

## 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 .....	07/07/2022 10:26 (SGT)
Reported by .....	Both
Date of Accident .....	06/07/2022 11:45 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	HAZEL PARK TERRACE TWDS UPP BT TIMAH RD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKP4754S
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LIM JING HUI JOCELYN
NRIC No .....	S1723883C
Email Address .....	jocelyn120365@gmail.com
Mobile Phone No .....	(Phone) +65-91112428
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Hyundai
Model .....	ELANTRA 1.6 AT ABS D/AB 2WD 4DR
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? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1591

#### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMPCSNA00058882204

#### DRIVER

Name of Driver .....	LIM JING HUI JOCELYN
NRIC No .....	S1723883C
Date Of Birth .....	12/03/1965
Occupation .....	Indoor

Date Of Driving Pass .....	04/09/1986
Driving experience .....	35 YEARS AND 10 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-91112428
Alt. Phone Number .....	-
Email Address .....	jocelyn120365@gmail.com
Address .....	BLK 791 CHOA CHU KANG NORTH 6 #06-258
Address complement .....	-
Postcode .....	680791
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 - Major/Minor Rd
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? .....	Yes
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 .....	SPOUSE
Gender .....	Male

#### 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 ATTACHED.

#### 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 .....	FW1995E
Vehicle Manufacturer .....	-



Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	YOUNG MALAY MALE
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	RIDER
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FW1995E
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

SKETCH PLAN

VEH NO: SKP 4754S  
 INSURER: China Taiping  
 DATE OF ACC: 6/7/22 @ 11:45am

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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:

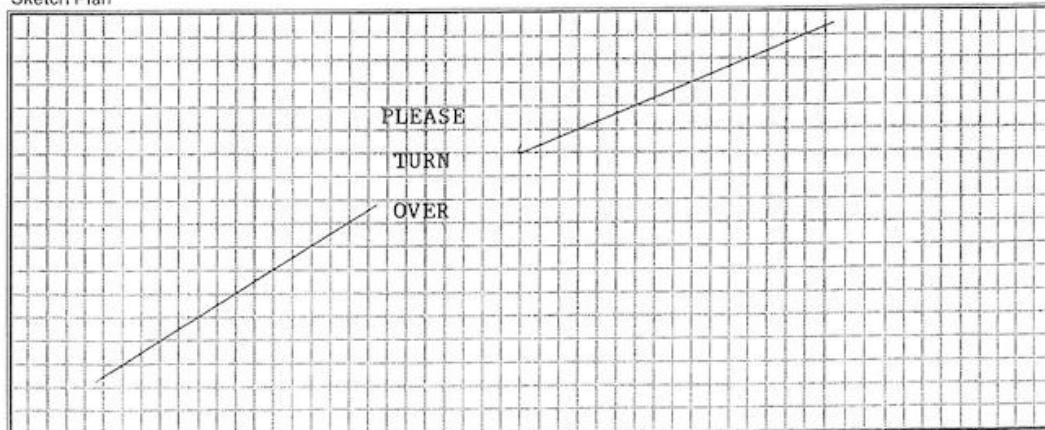
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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  
 (Name as in NRIC/ID card) (Ys)

**Sketch Plan**



Describe Circumstance of the Accident

\*\* NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

( ☒ ) Claim Own Policy ( ) Claim Third party ( ) Reporting Only

( ) Claim OD/ TP at other workshop ( )

Sketch Plan

Upper Bt. Timah Rd

A= SKP 4754S

B= FW1995E (Alone)

Young Malay Male

Hazel Park Terrace

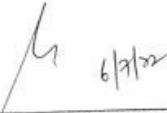
Refer to Police Report No: T/20220706/2041

Declaration

I/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  
(Name as in NRIC/ID card)

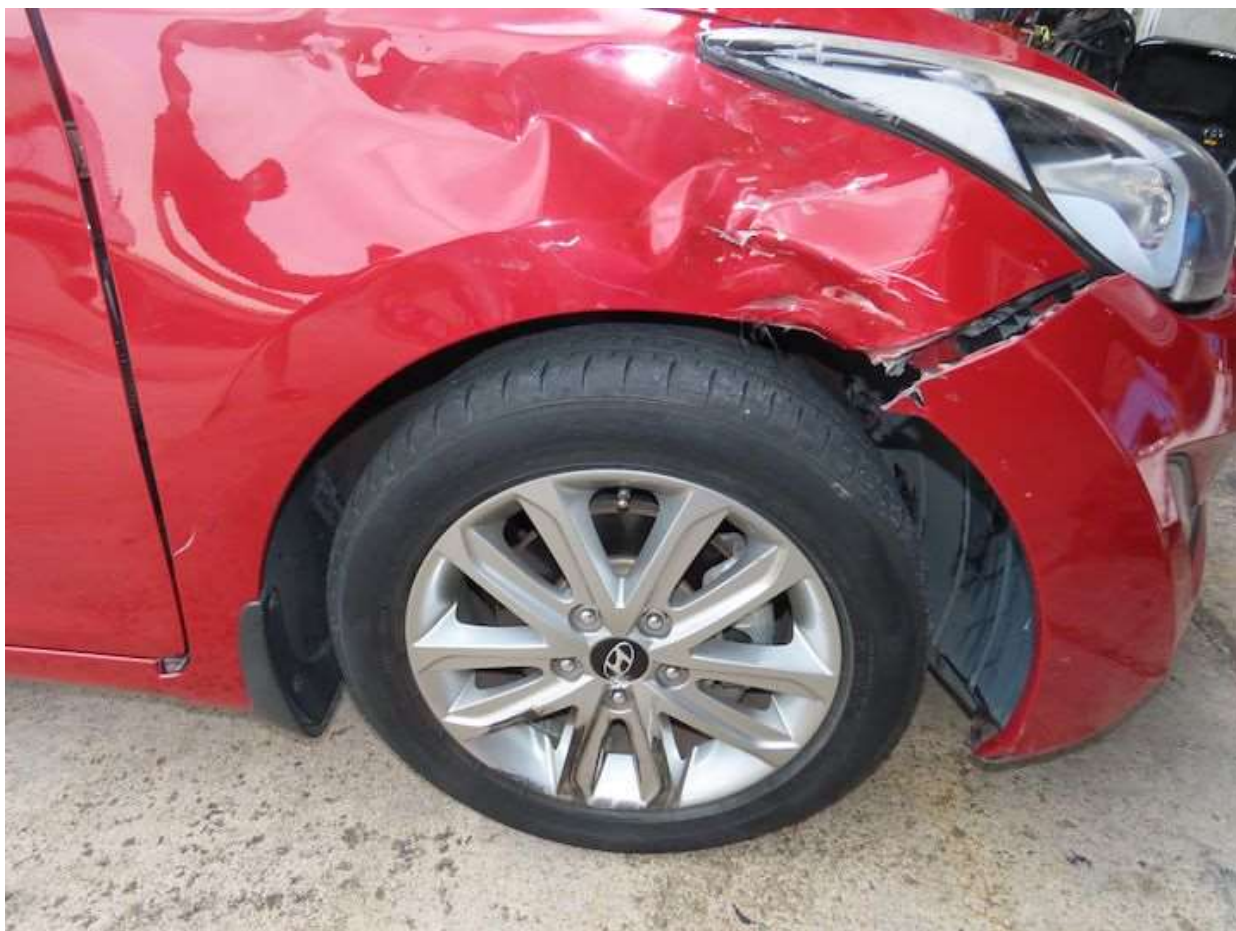
(95)

