

# 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 .....	13/02/2023 16:50 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	13/02/2023 07:40 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PIE TOWARDS CTE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SME2476S
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	GIS MOTORING PTE. LTD.
Company Reg No .....	201803437N
Email Address .....	MALAZSENG@GMAIL.COM
Mobile Phone No .....	(Phone) +65-91517410
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Renault
Model .....	GRAND SCENIC IV 1.5 DCI AT EU6
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? .....	Yes
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1461

### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	SP20031111275

### DRIVER

Name of Driver .....	LIM BENG HWEE
NRIC No .....	S0076358F
Date Of Birth .....	18/04/1954
Occupation .....	Indoor

Date Of Driving Pass .....	31/01/2008
Driving experience .....	15 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-91517410
Alt. Phone Number .....	-
Email Address .....	MALAZSENG@GMAIL.COM
Address .....	APT BLK 934 JURONG WEST STREET 91 #04-327
Address complement .....	-
Postcode .....	640934
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	Raining
Road Surface .....	Wet

#### 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 .....	GRAB PASSENGER
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Jurong Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18002659999
Alt. Police Station Phone No .....	(Fax) +65-62664987
Police Station Address .....	Blk 158 Yung Loh Road #01-58 Singapore 610158
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMY4983B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	TOH PEI PING
Contact Number .....	(Phone) +65-81392727
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 .....	SHD6701E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	YEO CHIN SOON
Contact Number .....	(Phone) +65-96674128
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 .....	SMR8398B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	CHONG YAN SENG
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 4

Vehicle Registration Number .....	SLV5672U
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 ..... SAKINAH BINTE ABBAS  
Gender ..... Female  
Phone No ..... (Phone) +65-81534934  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... SME2476S  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... -

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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

*[Handwritten Signature]*

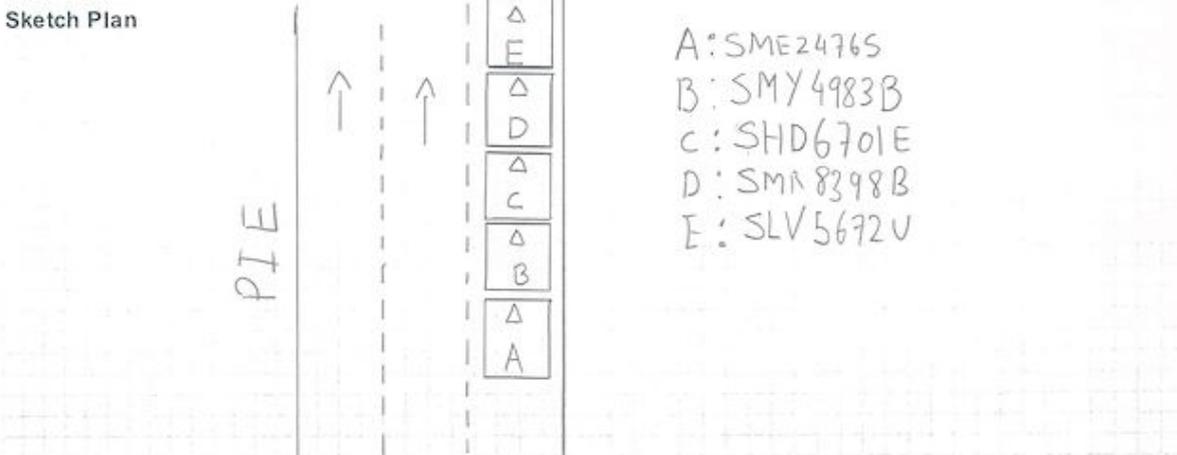
Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

*[Handwritten Signature]*

**Sketch Plan**



**Describe Circumstances of the Accident**

On 13-02-2023 at around 07:40 AM, I was driving along  
PIE Towards CTE, All of a sudden the car in front jamed  
braked and I follow suit. Thus I hit onto the rear portion  
of car B (SMY 4983B). When I went out of my vehicle  
I saw a total of 5 cars involve hence I can confirm  
it's a chain collision

**Declaration**

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

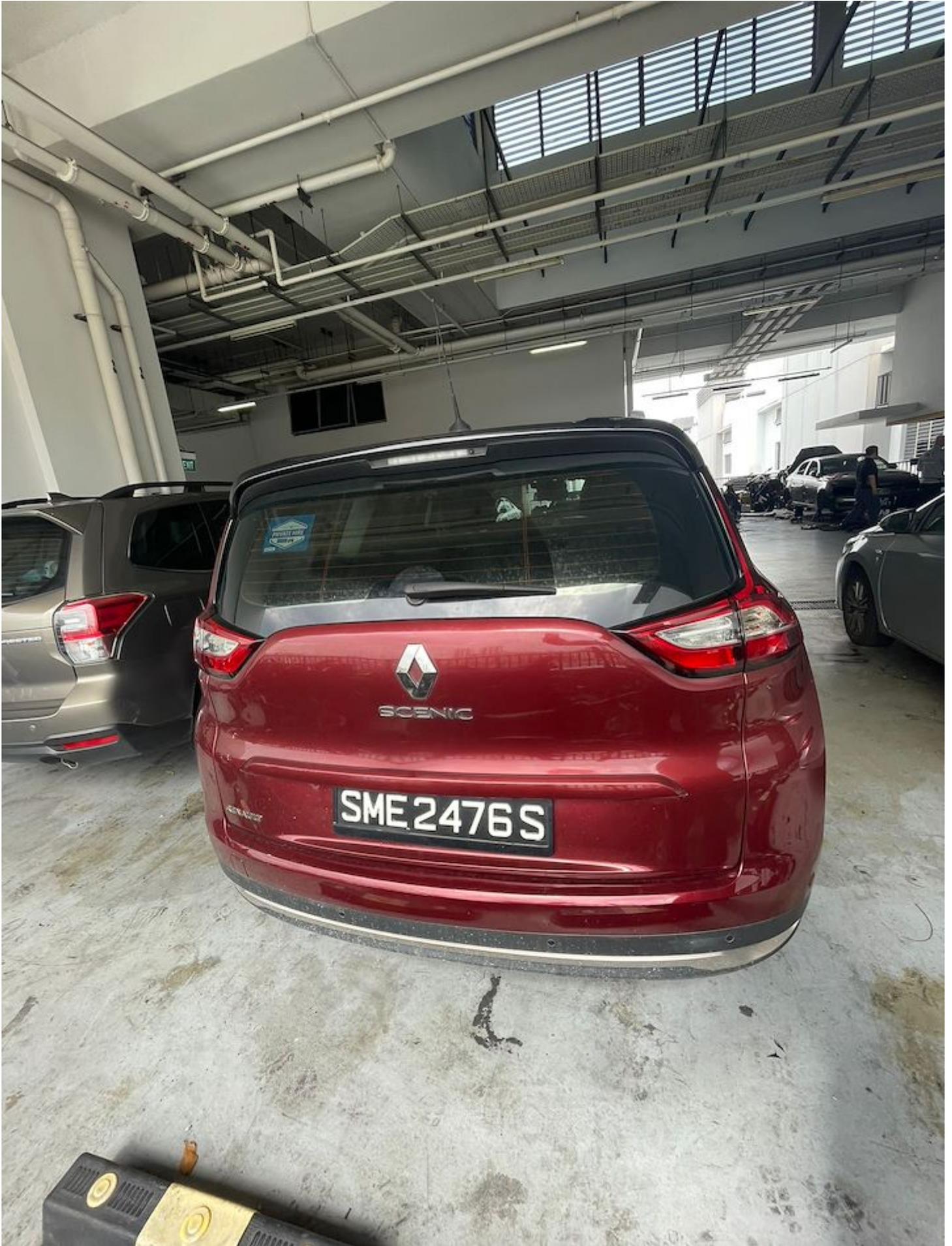


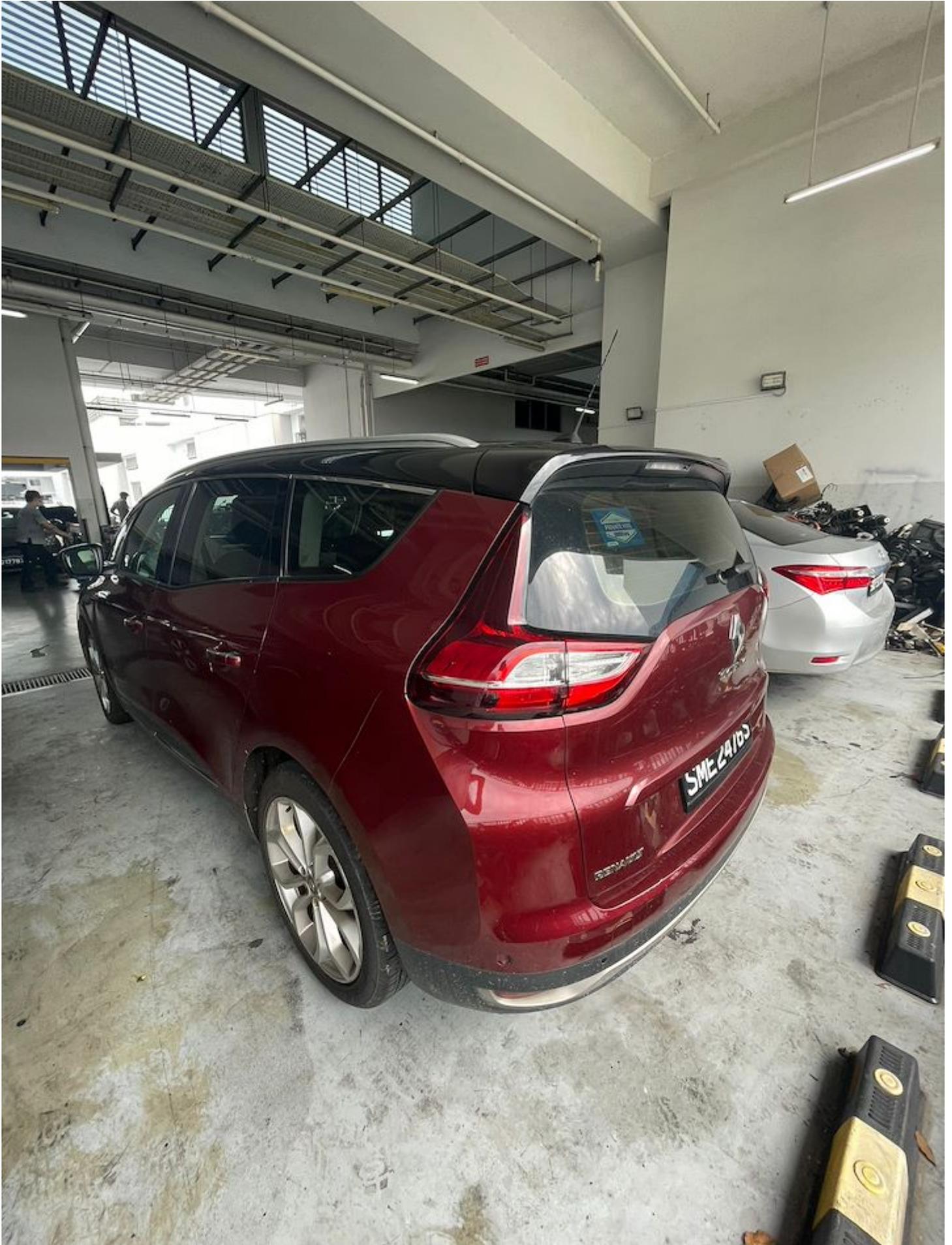
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

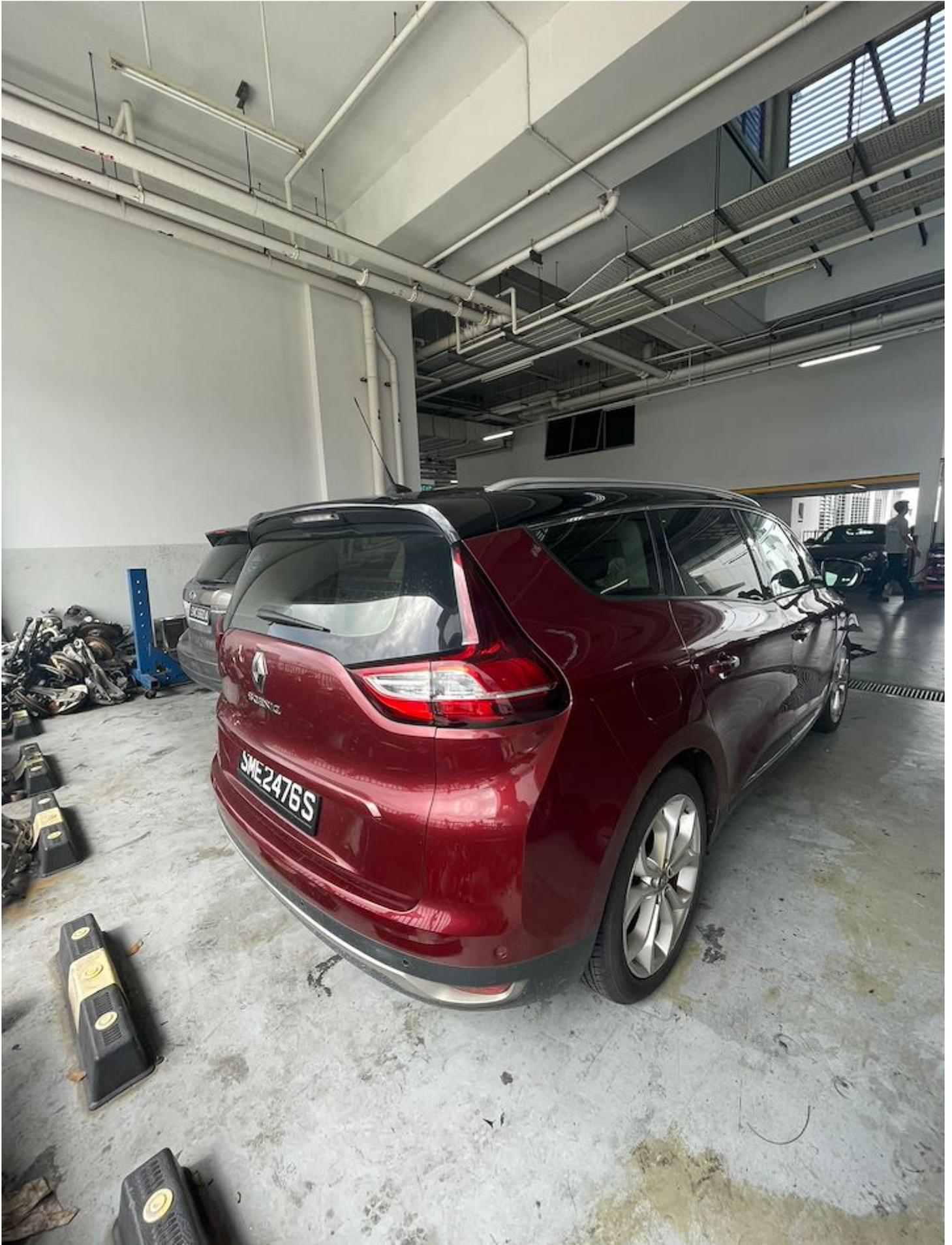


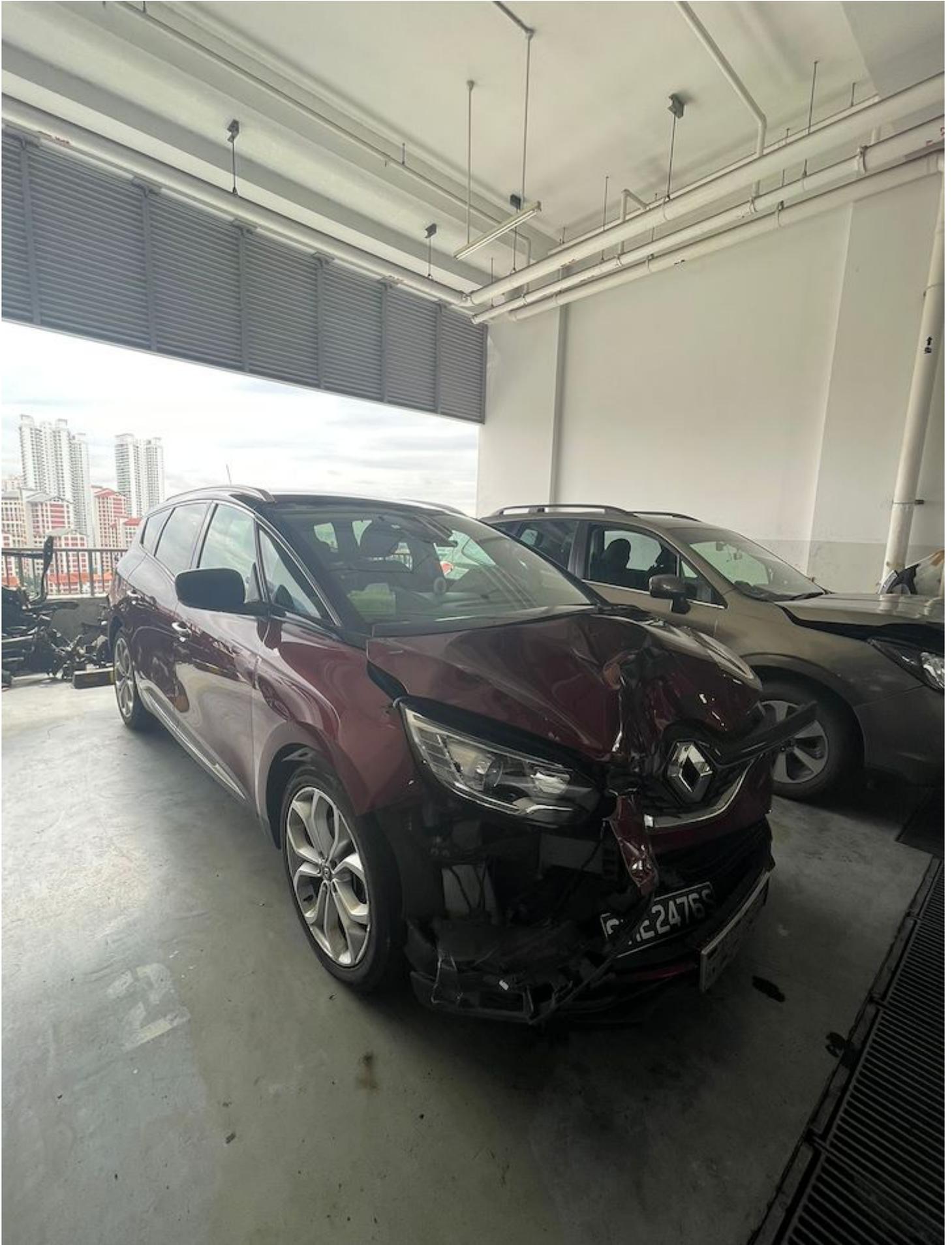


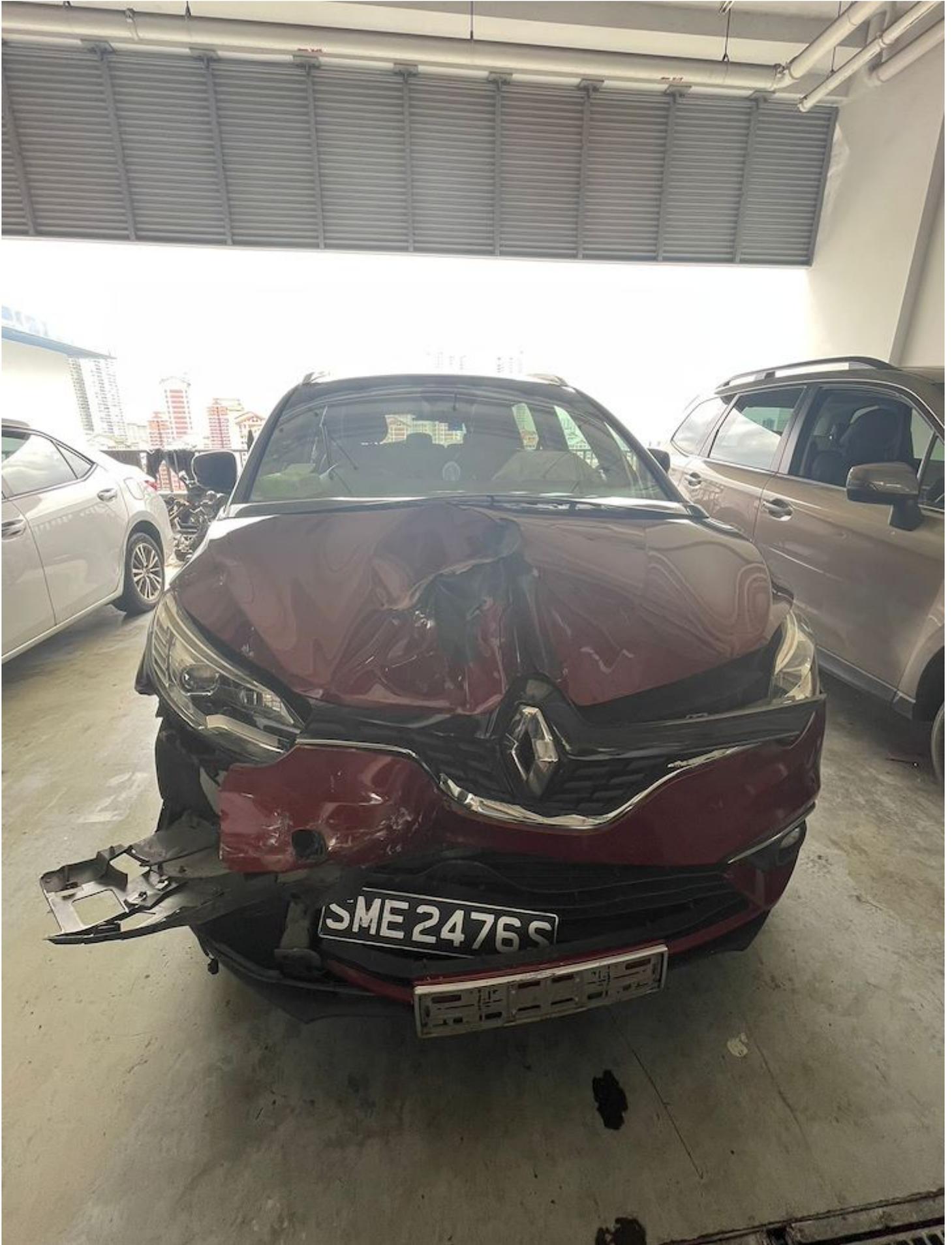


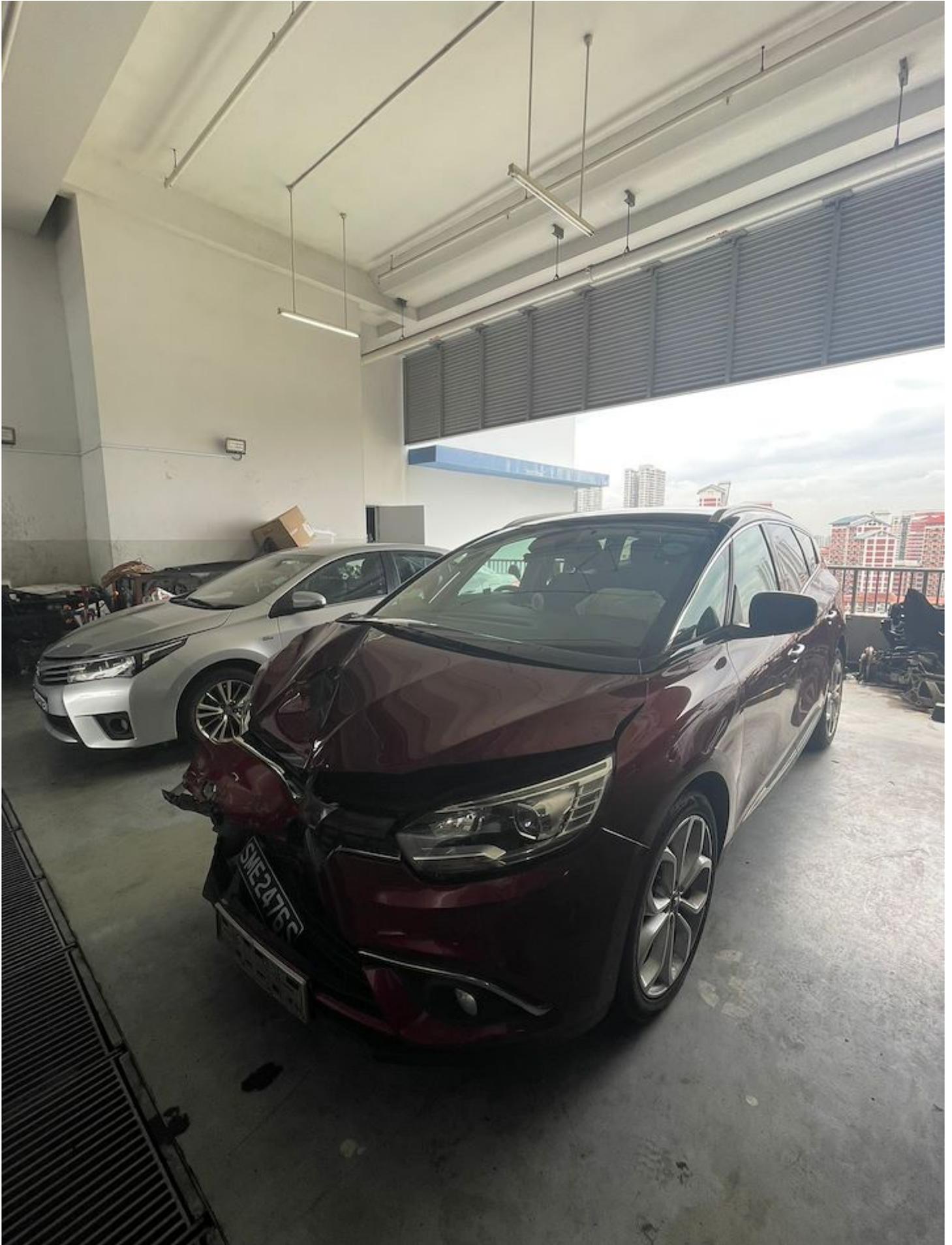
















**SINGAPORE  
POLICE FORCE**



T/20230213/2103

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

1 of 4

Report No. T/20230213/2103

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/02/2023 17:02	Vide Report No.:	Station Diary No.: 55
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**Informant's Particulars**

Name of Informant: LIM BENG HWEE		Address: APT BLK 934 JURONG WEST STREET 91 #04-327 SINGAPORE 640934	
ID Type / ID No.: NRIC NO / S0076358F		Contact No.: Home/Office:                      Mobile: 91517410	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 68	Date of Birth: 18/04/1954	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3A                      Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 13/02/2023 07:40	Type of Location: Straight Road
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control:		Traffic Volume: Moderate
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
SHD6701E	TAXI	MERCEDES BENZ		White	Slightly Damaged	0
SLV5672U	Car	HONDA		Blue	Slightly Damaged	0
SME2476S	Car	RENAULT		Maroon	Seriously Damaged	1
SMR8398B	Car	HONDA		Grey	Slightly Damaged	0
SMY4983B	Car			Grey	Slightly Damaged	0



**SINGAPORE  
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T/20230213/2103

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Tel No: 1800-2659999

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Report No. T/20230213/2103

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	YEO CHIN SOON	ID No.	NIL
Related Vehicle	SHD6701E (TAXI)	Contact No.	96674128
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LIM BENG HWEE	ID No.	S0076358F
Related Vehicle	SME2476S (Car)	Contact No.	91517410
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	CHONG YAN SENG	ID No.	NIL
Related Vehicle	SMR8398B (Car)	Contact No.	96510147
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



**SINGAPORE  
POLICE FORCE**



T/20230213/2103

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610158  
Tel No: 1800-2659999

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Report No. T/20230213/2103

**CONTINUATION OF REPORT**

Driver			
Name	TOH PEI PING		ID No. NIL
Related Vehicle	SMY4983B (Car)		Contact No. 81392727
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

**Brief Details.**

On 13.02.2023 at about 0740hrs, I was driving; SME2476S along PIE(Changi) about to exit onto Corporation Road exit. When taking the exit, I was travelling on the extreme right of a 3 lane exit. However subsequently, in front of my had a vehicle pile up hence when I applied my brakes I did not managed to stop in time and collided onto vehicle; SMY4983B. Prior to the collision of the said vehicle, the vehicle was already in an accident with further vehicles in front of it as follows;

SMY4983B, SHD6701E, SMR8398B and SLV5672U. No ambulance or police attended to us. However all of us claimed that there were no injuries sustained and there was an LTA officer there. The said officer advised to proceed and continue with respective journeys after exchanging particulars as to avoid traffic congestion.

I proceeded to JURONG NPP and was issued a non-168 report. However after doing so, I received a call from Traffic Police and was advised to lodged a traffic police report.



**SINGAPORE  
POLICE FORCE**



T/20230213/2103

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158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

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Report No. T/20230213/2103

**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 /

SR STAFF SGT MOHAMMED  
AMIRULHAFIZ BIN RAMLAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/02/2023 17:02

Officer In Charge Of Case:

TP / GIA /  
SR STAFF SGT FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65470000

Classification Of Case:

NP168





**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours : Monday to Friday, 09:00 – 17:00  
 UEN: S665500206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : SV10232D0002 Vehicle Registration No: SNH3768R  
 Name (as shown in NRIC) : LIM BENG HWEE NRIC/FIN/Passport No : S0076358F  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : APT BLK 934 JURONG WEST STREET 91 #04-327 Singapore(640934)  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 9151 7410  
 Email Address : MALAZSENG@GMAIL.COM  
 Date of Accident : 13/02/2023 Time of Accident : 07:40  
 Place of Accident : PIE TOWARDS CTE  
 Insurance Company: ALLIANZ INSURANCE

**(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:

Amended Injured Person's name  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

*Kiara*  
  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date: