

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 willful 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 07/02/2023 17:01 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 05/02/2023 17:40 (SGT)
Exact Location of Accident Singapore
Additional Location Information MARINA GARDEN DR(TWDS RENTAL BOULEVARD B4 MARINA BOULEVARD)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMX3283A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM DICK WAY
NRIC No SXXXX064G
Email Address limdickway@hotmail.com
Mobile Phone No (Phone) +65-87144444
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mazda
Model 6
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 1998

INSURANCE COMPANY

Name of Insurance Company ECICS Limited
Policy Number / Cover Note Number MPC22A0010450

DRIVER

Name of Driver LIM DICK WAY

Location	Indoor
Age Of Driving Pass	27/10/1998
Driving experience	24 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87144444
Alt. Phone Number	-
Email Address	limdickway@hotmail.com
Address	BLK 204C PUNGGOL FIELD #09-342
Address complement	-
Postcode	823204
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 - 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?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	CHEW XIN YI
Gender	Female

PASSENGER 2

Name	LIM SEA RUN
Gender	Male

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 POLICE REPORT NO.T/20230207/7001

ATTACHMENT(S)

Were any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SH6154H
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Taxi
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 DICK WAY
Gender Male
Phone No (Phone) +65-87144444
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SMX3283A
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? -

INJURED 2

Name of injured person LIM SEA RUN
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SMX3283A
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? -

INJURED 3

Name of injured person CHEW XIN YI
Gender Female
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SMX3283A
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? -

SKETCH PLAN

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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.

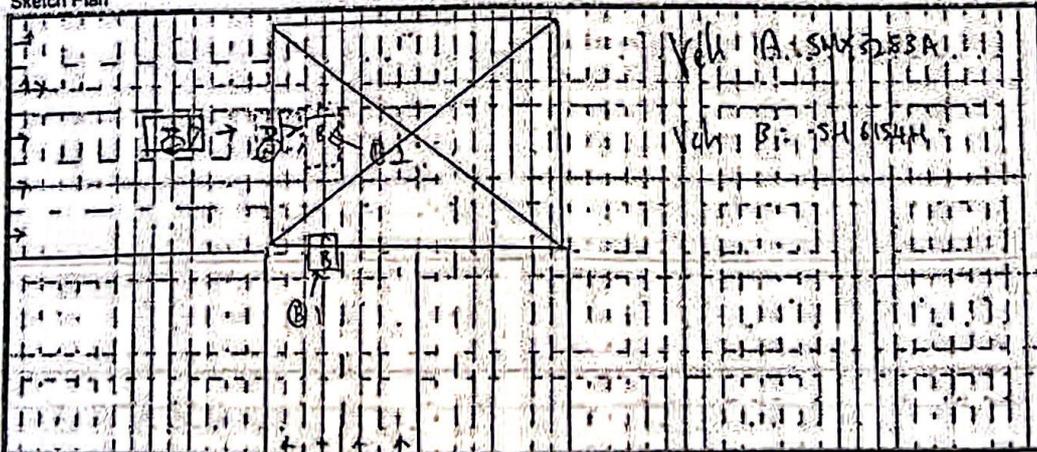
Policyholder's Signature / Date & Time

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



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

Sketch Plan





**SINGAPORE
POLICE FORCE**



T/202302077001

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

1 of 4

Report No. T/202302077001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/02/2023 00:51		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM DICK WAY			Address: 204C PUNGGOL FIELD #09-342 SINGAPORE 823204		
ID Type / ID No.: NRIC NO / S7315064G			Contact No.: Home/Office:		Mobile: 87144444
Nationality: SINGAPORE CITIZEN			Email: LIMDICKWAY@HOTMAIL.COM		
Sex: Male	Age: 49	Date of Birth: 01/04/1973	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Self employed		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: 05/02/2023 17:40	Type of Location:
Location: MARINA BOULEVARD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SMX3283A	Car	MAZDA	MAZDA6 4-DOOR SEDAN 2.0L SP.6EAT	Black		2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20230207/7001

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

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Report No. T/20230207/7001

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SMX3283A	ECICS LIMITED	MPC22A00104500	14/05/2022	13/05/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver:				
Name	LIM DICK WAY	ID No.	S7315084G	
Related Vehicle	SMX3283A (Car)	Contact No.	87144444	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	03	Degree of	Serious	
Passenger:				
Name	LIM SEA RUN	ID No.	T1701768Z	
Related Vehicle	SMX3283A (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	07	Degree of	Serious	
Passenger:				
Name	CHEW XIN YI	ID No.	S8007507C	
Related Vehicle	SMX3283A (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	03	Degree of	Serious	



**SINGAPORE
POLICE FORCE**



T/20230207/001

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

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Report No. T/20230207/001

CONTINUATION OF REPORT

Brief Details.

On the stated date and time I was driving my family on board vehicle SMX3283A.

1. CHEW XIN YI- WIFE
2. LIM SEA RUN- SON

All of us were belted.

We were travelling along Marina Boulevard.

As we were nearing the X-junction of Marina Gardens Drive the traffic lights was green in our favor. As such we proceeded straight ahead. Suddenly vehicle SH6154H appeared right in front of me and the front portion of my vehicle collided onto the left portion of the said vehicle.

The impact was great and all my airbags were deployed.

My right forearm was burned by my airbags. My fingers on both my hands were injured as well.

My son was crying and I realised that his head was bleeding and left eye was swollen. We do not know how or what did he hit against.

My wife also suffered multiple injuries

I then alighted and realised that the said vehicle was travelling on Marina Gardens Drive on my right and he beat the red lights.

I did not expect any vehicle to come from my right side. There's was nothing I can do to avoid the collision.

TP and ambulance came later.

My wife and son were conveyed to NUH A&E.

I later went to NUH A&E for treatment too.

Me and my wife were given 3 days MC and my son was given 7 days MC.