

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 26/01/2023 10:56 (SGT)
Reported by Driver
Date of Accident 21/01/2023 05:10 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE (TUAS) 15.2 KM
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLF364B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HO YEN NEE
NRIC No S1481363B
Email Address ENJIR07@HOTMAIL.COM
Mobile Phone No (Phone) +65-97319681
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Corolla
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 0

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5108989792-03

DRIVER

Name of Driver LIM KAI EN
NRIC No S9403263F
Date Of Birth 21/01/1994
Occupation Outdoor

Date Of Driving Pass	20/03/2013
Driving experience	9 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96790687
Alt. Phone Number	-
Email Address	LIM.KAIEN1994@GMAIL.COM
Address	93 BUKIT DRIVE #10-28
Address complement	-
Postcode	587844
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	CLOUDY
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	PQL8064
Vehicle Category	Motorcycle

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 ATTACHED

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	SMV8865Z
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	PQL8064
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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 KAI EN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLF364B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	UNKNOWN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	PQL8064
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

Describe Circumstances of the Accident

Please refer police report T/ 20230125/7040

Declaration

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

Witnessed by Reporting Centre Personnel

SKETCH PLAN

IMPORTANT NOTICE

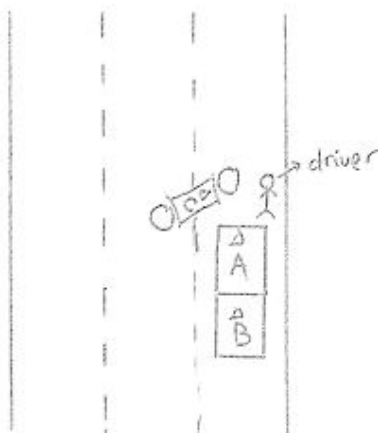
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



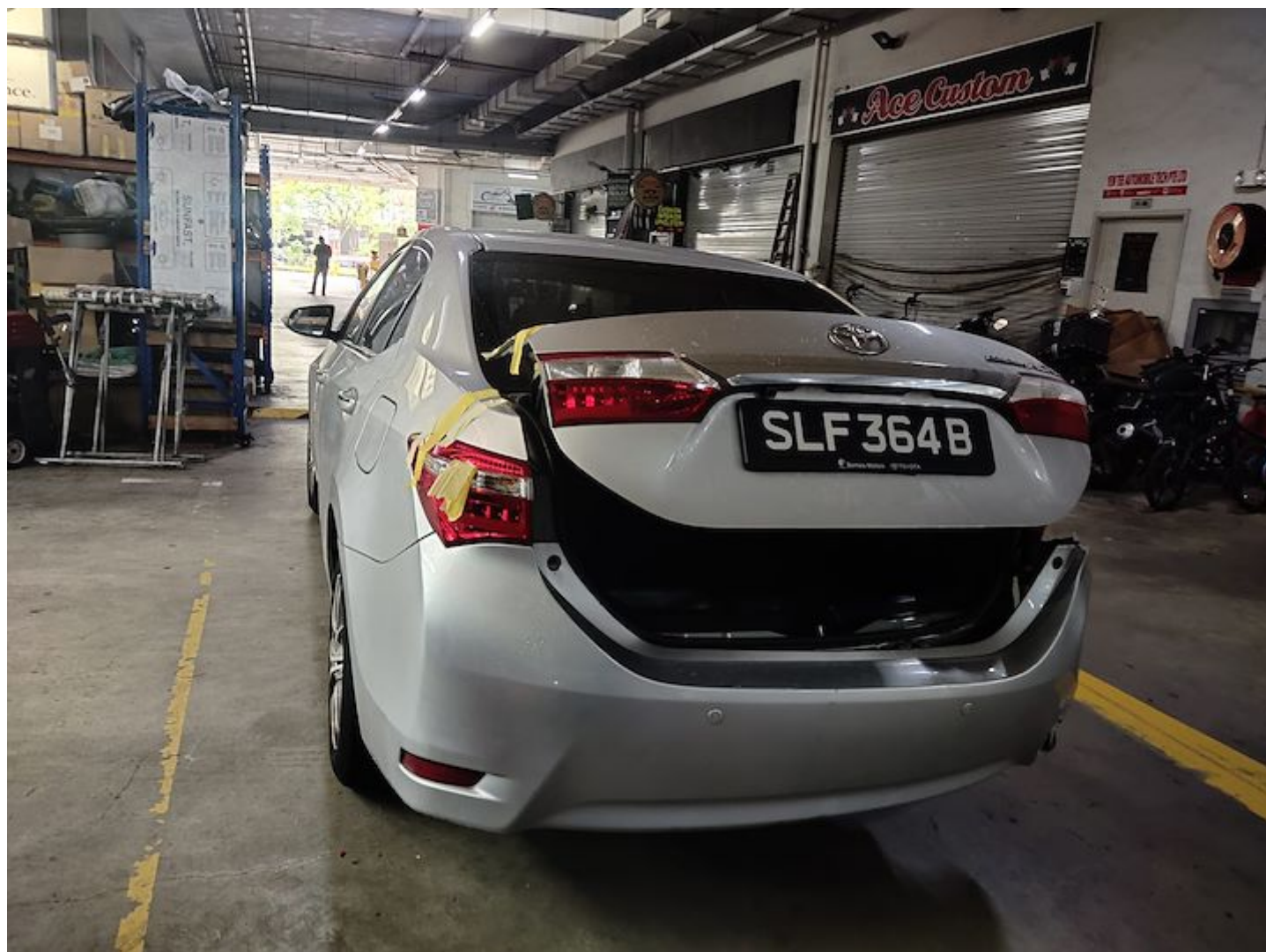
A = SLF 364B

B = SMV 8865 Z

C = PQL 8064





















**SINGAPORE
POLICE FORCE**

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



T/20230122/7000

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Report No. T/20230122/7000

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 /
YAN MINGSHENG DANIEL
Contact No.: 65476252

