



# 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 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 ..... 01/09/2022 15:28 (SGT)  
 Reported by ..... Both  
 Date of Accident ..... 31/08/2022 20:45 (SGT)  
 Exact Location of Accident ..... Singapore  
 Additional Location Information ..... CTE (SLE/TPE) BEFORE ANG MO KIO AVENUE 1 EXIT  
 Country/State of Loss ..... Singapore

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number ..... SMZ9869K

**INSURED/POLICYHOLDER**

Is company? ..... No  
 Name Of Registered Owner ..... OLIVER LIM YI KOON  
 NRIC No ..... S9215610I  
 Email Address ..... oliverlyk@gmail.com  
 Mobile Phone No ..... (Phone) +65-96286918  
 Alternative Phone No ..... -

**VEHICLE PARTICULARS**

Manufacturer ..... Honda  
 Model ..... FIT BASIC 1.3 CVT  
 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 car  
 Transmission ..... Auto  
 CC ..... 1317

**INSURANCE COMPANY**

Name of Insurance Company ..... Great Eastern General Insurance Limited  
 Policy Number / Cover Note Number ..... V5004508

**DRIVER**

Name of Driver ..... OLIVER LIM YI KOON  
 NRIC No ..... S9215610I  
 Date Of Birth ..... 20/04/1992

Date Of Driving Pass .....	19/04/2021
Driving experience .....	1 YEAR AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96286918
Alt. Phone Number .....	-
Email Address .....	oliverlyk@gmail.com
Address .....	APT BLK 351A ANCHORVALE ROAD #14-239 (S) 541351
Address complement .....	-
Postcode .....	-
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 - 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) .....	1
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 .....	-

#### 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 WITH ATTACH.

#### 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 .....	SML4417M
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 .....	OLIVER LIM YI KOON
Gender .....	Male
Phone No .....	(Phone) +65-96286918
Address .....	APT BLK 351A ANCHORVALE ROAD #14-239 (S) 541351
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMZ9869K
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

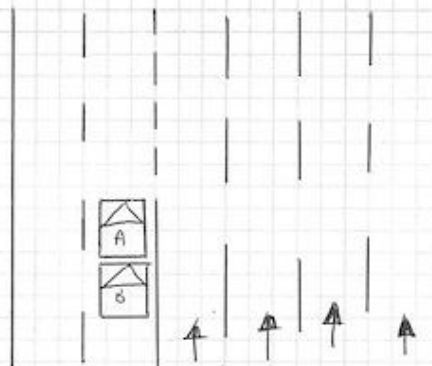
  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

**Sketch Plan**

Vehicle A: SMZ9869K  
Vehicle B: SML4417M



Describe Circumstances of the Accident

Handwritten notes in the sketch plan area:

- Refer
- to
- the police
- T/20220901/7033
- E/20220901/7034

Declaration

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



Qibla  
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20220901/7033

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

1 of 3

Report No. T/20220901/7033

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/09/2022 12:11		Vide Report No.: E/20220901/7004		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: OLIVER LIM YI KOON			Address: 351A ANCHORVALE ROAD #14-239 SINGAPORE 541351		
ID Type / ID No.: NRIC NO / S9215610I			Contact No.: Home/Office: Mobile: 96286918		
Nationality: SINGAPORE CITIZEN			Email: OLIVERLYK@GMAIL.COM		
Sex: Male	Age: 30	Date of Birth: 20/04/1992	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			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: 31/08/2022 20:45	Type of Location: Filter Lane entering CTE
Location:  CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMZ9869K	Car	HONDA	FIT BASIC 1.3 CVT	Blue		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMZ9869K	OVERSEAS ASSURANCE CORPORATION LIMITED	V5004508	28/05/2022	27/05/2023



**SINGAPORE  
POLICE FORCE**



T/20220901/7033

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

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Report No. T/20220901/7033

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	OLIVER LIM YI KOON	ID No.	S9215610I
Related Vehicle	SMZ9869K (Car)	Contact No.	96286918
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

I was filtering into CTE & came to a gradual halt, and I got hit by a Hyundai Avente SML4417M



**SINGAPORE  
POLICE FORCE**

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



T/20220901/7033

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Report No. T/20220901/7033

**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 /  
FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65470000

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

Date/Time:  
01/09/2022 12:11

Classification Of Case:





**SINGAPORE  
POLICE FORCE**



E/20220901/7004

1 of 2

**POLICE REPORT (NP299)**

Report No. E/20220901/7004

Police Station Of Origin  
Tanglin Division HQ  
21 Kampong Java Road SINGAPORE  
228892  
Tel No:1800-3910000

Date/Time Report Made 01/09/2022 08:44	Vide Report No.	Station Diary No.		
Name Of Informant OLIVER LIM YI KOON	Address 351A ANCHORVALE ROAD #14-239 SINGAPORE 541351			
ID Type / ID No. NRIC NO / S9215610I	Contact No. Home/Office:                      Mobile: 96286918			
Nationality SINGAPORE CITIZEN	Email Address OLIVERLYK@GMAIL.COM			
Occupation Singapore armed forces personnel	Sex Male	Age 30	Date of Birth 20/04/1992	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 31/08/2022 20:30 - 31/08/2022 20:35	Location Of Incident CENTRAL EXPRESSWAY			

**Brief details.**

Involved in a car accident, my car (SMZ 9869 K) got hit by another car (SML 4417 M)

Subjects Involved			
Victim			
Person Name	OLIVER LIM YI KOON		
ID Type	NRIC NO	ID No	S9215610I
Gender	Male	Age	30

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

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

Date/Time:  
01/09/2022 08:44

Classification Of Case:



**SINGAPORE  
POLICE FORCE**



E/20220901/7004

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20220901/7004

Race	Chinese	Language	English
Occupation	Singapore armed forces personnel	Address	351A ANCHORVALE ROAD #14-239 SINGAPORE 541351
Mobile No	96286918	Is Informant A Victim?	Yes
Person Name	OLIVER LIM YI KOON (Informant)		

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

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

Date/Time:  
01/09/2022 08:44

Classification Of Case: