

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	23/09/2022 10:56 (SGT)
Reported by	Driver
Date of Accident	19/09/2022 15:45 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN966T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PRINCE TOWING SERVICES
Company Reg No	5XXXX980E
Email Address	jwg.claims@yahoo.com
Mobile Phone No	(Phone) +65-92227993
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Nhr87aue4aa
Variant	-
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	2999

INSURANCE COMPANY

Name of Insurance Company	EQ Insurance Company Ltd
Policy Number / Cover Note Number	DMCOHQ22-000197

DRIVER

Name of Driver	LIM HOCK SOON
NRIC No	SXXXX778B
Date Of Birth	17/08/1979
Occupation	Outdoor

Date Of Driving Pass	06/06/2017
Driving experience	5 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92227993
Alt. Phone Number	-
Email Address	jwg.claims@yahoo.com
Address	BLK 998B BUANGKOK CRESCENT #14-743
Address complement	-
Postcode	532998
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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)	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

PLEASE REFER TO POLICE REPORT T/20220921/7052

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	FBU2144X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
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	UNKNOWN RIDER
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	FBU2144X
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

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:

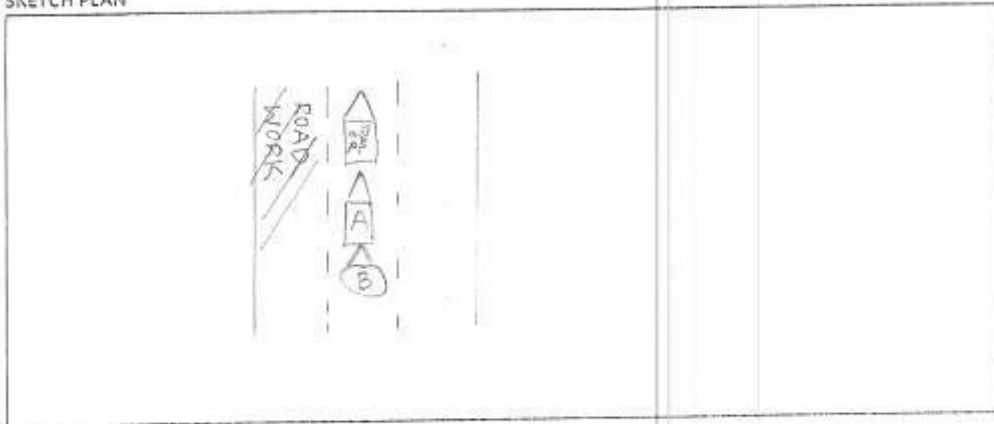
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


 Recording Centre Person's Signature
 Name: _____
 NRIC/FIN No.: _____

Date of accident: 19/09/2022 Time: 1545 Location: After Rajah Expressway
 My Vehicle A: YN 966T Vehicle B: FB42144X Vehicle C:
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/2022 0921/7052.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :
 Email address :
 & myself :
 Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

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:


















**SINGAPORE
POLICE FORCE**

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



T/20220921/7052

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Report No: T/20220921/7052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/09/2022 22:31		Vide Report No.: J/20220919/0096		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM HOCK SOON			Address: 998B BUANGKOK CRESCENT #14-743 SINGAPORE 532998		
ID Type / ID No.: NRIC NO / S7924778B			Contact No.: Home/Office:		Mobile: 92227993
Nationality: SINGAPORE CITIZEN			Email: princetowing.services@gmail.com		
Sex: Male	Age: 43	Date of Birth: 17/08/1979	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Self Employed			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/09/2022 15:45	Type of Location:
Location: AYER RAJAH EXPRESSWAY				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
YN966T	Lorry					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**

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



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Report No. T/20220921/7052

CONTINUATION OF REPORT

Driver			
Name	LIM HOCK SOON	ID No.	S7924778B
Related Vehicle	YN966T (Lorry)	Contact No.	92227993
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	62	Degree of	Serious

Brief Details.

On the stated date and time, I was driving YN966T along AYE(City).

I was travelling along the middle of 3 lanes and was gradually coming to a stop at Benoi Flyover as there was congestion due to road works along lane 3.

Moments after coming to a complete stop, I felt an impact from the rear of my vehicle.

Upon alighting, I realised that FBU2114X had collided into my vehicle's rear and the rider was lying on the floor injured.

I immediately called for ambulance and checked on the rider.

The fallen bike and rider were now laying on the left side of the middle lane near the broken white line separating lanes 3 and 2.

The bag of the rider was in the middle of lane 2, about a couple of car lengths behind my tow truck.

After checking that there were no oncoming traffic I walked towards the rider's bag, wanting to pick it up for him.

Before picking up the bag, I noticed SLP3222E travelling along lane 2. At that point in time, SLP3222E was 2-3 lamp posts away from where I was standing.

As such, I felt it was safe to pick up the bag since SLP3222E was still a great distance away from me.

When I picked up said bag, I was suddenly hit by a massive impact, resulting in me flying a few metres.

I landed hard on the ground beside the fallen rider and was in a lot of pain.

My left eye, forehead area and left arm immediately felt very painful.

I was lying on the ground in pain and could not get up on my own.

**SINGAPORE
POLICE FORCE**

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



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CONTINUATION OF REPORT

I thought my left eye was blind until I lifted a patch of skin, which was dangling in front of my left eye, and realised that my scalp was falling off.

I was also bleeding profusely from my head.

The bone of my left arm had also pierced through the skin.

Paramedics came and attended to me. It was then that I realised that I had been hit by SLP3222E before SLP3222E hit the rear right portion of my tow truck.

SLP3222E was now badly damaged and was stationary along lane 1.

Subsequently, I was conveyed to National University Hospital.

I was treated for an open fracture of my left arm, which required surgery, as well as injuries to my head, scalp, face, eyes, hands and both legs.

I was warded and was discharged on 20/09/22 with 62 days HL from 19/09/22 to 19/11/22.

After being discharged, I also started feeling aches in my neck, shoulders, lower back and bilateral inner thigh areas.

I will be following up with both my family doctor and the specialists.



SINGAPORE POLICE FORCE

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



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Report No: T/20220921/7052

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 /
MOHAMMED FERAZ BIN HUSSEIN
Contact No.: 65476206

NP168

Signature Of Informant:

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

Date/Time:
21/09/2022 22:31

Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN08229N0001 Vehicle Registration No: YN966T
 Name (as shown in NRIC): Prince Towing Services NRIC/FIN/Passport No: 53405980E
 (*Vehicle-Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 92227993
 Email Address: jwg.claims@yahoo.com
 Date of Accident: 19/09/2022 Time of Accident: 1545 hrs
 Place of Accident: AYE, Singapore
 Insurance Company: EQ


(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend injured details to 'rider' of motorcycle



 Policyholder / Driver's Signature
 Date:


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