NP168

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

Date/Time:
22/01/2023 00:59

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20230122/7000

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

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Report No. T/20230122/7000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLF364B	NTUC Income Insurance Co-Operative Limited	5108989792-03	11/08/2022	11/08/2023
SMV8865Z	LIBERTY INSURANCE PTE LTD			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LIM KAI EN		ID No.	S9403263F
Related Vehicle	SLF364B (Car)		Contact No.	96790687
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	21/01/2023		Date	21/01/2023
No. of Days granted Medical Leave		05	Degree of	Slight
Driver				
Name	CHONG CHAN WOON (ZHANG ZANWEN)		ID No.	S7720085A
Related Vehicle	SMV8865Z (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		NIL	Degree of	NIL
Rider				
Name	Unknown Rider		ID No.	NIL
Related Vehicle	(Motorcycle)		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		NIL	Degree of	NIL



**SINGAPORE
POLICE FORCE**



T/20230125/7040

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

1 of 3

Report No. T/20230125/7040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/01/2023 15:01		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM KAI EN			Address: 93 BUKIT DRIVE #10-28 SINGAPORE 587844		
ID Type / ID No.: NRIC NO / S9403263F			Contact No.: Home/Office: Mobile: 96790687		
Nationality: SINGAPORE CITIZEN			Email: LIM.KAIEN1994@GMAIL.COM		
Sex: Male	Age: 29	Date of Birth: 21/01/1994	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:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/01/2023 05:10	Type of Location: Straight Road
Location: PIE TUAS 15.2KM				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
PQL8064	Motorcycle				Seriously Damaged	0
SLF364B	Car	TOYOTA			Seriously Damaged	0
SMV8865Z	Car	PORSCHE			Seriously Damaged	0



SINGAPORE
POLICE FORCE



T/20230122/7000

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

3 of 4

Report No. T/20230122/7000

CONTINUATION OF REPORT

Brief Details.

PIE towards Tuas after CTE/SLE slip road. Accident took place as my vehicle was stationary in lane 1 due to another accident directly ahead of me on lane 1 and 2. The two other vehicles involved was a car(SMV8865Z) and a motorbike(did not manage to get details as he had a paramedic attending to him and was conveyed to hospital). I was rear ended by the Porsche,

I have photos and videos exceeding 2mb of the aftermath of the accident.



**SINGAPORE
POLICE FORCE**



T/20230125/7040

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

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Report No. T/20230125/7040

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM KAI EN	ID No.	S9403263F
Related Vehicle	SLF364B (Car)	Contact No.	96790687
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	21/01/2023	Date	21/01/2023
No. of Days granted Medical Leave	NIL	Degree of	Serious

Brief Details.

ON 21/01/2023 AT OR ABOUT 5:10AM, I WAS TRAVELLING ALONG PIE TOWARDS TUAS. THERE WAS AN ACCIDENT INVOLVING MULTIPLE VEHICLES AT LANE 1 AND 2, ONE OF VEHICLES WAS IN FLAMES AND SEVERAL INJURED WAS ON THE GROUND. I STOPPED MY VEHICLE AND ALIGHTED TO RENDER HELP. 10 MINS LATER VEHICLE SMV8865Z REAR ENDED MY VEHICLE. I WAS STANDING IN FRONT OF MY VEHICLE, THE IMPACT CAUSED MY VEHICLE TO MOVE FORWARD AND HIT ME. A MALAYSIAN MOTORCYCLE PQL8064 WAS ALSO INVOLVED.

THE MOTORCYCLIST WAS CONVEYED BY AMBULANCE.

I WAS INJURED DUE TO THE IMPACT AND WAS ISSUED WITH A 5 DAY MC BY NUH

REPORT NO: T/20230122/7000



**SINGAPORE
POLICE FORCE**



T/20230125/7040

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

3 of 3

Report No. T/20230125/7040

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 25/01/2023 15:01
Officer In Charge Of Case: TP / TPIB / YAN MINGSHENG DANIEL Contact No.: 65476252	Classification Of Case:

NP168



**SINGAPORE
POLICE FORCE**



T/20230122/7000

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

1 of 4

Report No. T/20230122/7000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/01/2023 00:59		Vide Report No.: E/20230121/0046		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM KAI EN			Address: 93 BUKIT DRIVE #10-28 SINGAPORE 587844		
ID Type / ID No.: NRIC NO / S9403263F			Contact No.: Home/Office: Mobile: 96790687		
Nationality: SINGAPORE CITIZEN			Email: LIM.KAIEN1994@GMAIL.COM		
Sex: Male	Age: 29	Date of Birth: 21/01/1994	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 Attended by Police	Drink Drive: No	Date/Time of Accident: 21/01/2023 05:10	Type of Location: Left bend on PIE
Location: KIM KEAT AVENUE				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving vehicle hits rear of stationary vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SLF364B	Car	TOYOTA	Corolla Altis	Silver	Seriously Damaged	0
SMV8865Z	Car	PORSCHE	Cayman	Gold	Seriously Damaged	0
	Motorcycle					0