

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 11:34 (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 |
|-----------------------------------|--------|

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 | Nhr85aue4aa |
| 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 | 17/08/1978 |
| 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 | SLP3222G |
| 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 | LIM HOCK SOON |
| Gender | Male |
| Phone No | (Phone) +65-92227993 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SERIOUS INJURIES |
| Injured person in which vehicle? | YN966T |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | Yes |

SKETCH PLAN

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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.
- (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.


 Driver's Signature
 (If driver is insured as a named driver)
 Date & Time


 Driver's Signature
 (If driver is insured as a named driver)
 Date & Time


 Driver's Signature
 (If driver is insured as a named driver)
 Date & Time



Refer to Police Report T/20220921/7052

Refer to Police Report T/20220921/7052

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

Email address +

8. myself 1

Email address :

DECLARATION

I/We declare the foregoing 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/F42 No. 1



















**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

| | | | | |
|--|------------------------------|-----------------------|---|---|
| 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 | Conditio | No of |
|-------------|-------|------|-------|-------|----------|-------|
| YN966T | Lorry | | | | | 0 |

Details of Person Involved

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



**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

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



T/20220921/7052

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Report No. T/20220921/7052

CONTINUATION OF REPORTSketch 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 / TP1B /
MOHAMMED FER0Z BIN HUSS1EN
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: