

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 Actual 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 GlA Records Management Centre established by the General Insurance Association of Singapore (GlA) 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	08/08/2022 18:59 (SGT)
Reported by	Driver
Date of Accident	07/08/2022 20:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Yishun Ave 8
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY9595E
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LDC General Construction
Company Reg No	2XXXXX024M
Email Address	lyjyijie@gmail.com
Mobile Phone No	(Phone) +65-93370218
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	M240i
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	2998

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	-

DRIVER

Name of Driver	Lim Yi Jie
NRIC No	SXXXX148G
Date Of Birth	01/12/1993
Occupation	Indoor

Date Of Driving Pass	06/03/2015
Driving experience	7 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93370218
Alt. Phone Number	-
Email Address	lyjyijie@gmail.com
Address	3 Kovan Road
Address complement	#05-01
Postcode	544917
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	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	Ng Kewei
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to police report.

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLW9240B
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	.....	-
Gender	.....	-
Phone No	.....	-
Address	.....	-
Address Complement	.....	-
Post Code	.....	-
Approximate Age Years Old	.....	-
Injuries Sustained	.....	-
Injured person in which vehicle?	.....	-
Were seat belts worn?	.....	-
Was this injured conveyed to hospital by ambulance?	.....	-

TYPE OF ACCIDENT (Please tick the appropriate type)

- | | |
|--|---|
| <input type="checkbox"/> Chain Collision | <input type="checkbox"/> Collision – Opening Door of Vehicle |
| <input type="checkbox"/> Collided into Bicyclist | <input type="checkbox"/> Collision – Roundabout |
| <input type="checkbox"/> Collided into Motorcyclist | <input type="checkbox"/> Collision – U-Turn |
| <input type="checkbox"/> Collided into Parked Vehicle | <input type="checkbox"/> Drink Driving / Drugs Influence |
| <input type="checkbox"/> Collided into Pedestrian | <input type="checkbox"/> Fire, Explosion or Lightning |
| <input type="checkbox"/> Collided into Property | <input type="checkbox"/> Flood |
| <input type="checkbox"/> Collision – Change / Cross Lane | <input type="checkbox"/> Hit and Run / Vandalism /
Damaged whilst Parked |
| <input type="checkbox"/> Collision – Cross Junction | <input type="checkbox"/> Hit by Fallen Tree |
| <input type="checkbox"/> Collision – Head on Collision | <input type="checkbox"/> No Collision |
| <input checked="" type="checkbox"/> Collision – Head to Rear | <input type="checkbox"/> Side Swipe |
| <input type="checkbox"/> Collision – Major / Minor Road | <input type="checkbox"/> Theft |

SKETCH PLAN

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

This image shows a full page of blank graph paper. The grid consists of thin, light gray horizontal and vertical lines that intersect to form small squares across the entire surface. There are no margins, text, or other markings on the paper.

Refer to attached Police Report

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

GENERAL INVESTMENT CORPORATION
PTE LTD

Y

8/8/2022



**SINGAPORE
POLICE FORCE**



L/20220808/7002

1 of 1

POLICE REPORT (NP299)

Report No. L/20220808/7002

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 08/08/2022 02:07	Vide Report No.	Station Diary No.
Name Of Informant LIM YI JIE	Address 3 KOVAN ROAD #05-10 SINGAPORE 544917	
ID Type / ID No. NRIC NO / S9346148G	Contact No. Home/Office: Mobile: 93370218	
Nationality SINGAPORE CITIZEN	Email Address LYJYIJIE@GMAIL.COM	
Occupation Supervisor	Sex Male	Age 28
Institution/School Name	Date of Birth 01/12/1993	Race Chinese
Date/Time Of Incident 07/08/2022 20:50	Location Of Incident YISHUN AVENUE 8	

Brief details.

Report Number: L/20220807/0171

I was driving my vehicle (SMY9595E) with my girlfriend (Ng Kewei, S9027240C) as front passenger along yishun ave 8 on the 3rd lane from the right, when i was trying to filter to the left to exit to canberra way. While filtering i just happen to saw a motorcycle on the filter left lane, which is why i steer my steering to the right to avoid the motorcycle & hit the rear of car (SLW9240B) on 4th lane instead.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/08/2022 02:07
Officer In-Charge Of Case:	Classification Of Case: