SC1N22AS0007 / City Auto Pte Ltd ENTRY DATE & TIME: 28/10/2022 11:42 (SGT) SUBMITTED BY: Jason Quak VERSION: 1 (28/10/2022 11:42 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

This Form must be completed by the Policyholder and/or the Actual Driver
 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

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 28/10/2022 11:42 (SGT) Reported by Owner Date of Accident 27/10/2022 19:10 (SGT) **Exact Location of Accident** Singapore JUNCTION OF VISTA EXCHANGE FREEN AND NORTH BOUNA Additional Location Information VISTA RD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Auto

2500

Vehicle Registration Number SY777K

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner MARK LIM BENG HOE NRIC No SXXXX467C Email Address PIGGOES@GMAIL.COM Mobile Phone No (Phone) +65-98768504 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Vellfire Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car Transmission

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5124222023-01

DRIVER

CC

Name of Driver ELIZABETH ANN LIM YU YAN SXXXX296E Date Of Birth 08/11/1994

Occupation Outdoor Date Of Driving Pass 05/05/2014 Driving experience 8 YEARS AND 5 MONTHS Gender Female Mobile Number (Phone) +65-98768504 Alt. Phone Number Email Address ELIZABETHALYY@GMAIL.COM Address **6 SUNSET WALK** Address complement Postcode 597175 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Child 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 Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 4 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 **PASSENGER** Gender Female PASSENGER 2 Name **PASSENGER** Gender Female PASSENGER 3 Name **PASSENGER** 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

10 Ubi Avenue 3 Singapore 408865

No

CIRCUMSTANCES OF ACCIDENT

ATTACH POLICE REPORT

Police Station Address

If yes, against whom?



Was notice of intended Prosecution given?

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC5541S
Vehicle Manufacturer	_
Vehicle Model	
Vehicle Variant	
Vehicle Colour	
Vehicle Category	Bus
Name of Driver	ANTHONY SAMY PRABHAKARAN
Contact Number	(Phone) +65-82020549
Address	· ·
Address complement	
Postcode	Tennan in the contract of the
Insurance Company Name	
Nature Of Damage	-
Details of property damaged in accident	- , if you it can in
No. Of Passenger (Including Driver)	and visite to restrict the res

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised 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. 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes,

280422 11.01 am

Policyholder's Signature / Date & Time

28 Oct 22 11. 01 am

Driver's Signature (If driver is not the policyholder) / Date

CITY AUTO PTE LTD Blk 8 Sin Ming Road #01-58/60/62 Sin Ming Ind Est Singapore 575643

Tel: 6453 1235 Fax: 6453 7944 (Claims Section)

Witnessed by Reporting Centre Personnel

Sketch Plan Rochaste Drive VISTA EXCHANGE COM

ribe	Circur	nstances of the	Accident	l .
		12 1 1		
As	per	affachel	palice	whit.
-	-			
MATERIAL STATE	-			
-				
-				

Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time | 11.01 an | Driver's Signature (If driver is not the policyholder) / Date | & Time

CITY AUTO PTE LTD
Bik 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

Witnessed by Reporting Centre Personnel





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 4 Report No. T/20221028/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/10/2022 01:49		Made:	Vide Report No.:	Station Diary No.:			
Informant	's Partic	ulars		STORES VIEW STEELS IN THE			
Name of Informant:			Address:				
ELIZABETH ANN LIM YU YAN			6 SUNSET WALK SINGAPORE 597175				
ID Type / ID No.:			Contact No.:				
NRIC NO / S9442296E			Home/Office: Mobile: 98768504				
Nationality: SINGAPORE CITIZEN		EN	Email: ELIZABETHALYY@GMAIL.COM				
Sex: Age: Date of Birth:			Type of Informant:				
Female 27 08/11/1994			Driver				
Race:			Language: Institution / School Name				
Chinese			English				
Occupation:			Driving Licence Information: Class: 3 Date of Expiry:				

General Infor	mation of the Accide	ent	RECORD RELEASE		
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 27/10/2022 19:1	Type of Location: X-Junction	
Location:				**************************************	
VISTA EXCH	ANGE GREEN				
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Wo	Traffic Control: Traffic Light - Working		
Type of Collis Between Mov		wipe - Same Direction		Anyone conveyed by ambulance:	

Vehicle No.	Type	Make	Model	Color	Conditio	No of
PC5541S	Bus/Coach/Mi nibus			White	Slightly Damaged	0
SY777K	Car			Black	Seriously Damaged	3



T/20221028/7008

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20221028/7006

CONTINUATION OF REPORT

Details of Perso	n Involved						
Any Pedestrian I	nvolved: No						
No. of Pedestrians Injured: NIL Use of I				Pedestrian Crossing: NA			
Driver							
Name	ANTONY SAMY ARUL PRABHAKARAN			ID No.		G5274212P	
Related Vehicle	PC5541S (Bus/Coach/Minibus)			Contact No.		82020549	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: 2B,3,4 Date of Expiry: 03/12/2022	
Date	NIL		Date		NIL		
No. of Days granted Medical Leave NIL			Degree of		NIL		
Driver				E REIN			
Name	ELIZABETH ANN LIN	MAY UY N		ID No.		S9442296E	
Related Vehicle	SY777K (Car)			Contact No.		98768504	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: 3 Date of Expiry: NIL	
Date	NIL Date			NIL			
No. of Days granted Medical Leave NIL			Degree of NIL				

Brief Details.

I was driving along Vista Exchange Green, at junction of Rochester Drive towards North Buona Vista Road. I was on the right lane (which was a straight and right turn lane) with a bus in the left lane (which was a straight and left turn lane). At the traffic junction the green light was in our favour so I proceeded to drive across.

As we were crossing the junction, the bus on the lane to my left veered into my lane, forcing me towards the centre divider across the road. I came to a stop but the bus proceeded and its right rear section clipped the front left side of my car causing damage to the entire front left section and ripping out the left side of the bumper.

When we both emerged from our cars to inspect the damage, the driver of the other vehicle insisted that his lane was supposed to continue into my lane across the junction as my lane was a right turning only lane, which is clearly not the case according to the markings on the road. In the video it can be seen that the vehicle immediately in front of the bus had veered left once across the junction to keep in line with the correct lanes.

I have videos and photos of the incident which exceed 2MB.



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



3 of 4 Report No. T/20221028/7006

CONTINUATION OF REPORT