

# 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 ..... 27/10/2022 18:29 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 26/10/2022 14:10 (SGT)  
Exact Location of Accident ..... Malaysia  
Additional Location Information ..... NORTH - SOUTH EXPRESSWAY BEFORE GEORGETOWN  
TOLL EXIT(E1 SOUTHBOUND NEAR 134.1 MARKER)  
Country/State of Loss ..... Malaysia

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLT6777E

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... OXF INTERNATIONAL PTE. LTD.  
Company Reg No ..... 2XXXXX597Z  
Email Address ..... redcopper8@gmail.com  
Mobile Phone No ..... (Phone) +65-97587455  
Alternative Phone No ..... (Office) +65-65709918

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... Glc250  
Variant ..... -  
Exact purpose for which vehicle was being used at time of  
accident ..... Private use  
Are you claiming under your own insurance policy for repair to  
your vehicle? ..... Yes  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1991

### INSURANCE COMPANY

Name of Insurance Company ..... ERGO Insurance Pte. Ltd.  
Policy Number / Cover Note Number ..... DMPG21014585

### DRIVER

Name of Driver ..... LIM HONG KAM  
NRIC No ..... SXXXX493I  
Date Of Birth ..... 26/09/1962

Occupation .....	Indoor
Date Of Driving Pass .....	14/07/1989
Driving experience .....	33 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97587455
Alt. Phone Number .....	-
Email Address .....	redcopper8@gmail.com
Address .....	77 JALAN LIMBOK
Address complement .....	-
Postcode .....	548747
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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? .....	Yes
Number of vehicles involved in the accident .....	2
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) .....	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 .....	-

#### FOREIGN VEHICLE 1

Vehicle Registration Number .....	WTB4025
Vehicle Category .....	Private car

#### 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

ON 26/10/22 AT ABOUT 1410HRS I WAS DRIVING VEHICLE A SLT6777E ALONG NORTH - SOUTH EXPRESSWAY BEFORE GEORGETOWN TOLL EXIT(E1 SOUTHBOUND NEAR 134.1 MARKER) WITH ONE PASSENGER. I WAS AT EXTREME RIGHT LANE AS I TRAVELLING WITHIN MY LANE SUDDENLY VEHICLE B WTB4025 (FOREIGN VEHICLE) REAR ENDED MY VEHICLE. EXCHANGED PARTICULAR AND NO INJURIES AT POINT OF TIME.

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 .....	WTB4025
Vehicle Manufacturer .....	Honda
Vehicle Model .....	Jazz
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	JAZZMEEN BINTI MOHD SAAD @ ABDUL RAHIM
Passport No/FIN .....	9XXXXXXXX5526
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

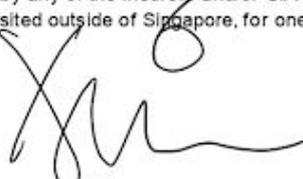
**SKETCH PLAN**

**IMPORTANT NOTICE**

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6. The report will be forw arded 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.



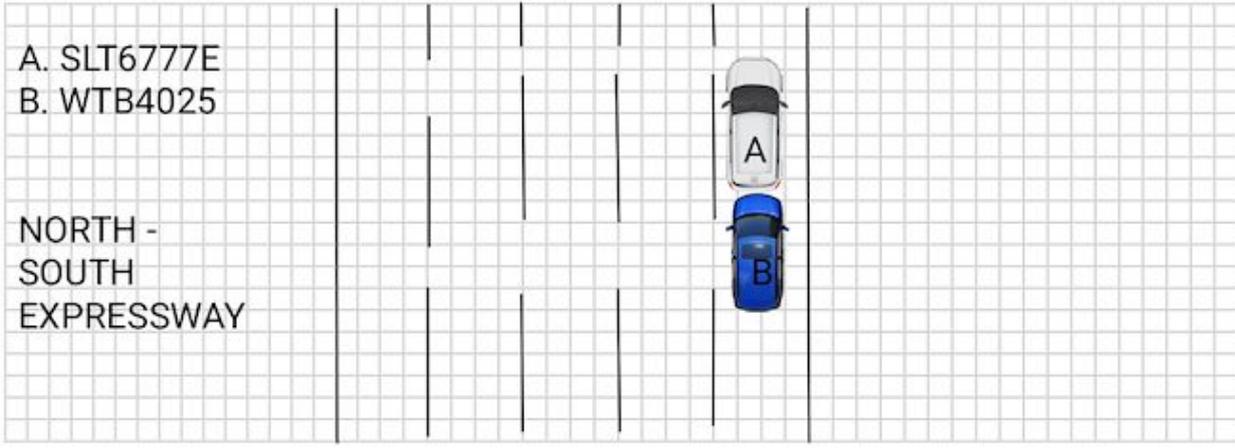

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

1215hrs 27/10/22

**Sketch Plan**

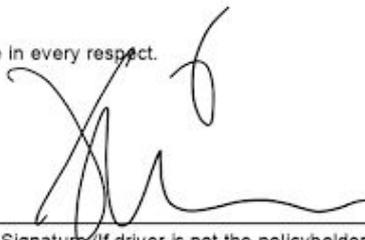


Describe Circumstances of the Accident

ON 26/10/22 AT ABOUT 1410HRS I WAS DRIVING VEHICLE A SLT6777E ALONG NORTH - SOUTH EXPRESSWAY BEFORE GEORGETOWN TOLL EXIT(E1 SOUTHBOUND NEAR 134.1 MARKER) WITH ONE PASSENGER. I WAS AT EXTREME RIGHT LANE AS I TRAVELLING WITHIN MY LANE SUDDENLY VEHICLE B WTB4025 (FOREIGN VEHICLE) REAR ENDED MY VEHICLE. EXCHANGED PARTICULAR AND NO INJURIES AT POINT OF TIME.

**Declaration**

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



FLASH ACCIDENT  
REPORTING OFFICER

FRO BALAJI



\_\_\_\_\_  
Policyholder's Signature / Date & Time

\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date & Time

1215hrs 27/10/22

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel









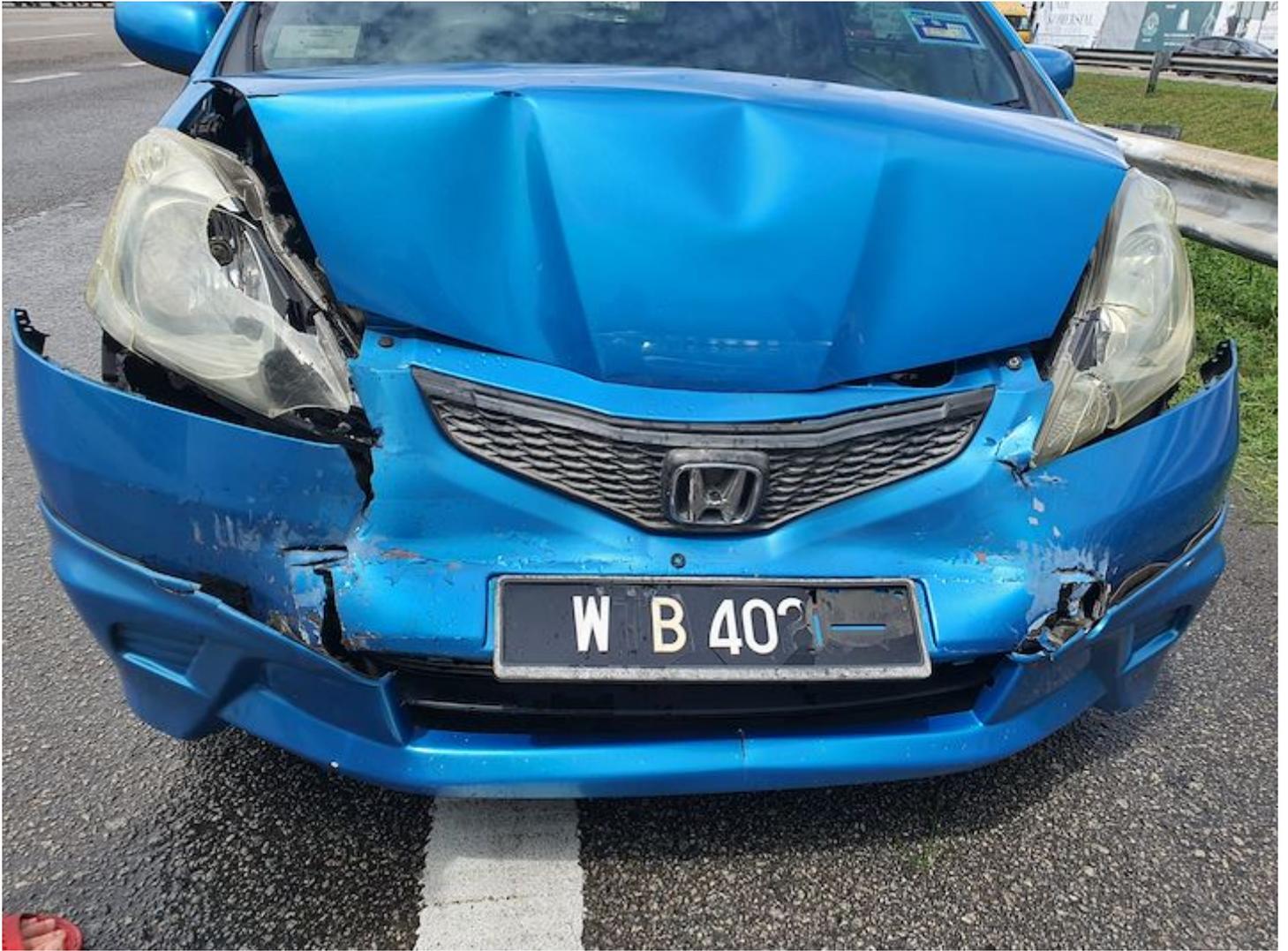


















**SINGAPORE  
POLICE FORCE**



T/20221027/7054

1 of 3

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

Report No: T/20221027/7054

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/10/2022 17:54	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: LIM HONG KAM		Address: 77 JALAN LIMBOK SINGAPORE 548747	
ID Type / ID No.: NRIC NO / S1547493I		Contact No.: Home/Office:                      Mobile: 97587455	
Nationality: SINGAPORE CITIZEN		Email: NORMAN@OXFINTL.COM.SG	
Sex: Male	Age: 60	Date of Birth: 26/09/1962	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation:		Driving Licence Information: Class:	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 26/10/2022 14:10	Type of Location: Straight Road
Location:  Malaysia E1 express way at 134.1 marker				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLT6777E	Car					0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20221027/7054