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IMAGES #2





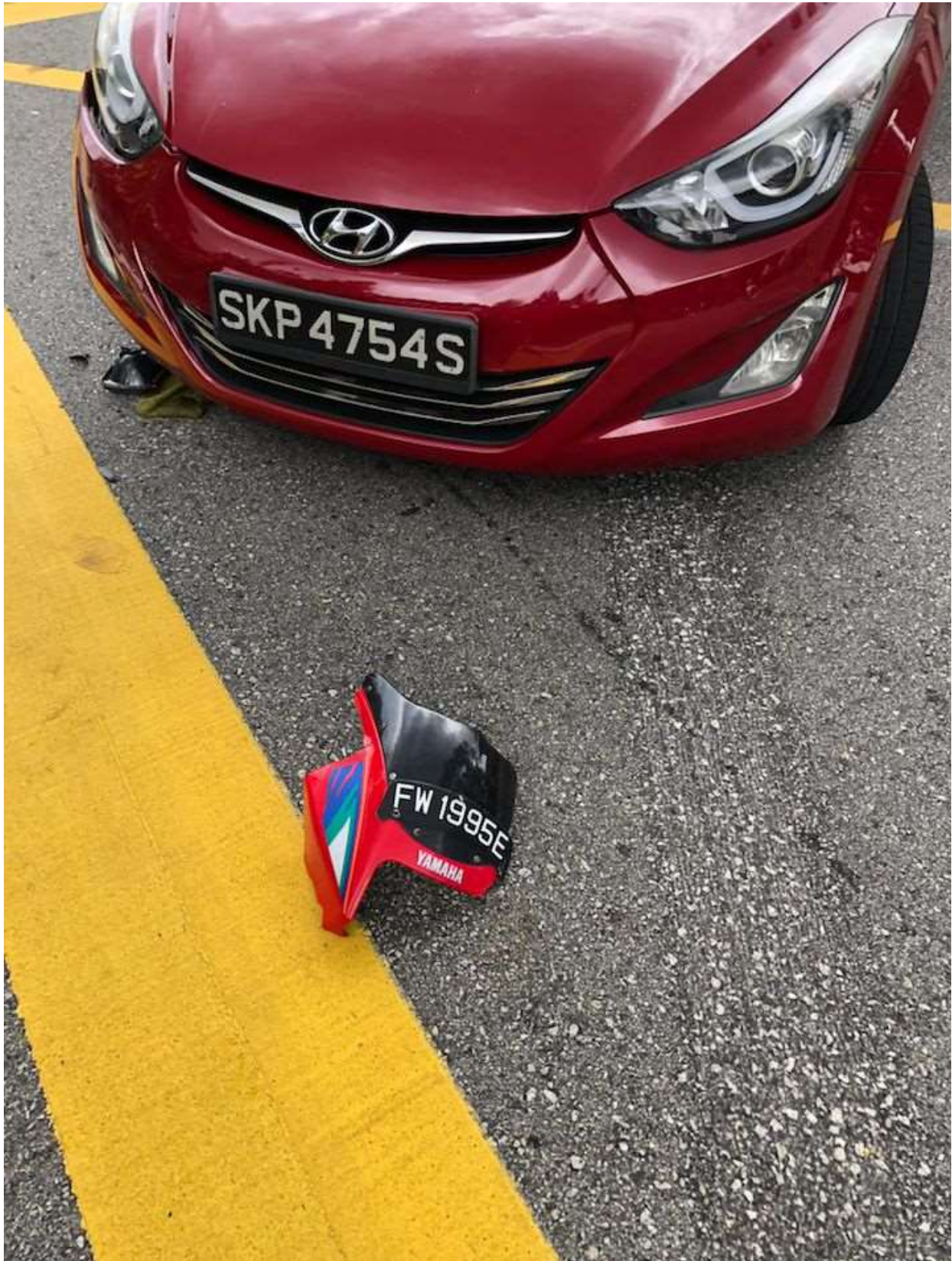

















**SINGAPORE  
POLICE FORCE**


T/20220706/2041

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

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Report No. T/20220706/2041

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/07/2022 13:32	Vide Report No.: J/20220706/0052	Station Diary No.: 76
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**Informant's Particulars**

Name of Informant: LIM JING HUI JOCELYN			Address: APT BLK 791 CHOA CHU KANG NORTH 6 #06-258 SINGAPORE 680791		
ID Type / ID No.: NRIC NO / S1723883C			Contact No.: Home/Office: Mobile: 91112428		
Nationality: SINGAPORE CITIZEN			Email: jocelyn120365@gmail.com		
Sex: Female	Age: 57	Date of Birth: 12/03/1965	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Unemployed			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/07/2022 11:45	Type of Location: T-Junction
Location:  HAZEL PARK TERRACE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FW1995E	Motorcycle				Seriously Damaged	0
SKP4754S	Car	HYUNDAI	ELANTRA 1.6 AT ABS D/AB 2WD 4DR	Red	Slightly Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20220706/2041

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

Report No. T/20220706/2041

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKP4754S	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNA0005888 2204	13/03/2022	12/03/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM JING HUI JOCELYN		ID No. S1723883C
Related Vehicle	SKP4754S (Car)		Contact No. 91112428
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

**Brief Details.**

On 6th July 2022 at 1146am, I was driving my car (SKP4754S) along Hazel Park Terrace Road going towards Upper Bukit Timah Road. As I came to the stop line, the vehicles on all 3 lanes on my right had already stopped outside of the yellow box. I then proceeded to turn left onto lane 1. All of a sudden, a motorcycle (FW1995E) who was lane splitting in between lane 1 and lane 2 collided onto my right side of my vehicle. My husband then quickly alight from the vehicle and made a check on the rider. Passer-by quickly called for police and ambulance assistance. I did not manage to exchange particulars with the rider as he was conveyed to a Hospital. There is no in car camera in my vehicle. No one in my vehicle were injured. My vehicle suffered some dents and scratches on the front right side of the driver's door.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
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1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999



T/20220706/2041

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Report No. T/20220706/2041

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 AUSTIN TAN RI QUAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI CHONG GUAN FATT

Contact No.: 65472077

Signature Of Informant:

Date/Time:

06/07/2022 13:32

Classification Of Case:

NP168