

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	20/01/2023 09:57 (SGT)
Reported by	Both
Date of Accident	19/01/2023 10:20 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK2345D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM CHEE YONG
NRIC No	SXXXX997C
Email Address	winson_tingwei@hotmail.com
Mobile Phone No	(Phone) +65-97927021
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Jaguar
Model	Xf
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	1999

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00109782200

DRIVER

Name of Driver	LIM CHEE YONG
NRIC No	SXXXX997C
Date Of Birth	17/08/1977
Occupation	Indoor

Date Of Driving Pass	18/01/1996
Driving experience	27 YEARS
Gender	Male
Mobile Number	(Phone) +65-97927021
Alt. Phone Number	-
Email Address	winson_tingwei@hotmail.com
Address	BLK 33 HOW SUN ROAD #03-15
Address complement	-
Postcode	538501
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	3
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

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	SLP638J
Vehicle Manufacturer	Toyota
Vehicle Model	Corolla
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	LEE CHENG TING
NRIC No	SXXXX969Z

Contact Number	(Phone) +65-96780768
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	SLF6889P
Vehicle Manufacturer	Toyota
Vehicle Model	Axio
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MISBARI BIN ZAINAL
NRIC No	SXXXX554F
Contact Number	(Phone) +65-87542865
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 CHEE YONG
Gender	Male
Phone No	(Phone) +65-97927021
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SKK2345D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

Lim. Policyholder's Signature / Date & Time
Lim. Driver's Signature (if driver is not the policyholder) / Date & Time
20/01/2023 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
 Sketch Plan PIR TOWARDS WAS BEHIND TOH TUCK FLYOVER

Vehicle A	SKK 2345D	
Vehicle B	SLP 638J	
Vehicle C	SLF 6889P	

Describe Circumstance of the Accident

On 19/01/2023 about 10.20 am morning. My vehicle was travelling along PIE Expressway towards twin, Below toll truck Flyover. In front there is Road construction and I slow down stop as follow front vehicles doing too. After few seconds, vehicle B "SLP 638J" collided onto my rear car portion with impact very heavy and badly. I came down and notice is chain collision. vehicle C "SLF 6889P" collided onto vehicle B "SLP 638J" then vehicle "SLP 638J" collided onto my rear car portion. After left the scene accident I felt unwell and pain on my ~~back~~ back body and neck. I went to consult doctor given 2 days me. there is no one convey into ambulance at the accident.

Declaration

(We declare the foregoing particulars are true in every respect.)

Lim

Folioholder's Signature / Date & Time

Lim

Driver's Signature if driver is not the folioholder / Date & Time

Lim 20/01/2023
Witnessed by Reporting Officer Personnel
(Name as in NRIC ID card)





























