

# 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 .....	16/01/2023 18:10 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	15/01/2023 14:30 (SGT)
Exact Location of Accident .....	Central Blvd, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SCH3030R
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LIM SIOK HUI
NRIC No .....	SXXXX643A
Email Address .....	facial.jessie@gmail.com
Mobile Phone No .....	(Phone) +65-96361163
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	BMW
Model .....	730li
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? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	2996

### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number .....	7220082901

### DRIVER

Name of Driver .....	LIM SIOK HUI
NRIC No .....	SXXXX643A
Date Of Birth .....	05/06/1949
Occupation .....	Indoor

Date Of Driving Pass .....	25/06/1974
Driving experience .....	48 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96361163
Alt. Phone Number .....	-
Email Address .....	facial.jessie@gmail.com
Address .....	97 CASHEW ROAD #3-05
Address complement .....	-
Postcode .....	679668
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	4
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) .....	1
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 .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bukit Panjang Neighbourhood Police Centre
Police Station Address .....	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND ATTACHMENT AND POLICE REPORT T/20230117/2044

#### 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 .....	SMX6327M
Vehicle Manufacturer .....	Kia
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SMH9750M
Vehicle Manufacturer .....	Toyota
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	SJP9715J
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 SIOK HUI
Gender .....	Male
Phone No .....	(Phone) +65-9636163
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SCH3030R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No



Describe Circumstance of the Accident


REFER TO ATTACHMENT

Declaration

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

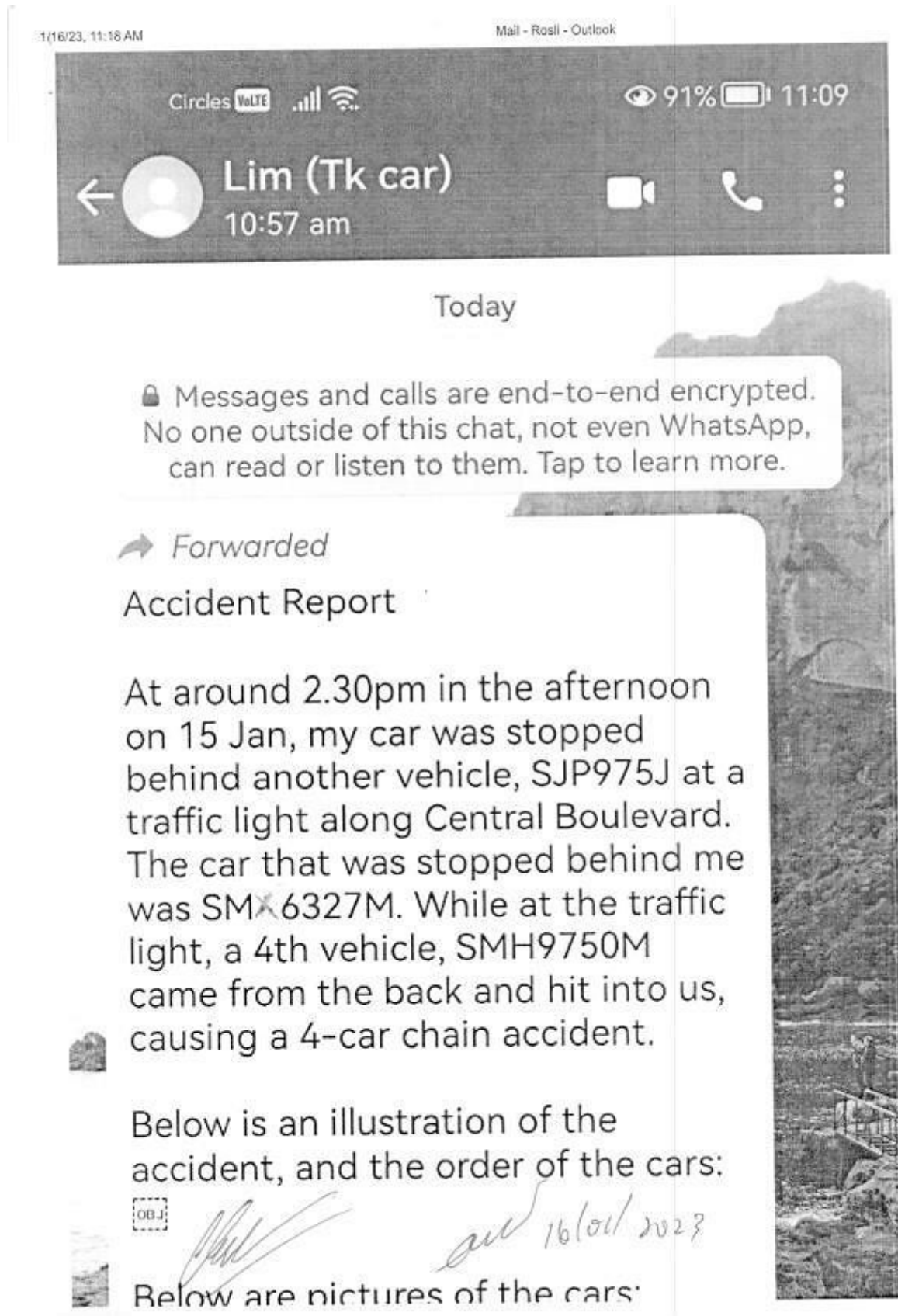
  
 Policyholder's Signature / Date & Time

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

 06/01/2023  
 Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card)

vJun2022

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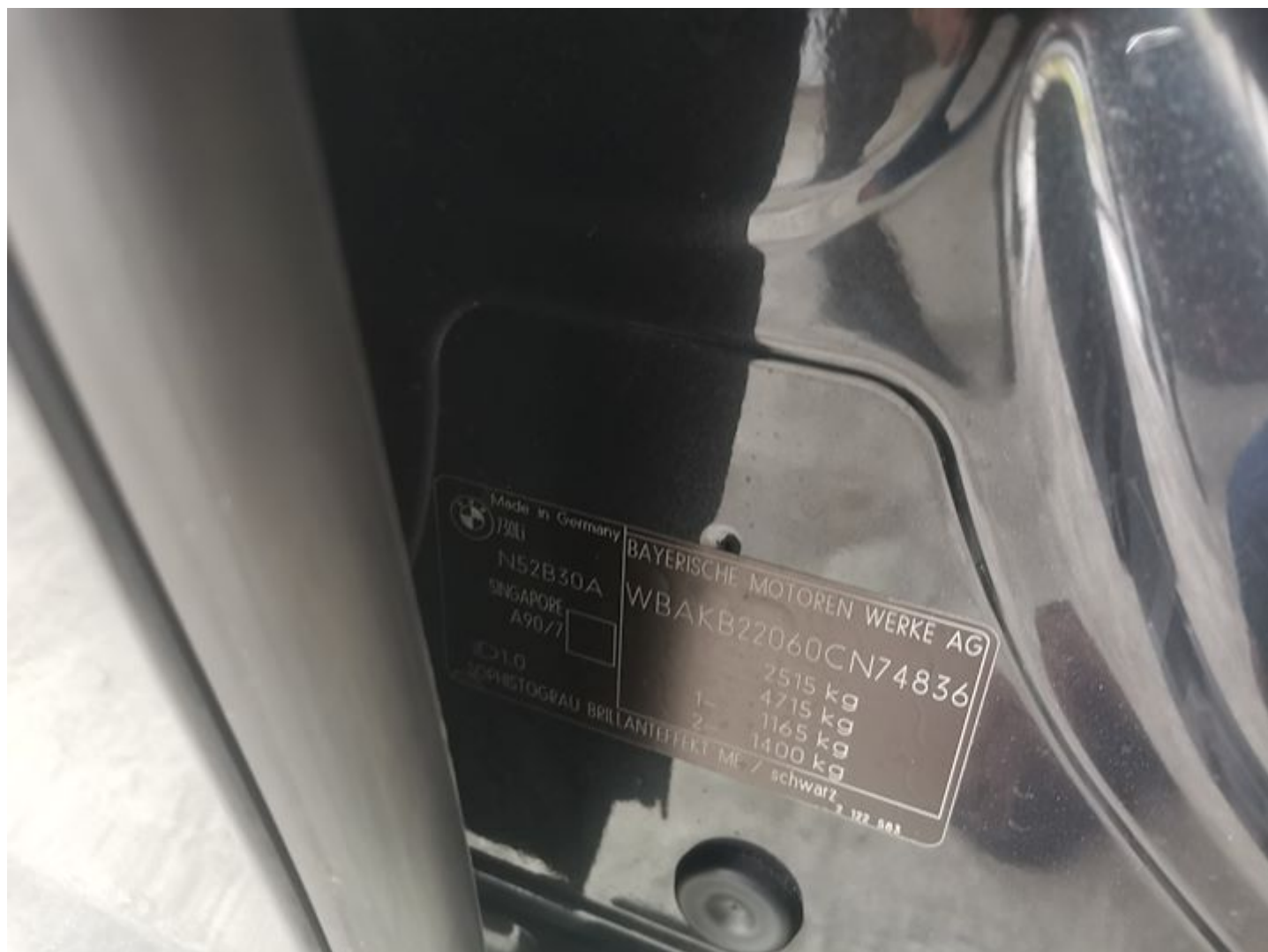


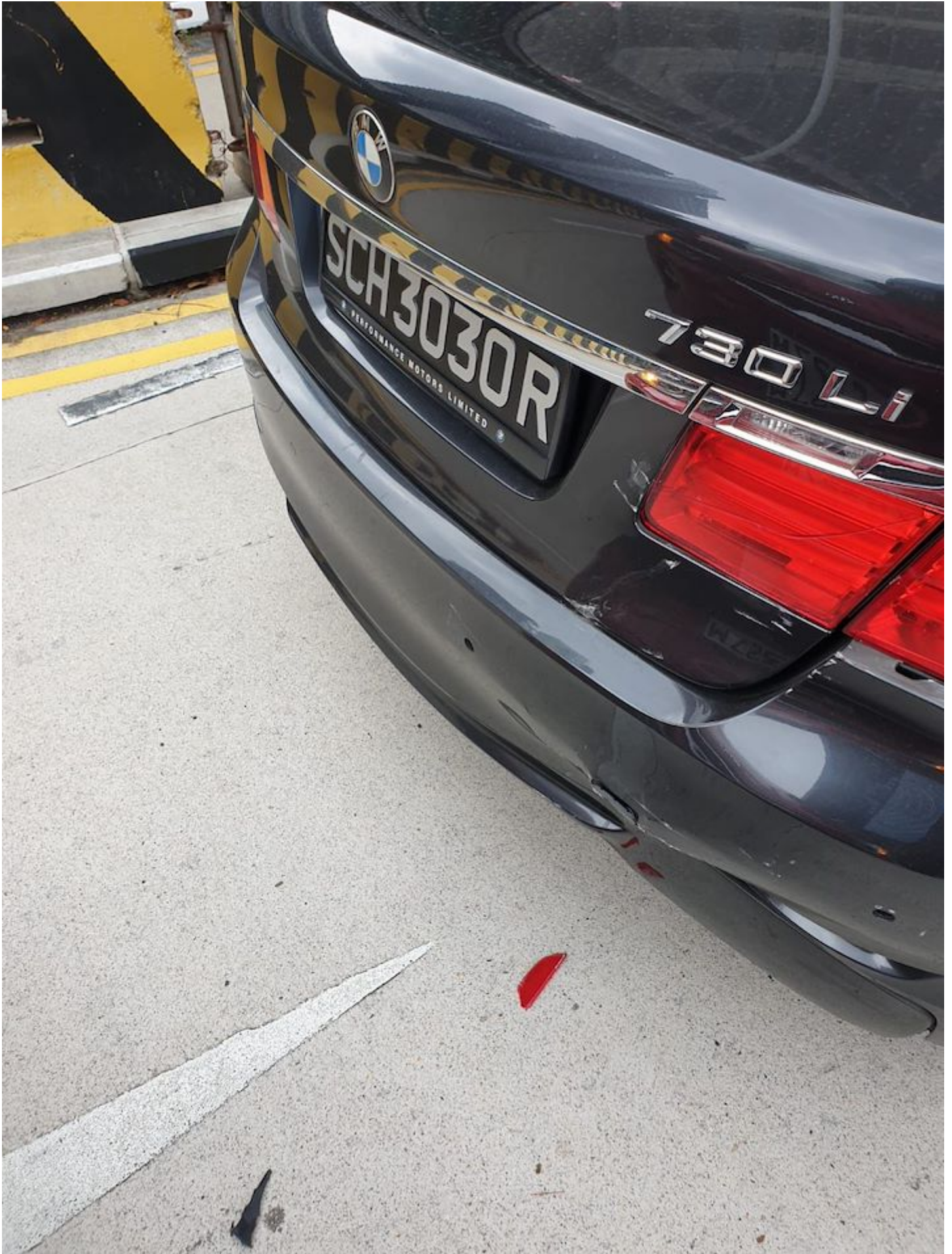





























**SINGAPORE  
POLICE FORCE**

Police Station Of Origin  
Bukit Panjang N.P.C.  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8029999



T/20230117/2044

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Report No. T/20230117/2044

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
17/01/2023 12:42

Video Report No.:

Station Diary No.:  
43

**Informant's Particulars**

Name of Informant: LIM SIOK HUI		Address: 97 CASHEW ROAD #03-05 SINGAPORE 679668	
ID Type / ID No.: NRIC NO / S0204643A		Contact No.:	
Nationality: SINGAPORE CITIZEN		Home/Office: Mobile: 98308648	
Sex: Male		Email: FACIAL.JESSIE@GMAIL.COM	
Age: 73	Date of Birth: 05/06/1949	Type of Informant: Driver	
Race: Chinese		Language: English	
Occupation: FACTORY MANAGER		Institution / School Name:	
		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: 15/01/2023 14:30	Type of Location: X-Junction
Location: RAFFLES QUAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		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 Passenger
SCH3030R	Car	BMW	730LI AT ABS D/AB 2WD 4DR NAV HID SR	Grey	Seriously Damaged	1
SJP9715J	Car				Slightly Damaged	1
SMH9750M	Car					0
SMX6327M	Car				Seriously Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20230117/2044

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

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Report No. T/20230117/2044

**CONTINUATION OF REPORT**

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SCH3030R	AIG ASIA PACIFIC INSURANCE PTE. LTD.	7220082901	18/07/2022	17/07/2023


**Details of Person Involved**

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM SIOK HUI		ID No. S0204643A
Related Vehicle	SCH3030R (Car)		Contact No. 98308646
Hospital/Clinic	N B THAM CLINIC PTE LTE		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	17/01/2023		Date Discharge 17/01/2023
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight


**Brief Details.**

On 15/01/2023 at about 1430hrs, I was driving my car SCH3030R along Central Boulevard and approaching the X-junction of Raffles Quay and stopped my vehicle behind SJP9715J as second vehicle. The traffic light was red and I was waiting for the traffic light to turn green when there was a vehicle hit onto the rear that caused chain collision involving 4 vehicles in the respective order, V1 SJP9715J, V2 SCH3030R, V3 SMX6327M & V4 SMH9750M. I went down from my vehicle and make a check other that was involved in the accident. All the drivers claimed that no one was physically injured and not required police assistance. We then exchanged particulars and agreed to claim with third parties' insurance from V4. I then proceed to move off from the incident location to continue my journey. However, I suffered chest pain and pain over right shoulder blade later that evening. I did not consume any pain relief and continue to monitor further. On 17/01/2023 at 0830hrs, I went to see my family Doctor located at 8 Whampoa Drive under N B THAM CLINIC PTE LTE and Dr Tham did the medical examination on me as the pain did not subside. He informed me that I could be suffering from Whiplash, and he advised me to continue monitor my symptoms. He also prescribed me some medication and the total billed is \$52 for my medical expenses. I wish to state that I did not ask for the medical certification at the point of time and I will submit the supporting documents when I file for insurance claims.



 **SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8920999



  
T/20230117/2044

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Report No. T/20230117/2044

**CONTINUATION OF REPORT**

**Sketch Plan**  
Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report: J / SC ABDUL RUSHDI BIN ABDULL RAZAK 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 17/01/2023 12:42
Officer In Charge Of Case: TP / AEIT / SR STAFF SGT FAHKRUL RAZI BIN SUHAIME Contact No.: 65470000	Classification Of Case:

NP168





**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: SN08231G0003 Vehicle Registration No: SCA 3080 R  
 Name (as shown in NRIC): Lim Sock Hu NRIC/FIN/Passport No: SXXXX643A  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Date of Accident: 15/01/2023 Time of Accident: 14:30  
 Place of Accident: CENTRAL POLICE STATION  
 Insurance Company: AIU

**(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 UPON POLICE REPORT 7/20230117/20164

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Policyholder / Actual Driver's Signature  
Date:

06/01/2023  
Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date: