

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	13/01/2023 15:14 (SGT)
Reported by	Both
Date of Accident	12/01/2023 12:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF KAKI BUKIT ROAD 3 TOWARDS KAKI BUKIT AVENUE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE5140D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIN BAOMING
NRIC No	SXXXXX507I
Email Address	alvino.lin21@gmail.com
Mobile Phone No	(Phone) +65-92477708
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
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	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00005532200

DRIVER

Name of Driver	LIN BAOMING
NRIC No	SXXXXX507I
Date Of Birth	05/01/1985

Occupation	Outdoor
Date Of Driving Pass	30/06/2010
Driving experience	12 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92477708
Alt. Phone Number	-
Email Address	alvino.lin21@gmail.com
Address	APT BLK 280 A SENGKANG EAST AVENUE
Address complement	# 07-643
Postcode	541280
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	LIM BEI YI
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

PLEASE REFER TO THE ATTACHED POLICE REPORT- T/20230113/7023

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	SHD6012K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ANG HIN LENG
Contact Number	(Phone) +65-82008090
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	LIN BAOMING
Gender	Male
Phone No	(Phone) +65-92477708
Address	APT BLK 280 A SENGKANG EAST AVENUE
Address Complement	# 07-643
Post Code	541280
Approximate Age Years Old	-
Injuries Sustained	PAIN ON NECK, RIGHT SHOULDER, AND BACK
Injured person in which vehicle?	SNE5140D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LIM BEI YI
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SUFFER PAIN DUE TO THE ACCIDENT
Injured person in which vehicle?	SNE5140D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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

Junction of Kaki Bukit Road 3 towards Kaki Bukit Avenue 1
Kaki Bukit Avenue 1



kaki bukit road 3

A = SNE 5140D

B = SHD 6012K

Please Refer to the police report no. T/20230113/7023

We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20230113/7023

1 of 4

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

Report No. T/20230113/7023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/01/2023 12:02		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ALVINO LIN BAOMING			Address: 280A SENGKANG EAST AVENUE #07-643 SINGAPORE 541280		
ID Type / ID No.: NRIC NO / S85015071			Contact No.: Home/Office: Mobile: 89097364		
Nationality: SINGAPORE CITIZEN			Email: ALVINO.LIN21@GMAIL.COM		
Sex: Male	Age: 38	Date of Birth: 05/01/1985	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/01/2023 12:30	Type of Location: X-Junction
Location: KAKI BUKIT PLACE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume:	
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
SHD6012K	Car					1
SNE5140D	Car	HONDA	FREED HYBRID 1.5G AUTO	White	Seriously Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20230113/7023

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

Report No. T/20230113/7023

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNE5140D	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW00005532200	02/04/2022	30/04/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	ANG HIN LENG		ID No.	S0233298A
Related Vehicle	SHD6012K (Car)		Contact No.	82008090
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
Driver				
Name	ALVINO LIN BAOMING		ID No.	S8501507I
Related Vehicle	SNE5140D (Car)		Contact No.	89097364
Hospital/Clinic	A LIFE CLINIC PTE LTD		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	12/01/2023		Date	13/01/2023
No. of Days granted Medical Leave		07	Degree of	Serious
Passenger				
Name	LIM BEI YI		ID No.	G1818788X
Related Vehicle	SNE5140D (Car)		Contact No.	81434022
Hospital/Clinic	A LIFE CLINIC PTE LTD		Class of Driving Licence & Expiry	Class: ,3 Date of Expiry: NIL
Date	12/01/2023		Date	13/01/2023
No. of Days granted Medical Leave		07	Degree of	Serious



**SINGAPORE
POLICE FORCE**



T/20230113/7023

3 of 4

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

Report No. T/20230113/7023

CONTINUATION OF REPORT

Brief Details.

ON 12.01.2023 AT ABOUT 1230 HRS. I WAS TRAVELLING ALONG JUNCTION OF KAKI BUKIT ROAD 3 TOWARD KAKI BUKIT AVENUE 1. I WAS STATIONARY DUE TO THE FRONT TRAFFIC. SUDDENLY I FELT AN IMPACT, THE VEHICLE (SHD 6012K) COLLISION ONTO REAR PORTION OF MY VEHICLE (SNE 5140D).

I FELT PAIN ON MY NECK, RIGHT SHOUDLE, AND BACK AFTER THE ACCIDENT. I SAW DOCTOR AT "A LIFE CLINIS PTE LTD" AND I WAS GIVEN 7 DAYS MC ON THE CLINIC.

I HAD 1 PASSENGER (LIM BEI YI) IN MY CAR AND SHE WAS PAIN IN THE ACCIDENT AND GIVEN 7 DAYS MC FROM SAME CLINIC.



**SINGAPORE
POLICE FORCE**

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



T/20230113/7023

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Report No. T/20230113/7023

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 /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

NP168

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

Date/Time:
13/01/2023 12:02

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20230113/7024

1 of 4

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

Report No. T/20230113/7024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/01/2023 12:11		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM BEI YI			Address: 839 WOODLANDS STREET 82 #09-301 SINGAPORE 730839		
ID Type / ID No.: FIN NO / G1818788X			Contact No.: Home/Office: Mobile: 81434022		
Nationality: MALAYSIAN			Email: BYLIM2@OUTLOOK.COM		
Sex: Female	Age: 22	Date of Birth: 02/10/2000	Type of Informant: Passenger		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/01/2023 12:30	Type of Location: X-Junction
Location: KAKI BUKIT PLACE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume:	
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
SHD6012K	Car					1
SNE5140D	Car	HONDA	FREED HYBIRD 1.5G	White	Seriously Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20230113/7024

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

Report No. T/20230113/7024

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNE5140D	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000055 32200	02/04/2022	01/04/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	ANG HIN LENG		ID No.	S0233298A
Related Vehicle	SHD6012K (Car)		Contact No.	82008090
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
Passenger				
Name	LIM BEI YI		ID No.	G1818788X
Related Vehicle	SNE5140D (Car)		Contact No.	81434022
Hospital/Clinic	A LIFE CLINIC PTE LTD		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	12/01/2023		Date	13/01/2023
No. of Days granted Medical Leave	07		Degree of	Serious
Driver				
Name	ALVINO LIN BAOMING		ID No.	S8501507I
Related Vehicle	SNE5140D (Car)		Contact No.	92477708
Hospital/Clinic	A LIFE CLINIC PTE LTD		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	12/01/2023		Date	13/01/2023
No. of Days granted Medical Leave	07		Degree of	Serious



**SINGAPORE
POLICE FORCE**



T/20230113/7024

3 of 4

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

Report No. T/20230113/7024

CONTINUATION OF REPORT

Brief Details.

ON 12.01.2023 AT ABOUT 1230 HRS. I AM PASSENGER IN THE CAR (SNE 5140D). WE WAS TRAVELLING ALONG JUNCTION OF KAKI BUKIT ROAD 3 TOWARD KAKI BUKIT AVENUE 1. OUR CAR STATIONARY DUE TO THE FRONT TRAFFIC. SUDDENLY WE FELT AN IMPACT, THE VEHICLE (SHD 6012K) COLLISION ONTO REAR PORTION OF OUR VEHICLE (SNE 5140D).

I FELT PAIN ON MY NECK, RIGHT SHOUDLE, AND BACK AFTER THE ACCIDENT. I SAW DOCTOR AT "A LIFE CLINIS PTE LTD" AND I WAS GIVEN 7 DAYS MC ON THE CLINIC.



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



T/20230113/7024

4 of 4

Report No. T/20230113/7024

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 /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

NP168

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

Date/Time:
13/01/2023 12:11

Classification Of Case: