

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	01/12/2022 13:26 (SGT)
Reported by	Driver
Date of Accident	27/11/2022 16:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MARINA LINK & MARINA COSTAL DRIVE JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBU3232T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SHIRLEY CHOO LI LAN (ZHU LILAN)
NRIC No	S7309339B
Email Address	MATT.ACLIM@GMAIL.COM
Mobile Phone No	(Phone) +65-97933232
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	1500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5114974065-02

DRIVER

Name of Driver	LIM AH CHYE (LIN YACAI)
NRIC No	S7500657H
Date Of Birth	11/01/1975
Occupation	Indoor

Date Of Driving Pass	31/10/1997
Driving experience	25 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97933232
Alt. Phone Number	-
Email Address	MATT.ACLIM@GMAIL.COM
Address	BLK 716 #04-43 CLEMENTI WEST STREET 2
Address complement	-
Postcode	120716
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Cross Junction
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)	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	SHIRLEY
Gender	Female

PASSENGER 2

Name	MARCUS
Gender	Male

PASSENGER 3

Name	MILEYS
Gender	Female

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 POLICE REPORT

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes
 Reasons for not uploading a video of the accident ADVISE TO SEND TO MOTORVIDEO@INCOME.COM.SG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKC5676X
 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 AH CHYE (LIN YACAI)
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old 47
 Injuries Sustained INJURY ON NECK, SHOULDER, UPPER BACK AND LOWER BACK.
 Injured person in which vehicle? SBU3232T
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person SHIRLEY
 Gender Female
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old 49
 Injuries Sustained INJURY ON NECK LOWER & UPPER BACK
 Injured person in which vehicle? SBU3232T
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person MILEYS
 Gender Female
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old 13
 Injuries Sustained INJURY ON NECK, SHOULDER, UPPER BACK AND LOWER BACK.
 Injured person in which vehicle? SBU3232T

Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 4

Name of injured person MARCUS
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old 16
Injuries Sustained INJURY TO NECK AND BACK
Injured person in which vehicle? SBU3232T
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

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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
01/12/2022

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) Loo Han Ho
S7140077H

Sketch Plan

A - SBU3232T
B - SKC5676X

Describe Circumstance of the Accident

_____ REFER TO GEARS _____

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 01/12/2022

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

Loo Han Ho
S7140077H2

















SINGAPORE POLICE FORCE



T/20221130/7084

1 of 4

Report No. 1/20221130/7084

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
30/11/2022 23:31

Vide Report No.:

Station Diary No.:

Informant's Particulars

Name of Informant:
LIM AH CHYE

Address:
716 CLEMENTI WEST STREET 2 #04-43 SINGAPORE
120716

ID Type / ID No.:
NRIC NO / S7500657H

Contact No.:
Home/Office: Mobile: 97933232

Nationality:
SINGAPORE CITIZEN

Email:
MATT.ACLIM@GMAIL.COM

Sex: Male Age: 47 Date of Birth: 11/01/1975

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:
27/11/2022 16:15

Type of Location:

Location:

MARINA MALL

Weather:

Road Surface:

Road Speed Limit:

Traffic Flow:

Traffic Control:

Traffic Volume:

Type of Collision:

Anyone conveyed by
ambulance:
No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SBU3232T	Car					3

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20221130/7084

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

Report No. 1/20221130/7084

CONTINUATION OF REPORT

Driver			
Name	LIM AH CHYE	ID No.	S7500657H
Related Vehicle	SBU3232T (Car)	Contact No.	97933232
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious
Passenger			
Name	MILEYS LIM XIN YING	ID No.	NIL
Related Vehicle	SBU3232T (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious
Passenger			
Name	MARCUS LIM ZHI YING	ID No.	NIL
Related Vehicle	SBU3232T (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious
Passenger			
Name	SHIRLEY CHOO LI LAN	ID No.	S7309339B
Related Vehicle	SBU3232T (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious



**SINGAPORE
POLICE FORCE**



T/20221130/7084

3 of 4

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

Report No. T/20221130/7084

CONTINUATION OF REPORTBrief Details.

On the stated date and time I was driving my wife (Shirley Choo Li Lan) and 2 child (Mileys Lim and Marcus Lim) on board vehicle SBU3232T.

We were travelling straight along Marina Link.

As we approached a X-junction I proceeded straight ahead as the lights were green in my favor. Suddenly vehicle SKC5676X who was on my opposite direction made a discretionary right turn.

The said vehicle did not stop and let my car pass first.

When I saw the said car I immediately swerved to my left to avoid collision but to no avail.

The said car hit onto my vehicle right portion and causes my car to rock violently.

The impact was great and causes my right leg to hit the door.

I immediately check on my family and realised that all of them suffered injuries on their body.

As we were on our way to a cruise we did not seek any medical attention.

We all took painkillers to ease our pain.

Today when we came back we immediately proceeded to Mount Alvernia Hospital to seek treatment and all of us received 5 days MC.

Me and my daughter were treated for neck, shoulders and lower back pain.

My wife and son were treated for neck, back and chest pain.



**SINGAPORE
POLICE FORCE**



T/20221130/7084

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Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20221130/7084

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 / 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:
30/11/2022 23:31

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: SN0722C1000L Vehicle Registration No: SBU3232T

Name (as shown in NRIC): LIM AH CHYE (LIN YACAI) NRIC/FIN/Passport No: S7500657H

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: BLK 716 #04-43 CLEMENTI WEST STREET 2 Singapore (120716)

Contact (Tel): 97933232 Mobile No.: 97933232

Email Address: MATT.ACLIM@GMAIL.COM

Date of Accident: 27/11/2022 Time of Accident: 16:15

Place of Accident: MARINA LINK & MARINA COSTAL DRIVE JUNCTION

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:

TO AMEND THE CORRECT THIRD PARTY VEHICLE NUMBER - SKC5676X

Policyholder / Driver's Signature
Date: 01/12/2022

Reporting Centre Personnel's Signature
Name: STEVE LOO
NRIC/FIN No.: S990020
Date: