

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	31/10/2022 12:05 (SGT)
Reported by	Both
Date of Accident	29/10/2022 00:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP ROAD OF BUKIT PANJANG TWRDS BUKIT PANJANG RING ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ5797U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM HNG YONG
NRIC No	S1411891H
Email Address	YONGLIM.H.Y@GMAIL.COM
Mobile Phone No	(Phone) +65-98322565
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	0

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5107988219-03

DRIVER

Name of Driver	LIM HNG YONG
NRIC No	S1411891H
Date Of Birth	13/03/1959

Occupation	Outdoor
Date Of Driving Pass	26/05/1979
Driving experience	43 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98322565
Alt. Phone Number	-
Email Address	YONGLIM.H.Y@GMAIL.COM
Address	182 JELEBU ROAD #23-56
Address complement	-
Postcode	670182
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	UNKNOWN
Gender	Male

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 ATTACHED

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	SJP9594R
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 HNG YONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMJ5797U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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6. The 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.
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")

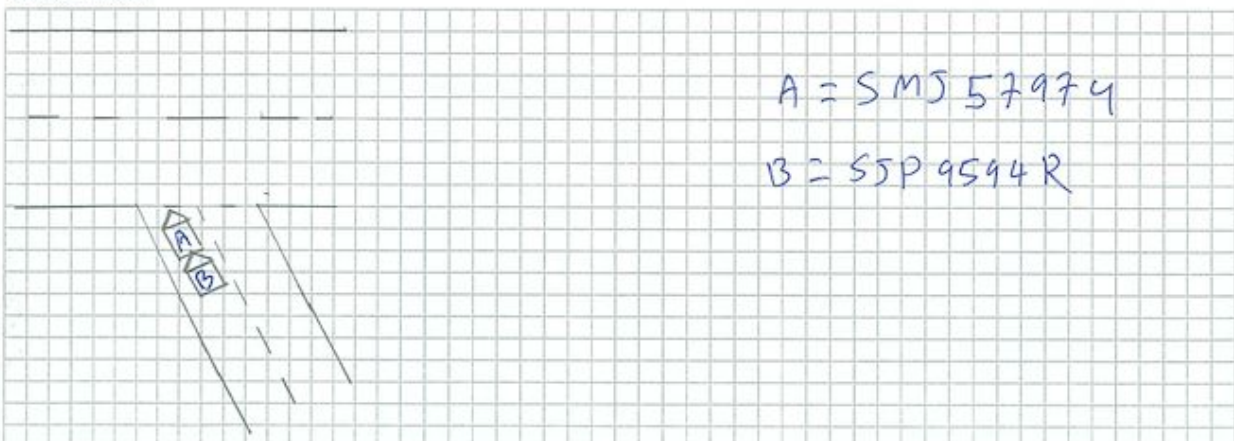
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

Sketch Plan

Describe Circumstances of the Accident

Refer to Police Report.

T20221029 / 7021

Declaration

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





















**SINGAPORE
POLICE FORCE**



T/20221029/7021

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

1 of 3

Report No. T/20221029/7021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/10/2022 13:26		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM HNG YONG			Address: 182 JELEBU ROAD #23-56 SINGAPORE 670182		
ID Type / ID No.: NRIC NO / S1411891H			Contact No.: Home/Office: Mobile: 98322565		
Nationality: SINGAPORE CITIZEN			Email: YONGLIM.H.Y@GMAIL.COM		
Sex: Male	Age: 63	Date of Birth: 13/03/1959	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PHV Driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/10/2022 00:15	Type of Location: Slip road
Location: JELEBU ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
SJP9594R	Car				Seriously Damaged	0
SMJ5797U	Car	HONDA	VEZEL HYBRID 1.5X AUTO	White	Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20221029/7021

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

2 of 3

Report No. T/20221029/7021

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMJ5797U	NTUC Income Insurance Co-Operative Limited	5107988219-03	12/03/2022	11/03/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM HNG YONG		ID No. S1411891H
Related Vehicle	SMJ5797U (Car)		Contact No. 98322565
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	29/10/2022		Date 29/10/2022
No. of Days granted Medical Leave		05	Degree of Slight

Brief Details.

I was traveling along Bukit Panjang Road towards Bukit Panjang Ring Road, I stop at the give way line of the slip road waiting for the traffic to be clear, suddenly a car (SJP9594R) collided onto the rear of my car.

I feel pain at my neck and lower back area after the accident, I visited Wong Family clinic & Surgery Pte Ltd and was given 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20221029/7021

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

3 of 3

Report No. T/20221029/7021

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 29/10/2022 13:26
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

NP168





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SY0322AV0002 Vehicle Registration No: SMJ 5797U
Name(as shown in NRIC) : LIM HNG YONG NRIC/FIN/Passport No : S1411891H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 182 JELEBU ROAD #23-56 Singapore(670182)
Contact (Tel) : _____ Mobile No. : 9832 2565
Email Address : YONGLIM.H.Y@GMAIL.COM
Date of Accident : 29.10.2022 Time of Accident : 00:15hrs
Place of Accident : SLIP RD OF BUKIT PANJANG TWDS BUKIT PANJANG RING ROAD
Insurance Company: INCOME INSURANCE LIMITED

(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 DATE OF ACCIDENT ON 29.10.2022

LIM HNG YONG
Policyholder / Driver's Signature
Date: 04.11.2022

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

5-02PM-0418-001-001-001-001