

## 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 ..... 21/09/2022 13:26 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 20/09/2022 16:20 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PIE TWDS TUAS AFTER KALLANG BAHRU EXIT  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... PA7172X

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... B & G TRANSPORT SERVICES  
Company Reg No ..... 52989011M  
Email Address ..... jackson-leong@hotmail.com  
Mobile Phone No ..... (Phone) +65-97890926  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Urvan  
Variant ..... NISSAN / URVAN 3.0 M  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2953

#### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Policy Number / Cover Note Number ..... -

#### DRIVER

Name of Driver ..... LIM TIAN SOO  
NRIC No ..... S0603297D  
Date Of Birth ..... 23/04/1951  
Occupation ..... Outdoor

|  |   |
|--|---|
| Date Of Driving Pass .....   | 04/01/1982                                |
| Driving experience .....   | 40 YEARS AND 8 MONTHS                     |
| Gender .....   | Male                                      |
| Mobile Number .....  | (Phone) +65-82255622                      |
| Alt. Phone Number .....  | -   |
| Email Address .....  | limtsjohnny@gmail.com                     |
| Address .....  | 252 HOUGANG AVENUE 3 #12-350 SPORE 530252 |
| Address complement .....   | -   |
| Postcode .....   | -   |
| 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 .....   | Chain Collision |
| 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) .....   | 3   |
| 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 .....   | STUDENT |
| Gender ..... | Male    |

#### PASSENGER 2

|              |         |
|--------------|---------|
| Name .....   | STUDENT |
| 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 SKETCH PLAN/POLICE REPORT

#### 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 .....             | SJB8560T    |
| 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) .....     | -           |

## DETAILS OF OTHER VEHICLE PROPERTY 2

|   |          |
|---|----------|
| Vehicle Registration Number .....             | SHA7803D |
| Vehicle Manufacturer .....                    | -        |
| Vehicle Model .....                           | -        |
| Vehicle Variant .....                         | -        |
| Vehicle Colour .....                          | -        |
| Vehicle Category .....                        | Taxi     |
| 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 TIAN SOO |
| Gender .....  | -            |
| Phone No .....  | -            |
| Address .....   | -            |
| Address Complement .....                                  | -            |
| Post Code .....   | -            |
| Approximate Age Years Old .....                           | -            |
| Injuries Sustained .....                                  | -            |
| Injured person in which vehicle? .....                    | PA7172X      |
| Were seat belts worn? .....                               | Yes          |
| Was this injured conveyed to hospital by ambulance? ..... | No           |

### INJURED 2

|   |              |
|---|--------------|
| Name of injured person .....                              | MALE STUDENT |
| Gender .....  | -            |
| Phone No .....  | -            |
| Address .....   | -            |
| Address Complement .....                                  | -            |
| Post Code .....   | -            |
| Approximate Age Years Old .....                           | -            |
| Injuries Sustained .....                                  | -            |
| Injured person in which vehicle? .....                    | PA7172X      |
| Were seat belts worn? .....                               | -            |
| Was this injured conveyed to hospital by ambulance? ..... | -            |

INJURED 3

|   |                |
|---|----------------|
| Name of injured person .....                              | FEMALE STUDENT |
| Gender .....  | -              |
| Phone No .....  | -              |
| Address .....   | -              |
| Address Complement .....                                  | -              |
| Post Code .....   | -              |
| Approximate Age Years Old .....                           | -              |
| Injuries Sustained .....                                  | -              |
| Injured person in which vehicle? .....                    | PA7172X        |
| Were seat belts worn? .....                               | -              |
| Was this injured conveyed to hospital by ambulance? ..... | -              |

# SKETCH PLAN

## IMPORTANT NOTICE

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## 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

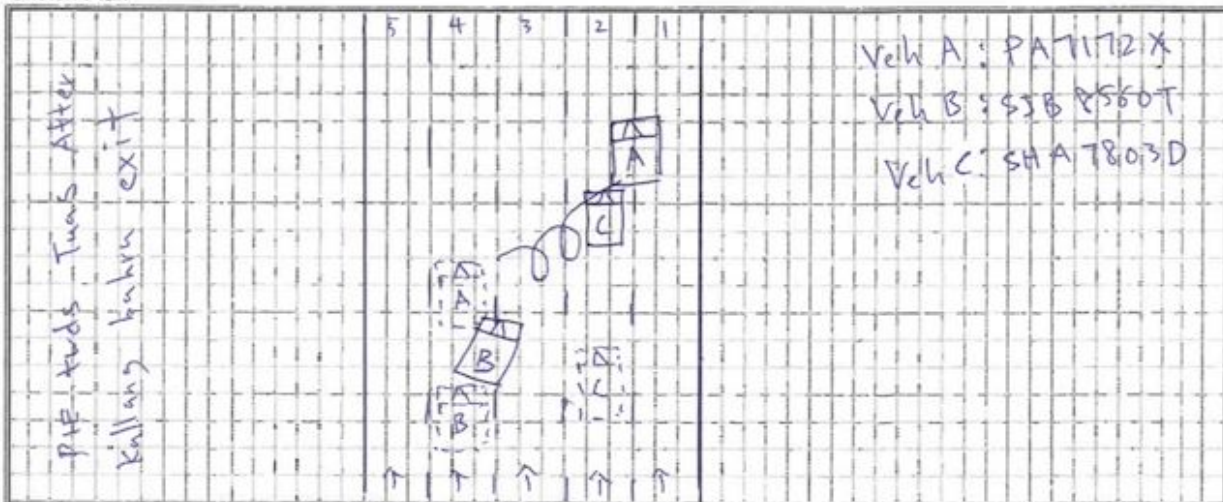
*[Signature]*

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

*[Signature]*

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

## Sketch Plan



Describe Circumstance of the Accident

Refer to police report

Declaration

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



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]*

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























CHASSIS NO : JN1TG4E25Z0700896  
U.W. : 1500 KG  
M.L.W. : 3100 KG  
TYRE SIZE : F.195R-15.8  
: R.195R-15.8(S)  
PASS. CAP. : F.1 DRIVER 1 OTHER  
: R.10 PASSENGERS





**SINGAPORE  
POLICE FORCE**



T/20220920/7065

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

1 of 3

Report No. T/20220920/7065

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                              |   |                    |                            |
|--|------------|------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made:<br>20/09/2022 21:54 |            | Vide Report No.:             |   | Station Diary No.: |                            |
| <b>Informant's Particulars</b>             |            |                              |   |                    |                            |
| Name of Informant:<br>LIM TIAN SOO         |            |                              | Address:<br>252 HOUGANG AVENUE 3 #12-350 SINGAPORE 530252 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S0603297D   |            |                              | Contact No.:<br>Home/Office: Mobile: 82255622             |                    |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:<br>limtsjohnny@gmail.com                           |                    |                            |
| Sex:<br>Male                               | Age:<br>71 | Date of Birth:<br>23/04/1951 | Type of Informant:<br>Driver                              |                    |                            |
| Race:<br>Chinese                           |            |                              | Language:<br>English                                      |                    | Institution / School Name: |
| Occupation:                                |            |                              | Driving Licence Information:<br>Class:                    |                    | Date of Expiry:            |

**General Information of the Accident**

|  |                           |                    |  |                                     |
|--|---------------------------|--------------------|--|-------------------------------------|
| Type of Accident:                      | Injury Attended by Police | Drink Drive:<br>No | Date/Time of Accident:<br>20/09/2022 16:20 | Type of Location:                   |
| Location:<br><br>PAN ISLAND EXPRESSWAY |                           |                    |  |                                     |
| Weather:                               |                           | Road Surface:      | Road Speed Limit:                          |                                     |
| Traffic Flow:                          |                           | Traffic Control:   | Traffic Volume:                            |                                     |
| Type of Collision:                     |                           |                    |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------|------|-------|-------|----------|-------|
| PA7172X     | Van  |      |       |       |          | 2     |

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20220920/7065

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

2 of 3

Report No. T/20220920/7065

**CONTINUATION OF REPORT**

| Driver                            |               |                                   |                                   |
|-----------------------------------|---------------|-----------------------------------|-----------------------------------|
| Name                              | LIM TIAN SOO  | ID No.                            | S0603297D                         |
| Related Vehicle                   | PA7172X (Van) | Contact No.                       | 82255622                          |
| Hospital/Clinic                   | NIL           | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL           | Date                              | NIL                               |
| No. of Days granted Medical Leave | 07            | Degree of                         | Serious                           |

**Brief Details.**

On the stated date and time I was ferrying 2 students (1 male 1 female) on board vehicle PA7172X. I was travelling straight on the left most lane on the stated venue when suddenly I felt an impact on my rear right portion. Immediately my vehicle swerved to the right and the same vehicle hit onto my vehicle's right rear portion again.

This time my vehicle spun from the left most lane to the right most lane.

When I almost finished spinning another vehicle came and hit onto my vehicle's rear left portion.

The impact and the spinning causes me to hit my right back, right knee and right arm to hit onto my door. I immediately felt pain on my neck, shoulder and lower back areas.

I then alighted and realised that vehicle SJB8560T had hit onto my vehicle 1st causing my vehicle to spin and then vehicle SHA7803D was the 2nd vehicle that hit my vehicle.

Ambulance and TP came to the scene and took my SD and I received a acknowledgement slip Report No. G/20220920/0125.

I then proceeded to intemedical kovan clinic to seek treatment and I was given 7 days MC.

My vehicle was badly damaged.

The damaged portion are the left, rear and right portion.



**SINGAPORE  
POLICE FORCE**



T/20220920/7065

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

3 of 3

Report No. T/20220920/7065

**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 /  
ROIZMAN BIN MOHAMED POSARI  
Contact No.: 65476131

NP168

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

Date/Time:  
20/09/2022 21:54

Classification Of Case: