

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	06/10/2022 17:53 (SGT)
Reported by	Both
Date of Accident	05/10/2022 23:18 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JURONG WEST AVE 4 TWDS JALAN BAHAR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC3124A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WANDA OCEAN LIM TIONG LING
NRIC No	S7609654F
Email Address	wanocean@gmail.com
Mobile Phone No	(Phone) +65-88922410
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	NOAH HYBRID 1.8 X 7 SEATER
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1797

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00011802100

DRIVER

Name of Driver	WANDA OCEAN LIM TIONG LING
NRIC No	S7609654F
Date Of Birth	27/03/1976
Occupation	Outdoor

Date Of Driving Pass	03/07/2007
Driving experience	15 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-88922410
Alt. Phone Number	-
Email Address	wanocean@gmail.com
Address	BLK 32 NEW MARKET RD #09-1026
Address complement	-
Postcode	050032
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	Drizzling
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	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD3888R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	KERH BOON SIONG
NRIC No	S9326074J
Contact Number	(Phone) +65-98282324
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	WANDA OCEAN LIM TIONG LING
Gender	Female
Phone No	(Phone) +65-88922410
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SHOULDER PAIN - 5 DAYS MC.
Injured person in which vehicle?	SNC3124A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

VEH NO: SNC 3124A
INSURER: China Taiping
DATE OF ACC: 5/10/22 @ 23:18

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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.

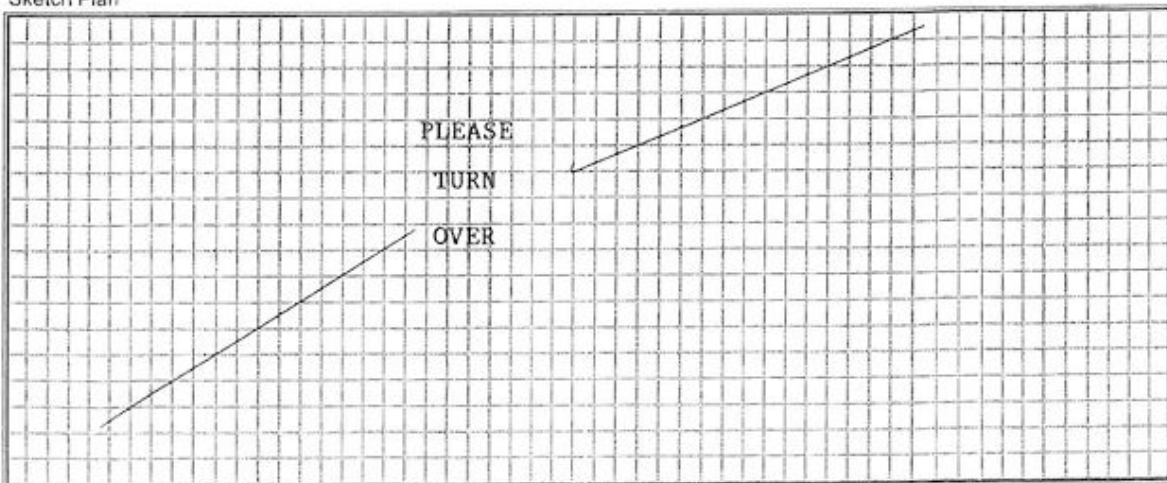


Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

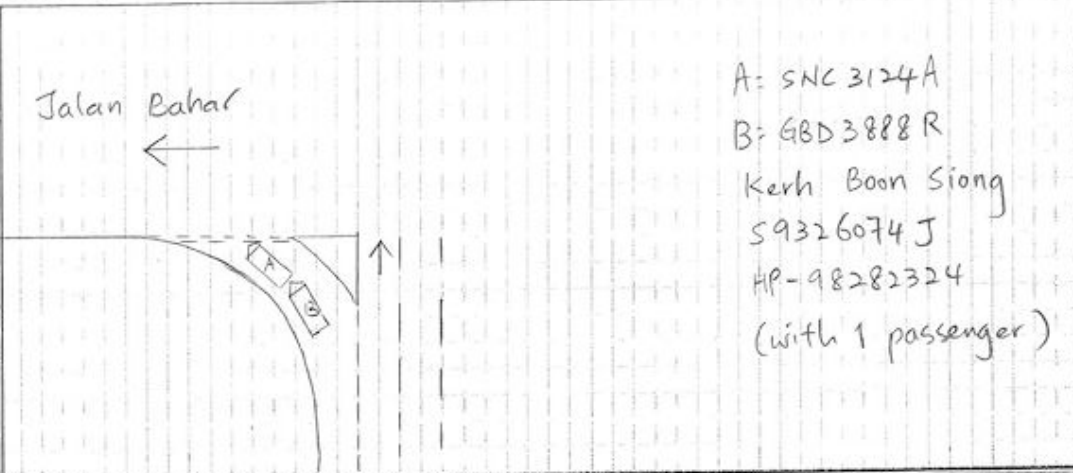
** NOTE - PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

() Claim Own Policy (☒) Claim Third party () Reporting Only

() Claim OD/ TP at other workshop (_____)

Sketch Plan

Jalan Bahar ←



A: SNC 3124 A
B: GBD 3888 R
Kerh Boon Siong
S9326074 J
HP-98282324
(with 1 passenger)

Jurong West Ave 4

Refer to Police Report. No: T | 20221006 | 2055

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

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

(Ys)

2





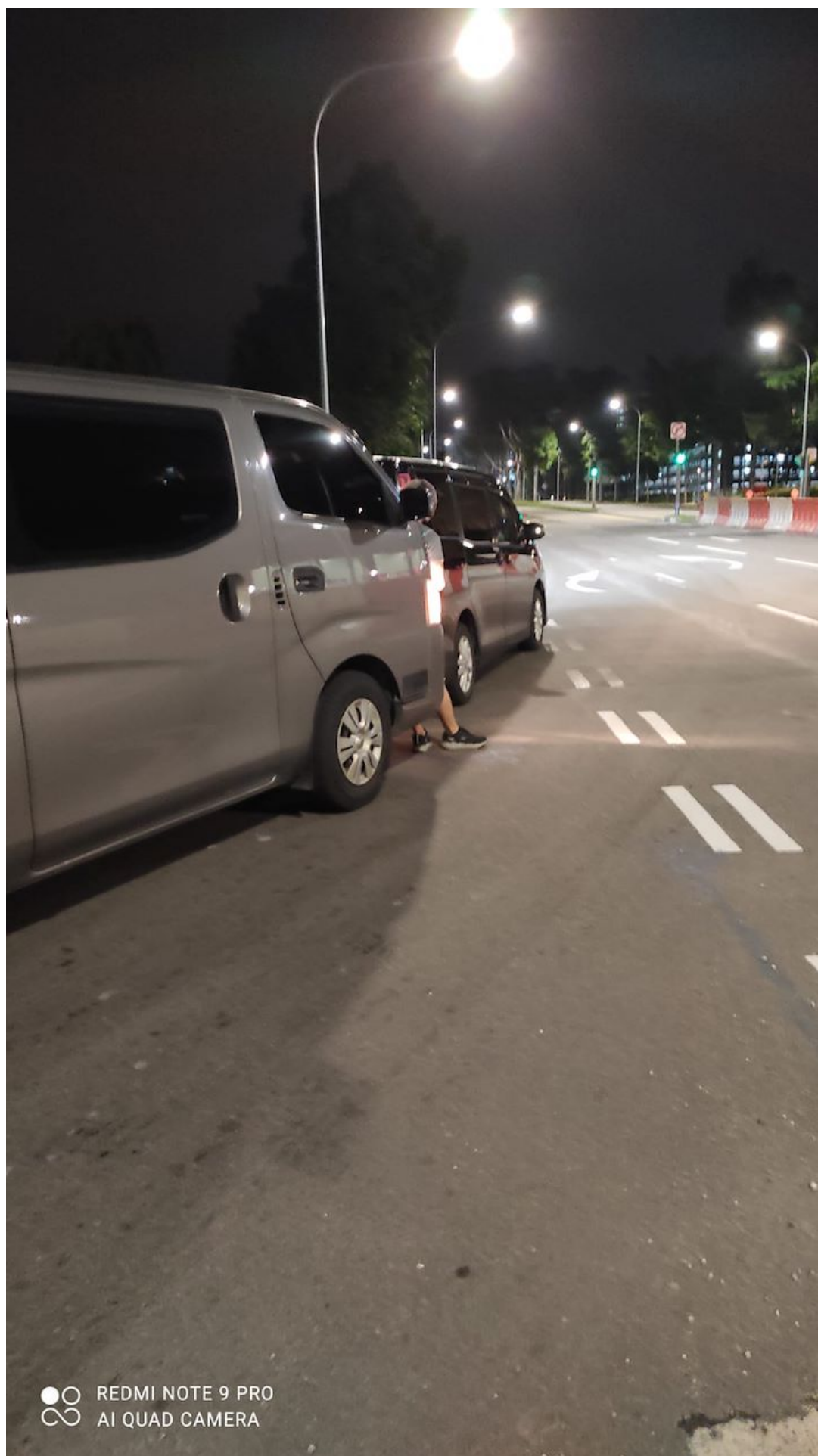
















**SINGAPORE
POLICE FORCE**



T/20221006/2055

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 4

Report No. T/20221006/2055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/10/2022 15:17	Vide Report No.:	Station Diary No.: 101
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Informant's Particulars

