

# 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 .....	03/09/2022 12:44 (SGT)
Reported by .....	Both
Date of Accident .....	02/09/2022 11:00 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SBF118P
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	Lim Mong Kea
NRIC No .....	S1211898H
Email Address .....	greatcentury@hotmail.com
Mobile Phone No .....	(Phone) +65-90082463
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Serena
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 .....	1200

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMPCSNW00135162200

### DRIVER

Name of Driver .....	Lim Mong Kea
NRIC No .....	S1211898H
Date Of Birth .....	21/09/1956
Occupation .....	Outdoor

Date Of Driving Pass .....	13/12/1977
Driving experience .....	44 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90082463
Alt. Phone Number .....	-
Email Address .....	greatcentury@hotmail.com
Address .....	Blk 356B Anchorvale Lane #03-55
Address complement .....	-
Postcode .....	542356
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) .....	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 .....	Lin Xuanyu
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Mountbatten Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18003449999
Alt. Police Station Phone No .....	(Fax) +65-64474185
Police Station Address .....	Blk 60 Dakota Crescent #01-213/ 215 Singapore 390060
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Please refer to the sketch plan/police report no: T/20220902/2094.

#### 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 .....	Video footage with workshop - Heng Yap Seng Auto Service.

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SCP2799X
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Picnic
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	Chua Beng Kong
NRIC No .....	S1395349Z
Contact Number .....	(Phone) +65-96373551
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 .....	Lim Mong Kea
Gender .....	Male
Phone No .....	(Phone) +65-90082463
Address .....	Blk 356B Anchorvale Lane #03-55
Address Complement .....	-
Post Code .....	542356
Approximate Age Years Old .....	65
Injuries Sustained .....	-
Injured person in which vehicle? .....	SBF118P
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	Lin Xuanyu
Gender .....	Male
Phone No .....	(Phone) +65-96587993
Address .....	293A Compassvale Crescent #07-07
Address Complement .....	-
Post Code .....	541293
Approximate Age Years Old .....	34
Injuries Sustained .....	-
Injured person in which vehicle? .....	SBF118P
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 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 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.

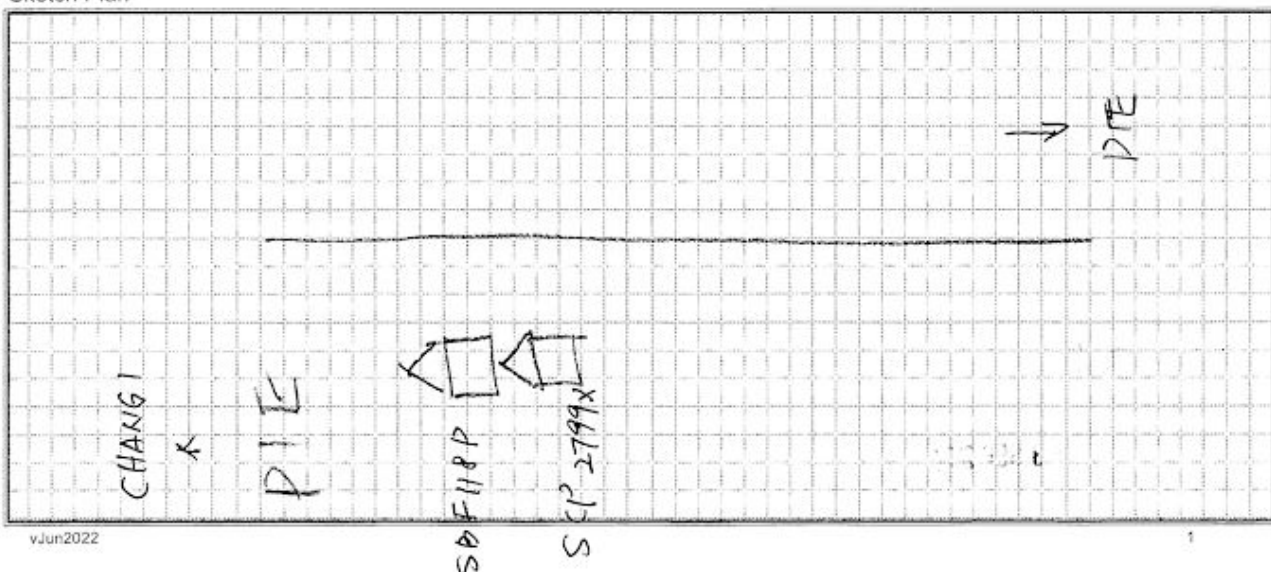
Policyholder's Signature / Date & Time

- 3 SEP 2022

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

Please refer to Police Report No: T/20220902/2094.

## Declaration

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



Policyholder's Signature / Date &amp; Time

- 3 SEP 2022

Actual Driver's Signature (if driver is not the policyholder)  
/ Date & TimeWitnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)  
Lin Lai Pong

















**SINGAPORE  
POLICE FORCE**



T/20220902/2094

Police Station Of Origin:  
Mountbatten NPP  
60 Dakota Crescent #01-213 SINGAPORE  
390060  
Tel No: 1800-3449999

1 of 4  
Report No. T/20220902/2094

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/09/2022 18:31	Vide Report No.:	Station Diary No.: 10
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**Informant's Particulars**

Name of Informant: LIM MONG KEA			Address: APT BLK 356B ANCHORVALE LANE #03-55 SINGAPORE 542356		
ID Type / ID No.: NRIC NO / S1211898H			Contact No.: Home/Office: Mobile: 90082463		
Nationality: SINGAPORE CITIZEN			Email: greatcentury@hotmail.com		
Sex: Male	Age: 65	Date of Birth: 21/09/1956	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 2B,2A,2,3		
			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: 02/09/2022 11:00	Type of Location: Straight Road
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage 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	Condition	No of Passenger
SBF118P	Car	NISSAN	SERENA 1.2L HIGHWAY STAR PREMIUM E	Grey	Slightly Damaged	1
SCP2799X	Car	TOYOTA	PICNIC	Silver		0



**SINGAPORE  
POLICE FORCE**



T/20220902/2094

2 of 4

Police Station Of Origin:  
Mountbatten NPP  
60 Dakota Crescent #01-213 SINGAPORE  
390060  
Tel No: 1800-3449999

Report No. T/20220902/2094

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SBF118P	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001351 62200	01/06/2022	17/07/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	LIN XUANYU		ID No.	S8816780E
Related Vehicle	SBF118P (Car)		Contact No.	96587993
Hospital/Clinic	SIN MIN CLINIC		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	02/09/2022		Date Discharge	02/09/2022
No. of Days granted Medical Leave	07		Degree of Injury	Slight
Driver				
Name	LIM MONG KEA		ID No.	S1211898H
Related Vehicle	SBF118P (Car)		Contact No.	90082463
Hospital/Clinic	SIN MIN CLINIC		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	02/09/2022		Date Discharge	02/09/2022
No. of Days granted Medical Leave	07		Degree of Injury	Slight
Driver				
Name	CHUA BENG KIONG		ID No.	S1398549Z
Related Vehicle	SCP2799X (Car)		Contact No.	96373551
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL





**SINGAPORE  
POLICE FORCE**



T/20220902/2094

Police Station Of Origin:  
Mountbatten NPP  
60 Dakota Crescent #01-213 SINGAPORE  
390060  
Tel No: 1800-3449999

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Report No. T/20220902/2094

**CONTINUATION OF REPORT**

**Brief Details.**

On 02/09/2022 at about 1100 hours, I was driving along PIE heading towards CHANGI Airport. I was driving on the most right lane. My son was with me at the front passenger seat. While driving straight, the vehicle in front of me applied their brakes and came to a stop as such, I applied my brakes and managed to come to a stop with sufficient space between my car and the car in-front. Suddenly, we felt an impact from the rear. After the impact, both myself and my son step out of the vehicle to make a check. I discovered that a silver colour vehicle had collided into the rear portion of my vehicle. We exchanged particulars and I inspect my vehicle. There are dents and scratches at the rear portion of my vehicle. After the accident, both myself and my son felt pain and went to the doctors. We were given 7 days of MC.





**SINGAPORE  
POLICE FORCE**



T/20220902/2094

4 of 4

Police Station Of Origin:  
Mountbatten NPP  
60 Dakota Crescent #01-213 SINGAPORE  
390060  
Tel No: 1800-3449999

Report No. T/20220902/2094

**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:  
G /  
SGT 3 MUHAMMAD SAYYIDI  
BIN TAUHID

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
02/09/2022 18:31

Officer In Charge Of Case:  
TP / AEIT /  
SI MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Classification Of Case:

NP168

**中国太平**  
CHINA TAIPING

**中国太平保险(新加坡)有限公司**  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1F

N SN

AN0365A

Cov. Type:C

**CERTIFICATE OF INSURANCE**

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMPCSNW00135162200

Engine No.: HR12224393K

Cha. No.: JN1EBAC27Z0001051

1. Index Mark and Registration  
Number of Vehicle

SBF118P

2. Name of Policy Holder

LIM MONG KEA

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment

01/06/2022  
(13:19:12)

Named Drivers Ex Sect. I

S\$500.00

Additional Ex Other than Named Drivers:

Ex Sect. I - Age &lt;= 25

S\$3,000.00

Ex Sect. I - Age &gt;= 26

S\$500.00

\* Age as at date of accident

EX ON WINDSCREEN .

S\$100.00

4. Date of Expiry of Insurance

17/07/2023

5. Persons or Classes of Persons entitled to drive\*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use:

Use for social, domestic and pleasure purposes and for the Policyholder's business.  
The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled.  
One time Waiver of Excess for the first S\$500 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO.: MAYBANK

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

**I/We hereby Certify** that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

動力企業

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

HIGH POWER ENTERPRISE

Authorised Officer

Tel: 6258 1565 Fax: 6258 7167

Email: gp@highpower.sg

Jenny Lim



Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

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