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

2 of 3  
Report No. T/20221027/7054

**CONTINUATION OF REPORT**

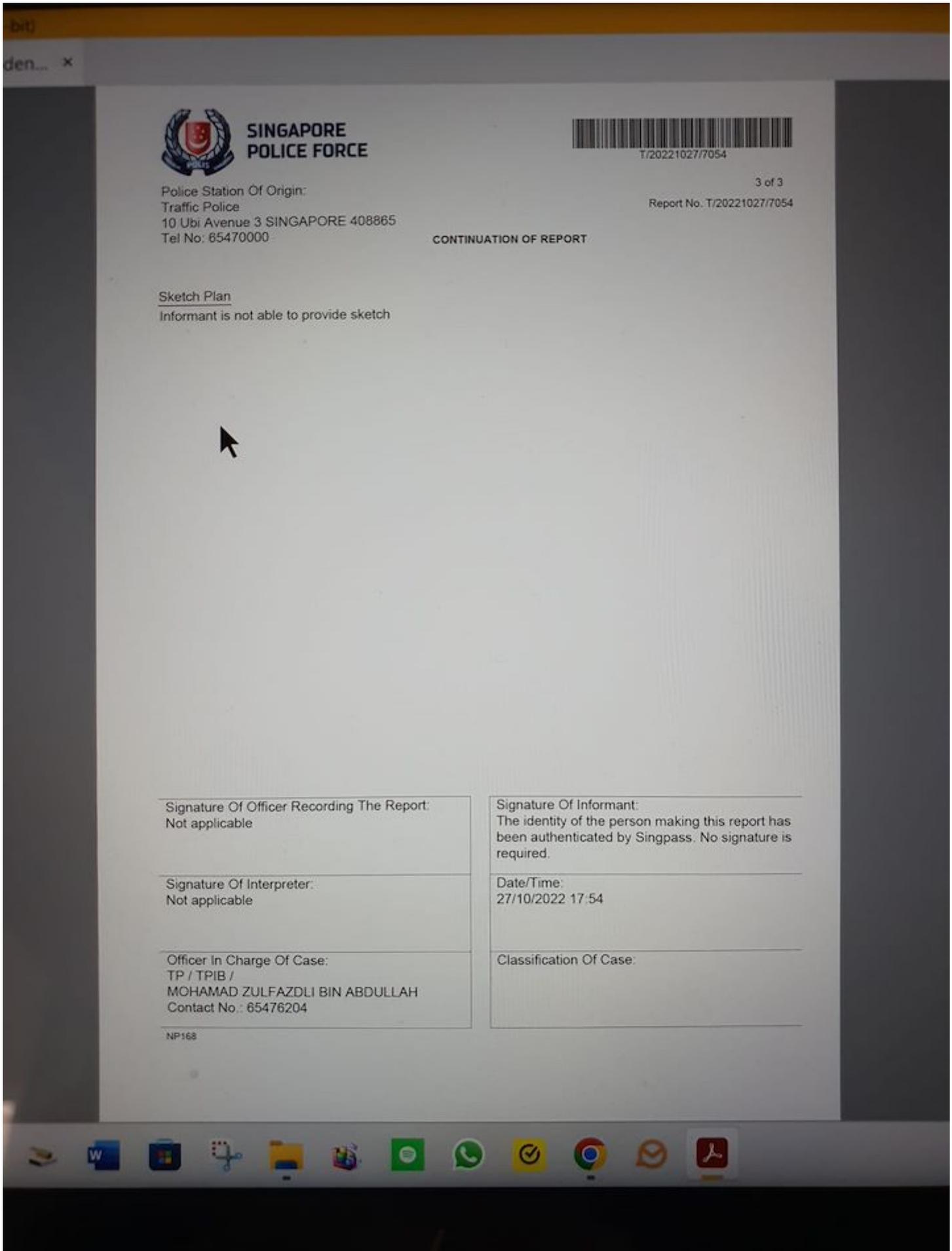
Driver			
Name	LIM HONG KAM	ID No.	S1547493I
Related Vehicle	SLT6777E (Car)	Contact No.	97587455
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

On 26/10/22, my car SLT6777E (Model: GLC250) was travelling towards George Town toll on E1 express way southbound (134.1 distance marker) and got rear-ended by a blue Honda Jazz (# WTB4025) which was driven by a young lady.

My car was travelling on 1st land at about 50km/h while approaching the toll and was rear-ended.

No personal injury on both cars.



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



T/20221027/7054

3 of 3

Report No. T/20221027/7054

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 /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

NP168

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

Date/Time:  
27/10/2022 17:54

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: SJ0G22AR0001 Vehicle Registration No: SLT8777E  
 Name (as shown in NRIC): LIM HONG KAM NRIC/FIN/Passport No: SXXXX4831  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 97587455  
 Email Address: \_\_\_\_\_  
 Date of Accident: 26/10/2022 Time of Accident: 14:10  
 Place of Accident: NORTH - SOUTH EXPRESSWAY  
 Insurance Company: ERGO Insurance Pte. Ltd.

**(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:

VEHICLE IS USE FOR PRIVATE USE

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

LIM HONG KAM  
 Policyholder / Driver's Signature  
 Date:

Siti  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date: 04.11.2022