Name of Informant: WANDA OCEAN LIM TIONG LING			Address: APT BLK 32 NEW MARKET ROAD #09-1026 SINGAPORE 050032		
ID Type / ID No.: NRIC NO / S7609654F			Contact No.: Home/Office: Mobile: 88922410		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 46	Date of Birth: 27/03/1976	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class: 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: 05/10/2022 23:20	Type of Location: Filter Lane
Location: JALAN BAHAR JURONG WEST AVENUE 4 Filter lane along Jurong West Avenue 4 towards Jalan Bahar				
Weather: Drizzling		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
GBD3888R	Van					0
SNC3124A	Car	TOYOTA	NOAH HYBRID 1.8 X 7 SEATER	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20221006/2055

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20221006/2055

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNC3124A	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000118 02100	12/10/2021	11/10/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	Kerh Boon Siong		ID No.	S9326074J
Related Vehicle	GBD3888R (Van)		Contact No.	98282324
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
Driver				
Name	WANDA OCEAN LIM TIONG LING		ID No.	S7609654F
Related Vehicle	SNC3124A (Car)		Contact No.	88922410
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/10/2022		Date Discharge	06/10/2022
No. of Days granted Medical Leave		05	Degree of Injury	NIL

Brief Details.

On 5/10/2022 at around 2318hrs, I was turning into the filter lane towards Jalan Bahar from Jurong West Ave 4 when I noticed a coach going straight hence, I stopped at the give way line. However, a van (GBD3888R) behind me did not notice me stopping and hit me at the rear of my car (SNC3124A).

My car sustained surface damages and the bicycle rack at the rear of my car was broken beyond repair. I also felt mild pain on my left shoulder however did not need medical attention then. The van sustained minor scratches and a small dent, and the driver did not complain of any pain. No traffic police or ambulance was called.

We exchanged particulars and decided to consult with our respective insurance companies before coming to an agreement regarding settlement. However, this morning I woke up and my shoulder pain had aggravated hence I went to Mount Alvernia Hospital and was issued 5-days Outpatient Sick Leave. Therefore, my insurance company advised me to lodge a Police report.



**SINGAPORE
POLICE FORCE**



T/20221006/2055

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20221006/2055

CONTINUATION OF REPORT

Wednesday

SNC 3124A

**SINGAPORE
POLICE FORCE**

T/20221006/2055

4 of 4

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20221006/2055

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:

L /

SGT 2 NUR LIYANA BINTE
MOHAMMED RAIMISignature Of Interpreter:
Not applicableOfficer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Signature Of Informant:

Date/Time:
06/10/2022 15:17

Classification Of Case:

NP168



IMPORTANT NOTICE

REF NO: SLN 73443
INSURER: Income

Serve all with Love

Mount Alvernia Hospital Medical Certificate

24-Hour Walk-in Clinic and
Emergency Department

No: M22000088966

This is to certify that WANDA OCEAN LIM TIONG LING, S7609654F, is granted Outpatient Sick Leave for 5 day (s) from 06-Oct-2022 to 10-Oct-2022.

Remark :

A & E / 24-HOUR WALK-IN CLINIC
Mount Alvernia Hospital
820 Thomson Road
Singapore 574623
Tel: 63476210

This medical certificate is not valid for absence from Court or judicial proceeding unless specifically stated.

Dr. Peter Looi
MCR : 049668

06/10/2022

Date



820 THOMSON ROAD, SINGAPORE 574623
MAINLINE: 6347 6888 WEBSITE: www.mtalvernia.sg
GST REGN NO: M4-0003321-8

Patient Name : WANDA OCEAN LIM TIONG LING
ID No. : S7609654F
Account No. : 0220727286
Receipt No. : 220108966
Date : 06/10/2022
Page : 1 of 1

Item	Qty	UOM	Amount (\$)
ANAREX (PARA450/ORPH35)	20	EA	7.80
ARCOXIA TAB 120MG	5	EA	19.90
KEFENTECH PLASTER 30MG 8/PKT	2	EA	14.76
OMEPRAZOLE 20MG CAP	14	EA	14.98
OUTPATIENT NURSING SERVICE	1	EA	23.00
RMO CONSULTATION FEE	1	EA	39.00
Total Charges			119.44
GST @ 7%			8.36
			127.80

Paid: 127.80
MASTER CARD BY WANDA OCEAN LIM TIONG LING
Mode of Payment : MASTER CARD Reference No. : ---

This is a computer generated official receipt, no signature is required.