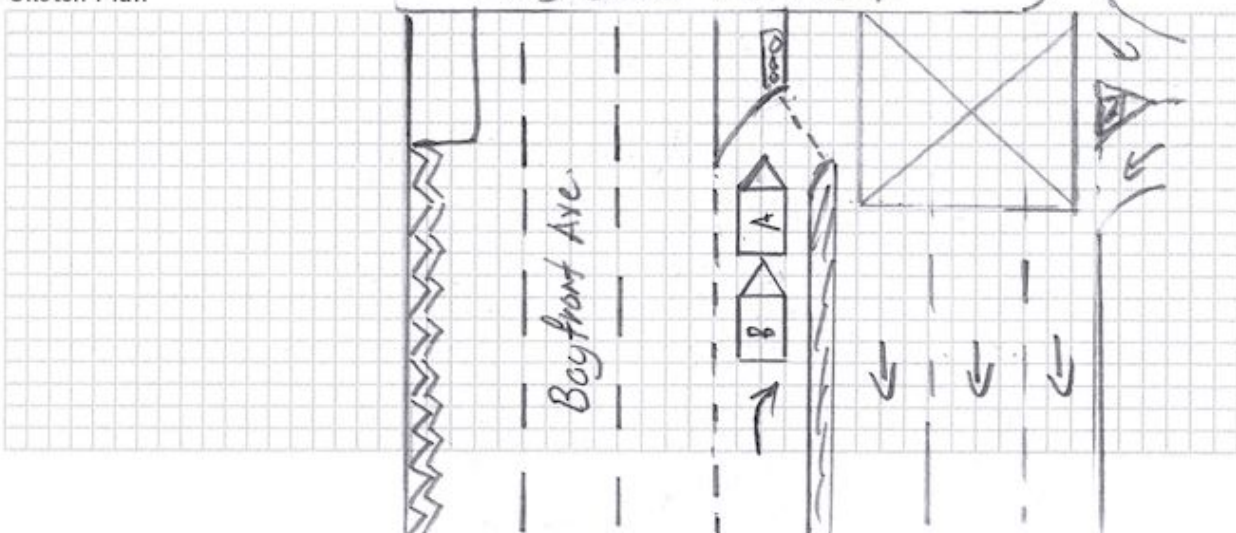
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

Describe Circumstances of the Accident

Refer to police report - T/20220618/2076

Declaration

I/We declare the foregoing particulars are true in every respect.

John Doe

Policyholder's Signature / Date &
Time

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

[Signature]

Witnessed by Reporting Centre
Personnel











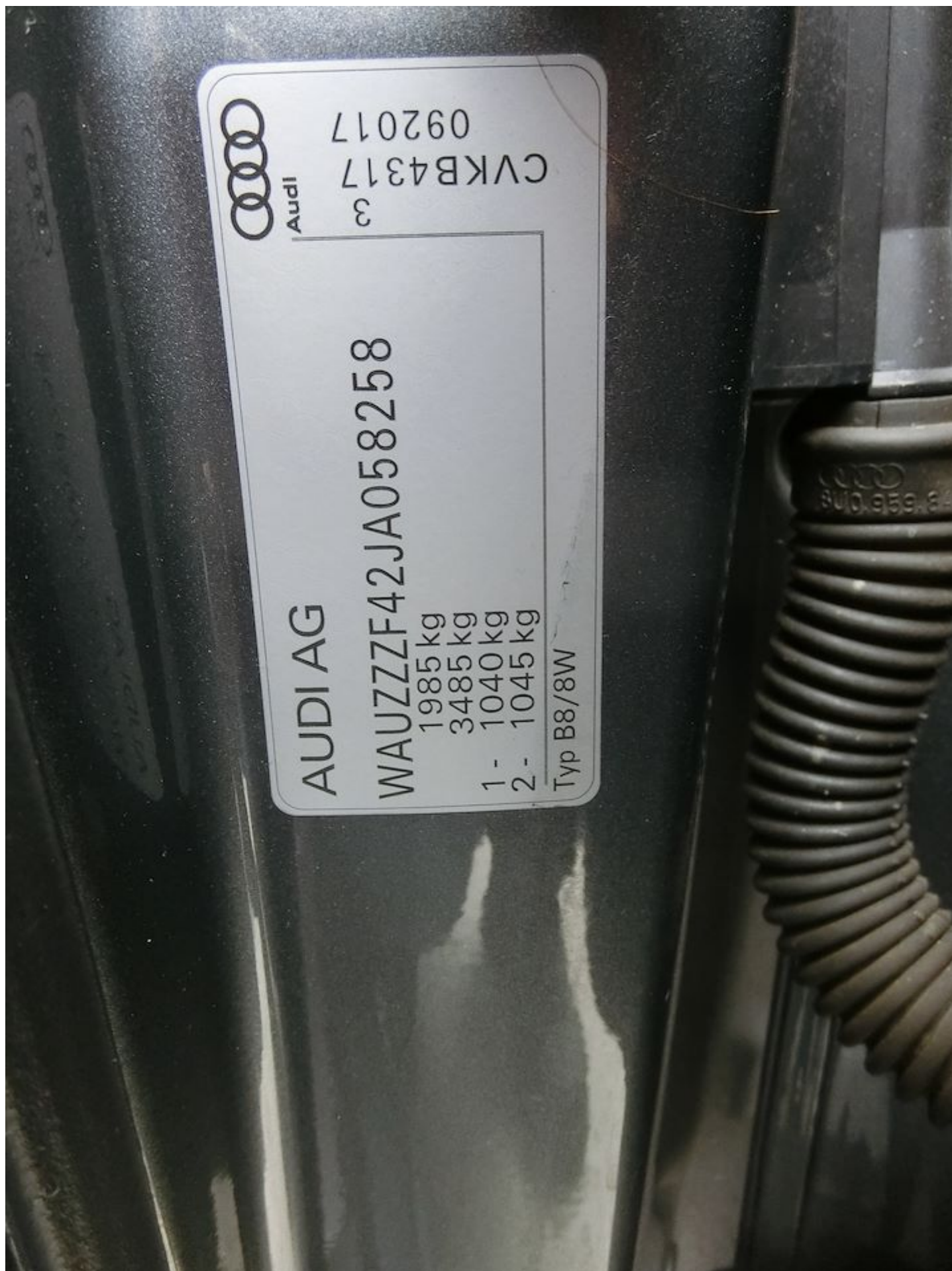














**SINGAPORE
POLICE FORCE**



T/20220618/2076

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

1 of 3

Report No. T/20220618/2076

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/06/2022 20:21		Vide Report No.:		Station Diary No.: 99	
Informant's Particulars					
Name of Informant: LIM SIEW KWAN			Address: APT BLK 408 FAJAR ROAD #02-335 SINGAPORE 670408		
ID Type / ID No.: NRIC NO / S1271554D			Contact No.: Home/Office: Mobile: 97344538		
Nationality: SINGAPORE CITIZEN			Email: irenelim@minwa.com.sg		
Sex: Female	Age: 65	Date of Birth: 13/06/1957	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/06/2022 13:45	Type of Location: Bend
Location: BAYFRONT AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Policeman Controlled	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLW2026A	Car				Seriously Damaged	3
SMW1263G	Car					0



**SINGAPORE
POLICE FORCE**



T/20220618/2076

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/20220618/2076

CONTINUATION OF REPORT

Brief Details.

On 18/06/22 at about 1345hrs, as I was driving towards Marina Bay Shopping Mall, I came to a stop at the Bend at Bayfront Avenue as the traffic light turned red. I was then stopped by the traffic warden from Auxiliary police namely Lee Xian Neng, HP: 83716193 who was controlling the traffic who told me that the road turning left was blocked due to National Day Parade rehearsal. I then got rear ended by the vehicle behind (SMV1263G, Tan Wang Seng, S7147508E). The driver then came out of the vehicle and told me that he wanted to settle this privately and I told him that I need to make a check on my helper namely Cangas Meiziel Silatan to ensure that she's not injured as she was the passenger. We then exchanged contacts and left the incident location.

At about 1845hrs, my helper informed me that her right hand hurts and I then brought her to Cashew Medical and Surgery. She was given a 3 days MC for the injury that she suffered due to this incident. I then informed the driver that I will be lodging a police report for insurance and he acknowledge.

I wish to state that I have in car camera installed on my vehicle however, I am not sure if the camera managed to capture the whole incident but the traffic warden who was controlling the traffic did witness this incident. I am lodging this report for insurance and vehicle claim.



**SINGAPORE
POLICE FORCE**



T/20220618/2076

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

3 of 3

Report No. T/20220618/2076

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 / Other NEO JIA REN, DAREN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 18/06/2022 20:21
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

NP168