

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	22/07/2022 17:44 (SGT)
Reported by	Driver
Date of Accident	22/07/2022 14:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG AYE TWDS JLN BOON LAY JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN3560C
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CRAFT LEASING PTE LTD
Company Reg No	201718381N
Email Address	KH@CRAFTLEASING.COM
Mobile Phone No	(Phone) +65-93833162
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D21MFL0005172_01

DRIVER

Name of Driver	LIM TECK YEW
NRIC No	S6842358I
Date Of Birth	09/11/1968
Occupation	Outdoor

Date Of Driving Pass	24/07/2008
Driving experience	14 YEARS
Gender	Male
Mobile Number	(Phone) +65-88315755
Alt. Phone Number	-
Email Address	BCEJWEI@GMAIL.COM
Address	209A PUNGGOL PLACE #05-1278 S821209
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Side Swipe
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	UNKNOWN
Gender	Female

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 POLICE REPORT ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YQ4578M
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 TECK YEW
Gender	Male
Phone No	(Phone) +65-88315755
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMN3560C
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

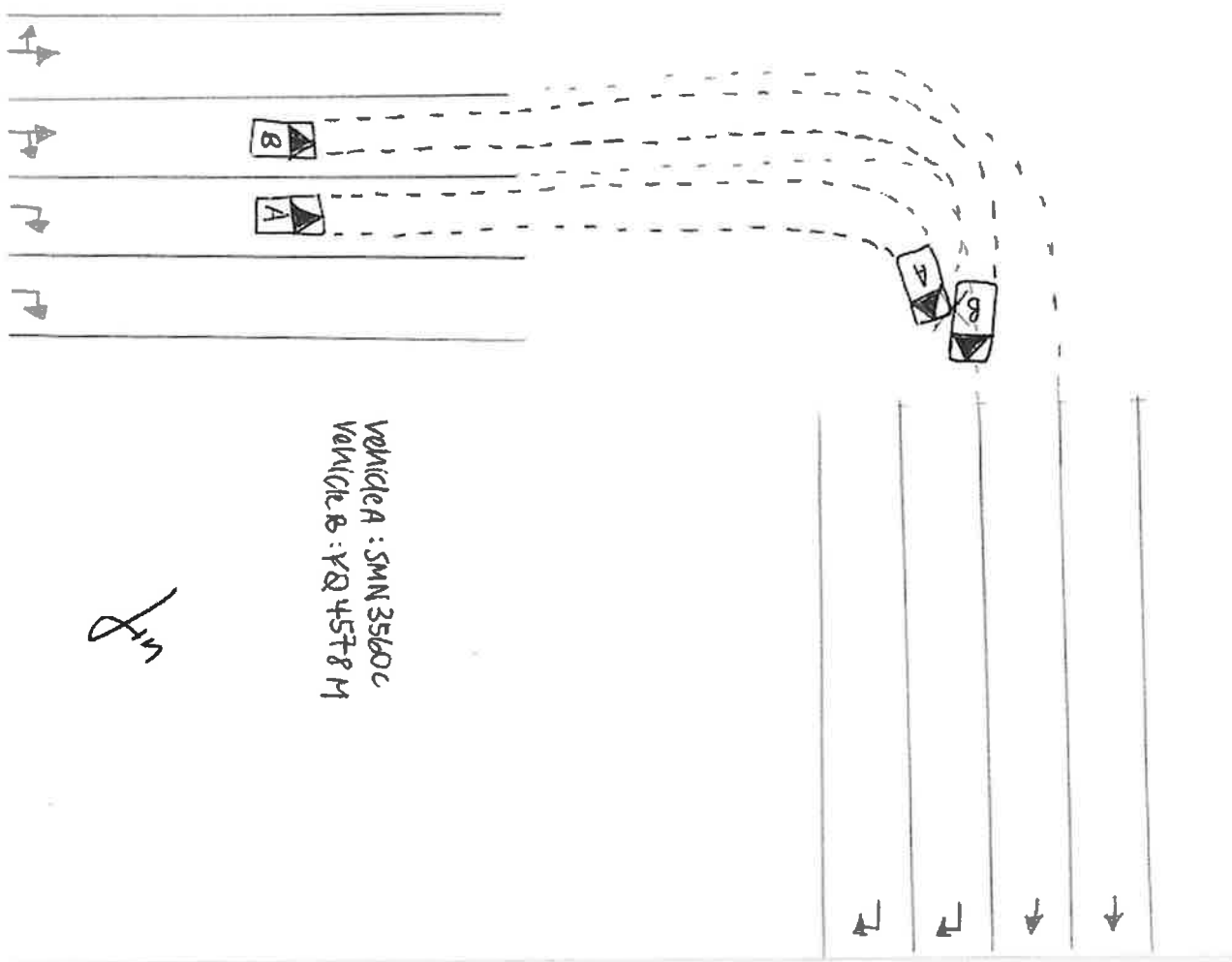
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel **LEK SIU ENG**

Sketch Plan

— REFER TO ATTACHED —



— REFER TO POLICE REPORT —

We declare the foregoing particulars are true in every respect.



fin 22-7-22 5.00pm

Witnessed by Reporting Centre
Personnel **LEK SIM ENG**



























**SINGAPORE
POLICE FORCE**



T/20220722/7030

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

1 of 3

Report No. T/20220722/7030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/07/2022 16:34	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LIM TECK YEW			Address: 209A PUNGGOL PLACE #05-1278 SINGAPORE 821209		
ID Type / ID No.: NRIC NO / S6842358I			Contact No.: Home/Office: Mobile: 88315755		
Nationality: SINGAPORE CITIZEN			Email: BCEJWEI@GMAIL.COM		
Sex: Male	Age: 53	Date of Birth: 09/11/1968	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/07/2022 14:00	Type of Location: Straight Road
Location: JALAN BOON LAY				
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 - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SMN3560C	Car					0
YQ4578M	Lorry					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220722/7030

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

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Report No. T/20220722/7030

CONTINUATION OF REPORT

Driver			
Name	LIM TECK YEW	ID No.	S6842358I
Related Vehicle	SMN3560C (Car)	Contact No.	88315755
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	22/07/2022	Date	22/07/2022
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

ON THE STATED DATE AND TIME, I VEHICLE A (SMN 3560 C) WAS STATIONARY ON THE STATED VENUE DUE TO TRAFFIC CONGESTION INFRONT. SUDDENLY I FELT A HUGE IMPACT ON THE LEFT SIDE PORTION OF MY VEHICLE. I THEN CAME DOWN TO CHECK AND REALISED THAT IT WAS VEHICLE B (YQ 4578 M) WHO HAVE COLLIDED ONTO MY VEHICLE WHILE ENCROACHING INTO MY LANE.

AFTER THE ACCIDENT, I THEN WENT TO CONSULT A DOCTOR AT INTEMEDICAL (KOVAN) AS I FELT PAIN IN MY NECK AND BACK AND SHOULDERS.
I WAS GIVEN 3 DAYS MC.

**SINGAPORE
POLICE FORCE**

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



T/20220722/7030

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Report No. T/20220722/7030

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:
TP / TPIB /
TAY CHUN KEEN
Contact No.: 65476436

NP168

Signature Of Informant:

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

Date/Time:
22/07/2022 16:34

Classification Of Case:

