

SJ0E232K0003 / Jin Auto Services Pte Ltd
ENTRY DATE & TIME: 20/02/2023 12:25 (SGT)
SUBMITTED BY: Foong Sau Wah
VERSION: 1 (21/02/2023 10:30 (SGT))

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	20/02/2023 12:25 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	19/02/2023 13:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV46K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOW SIAM LUAN
NRIC No	S1559350D
Email Address	MARCUS_LIMJYNJIE@HOTMAIL.COM
Mobile Phone No	(Phone) +65-98341503
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	1498

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00274542200

DRIVER

Name of Driver	LIM JYN JIE MARCUS
NRIC No	S9746324G
Date Of Birth	24/12/1997
Occupation	Indoor

Date Of Driving Pass	08/12/2016
Driving experience	6 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91469503
Alt. Phone Number	-
Email Address	MARCUS_LIMJYNJIE@HOTMAIL.COM
Address	BLK 228A PUNGGOL FIELD #16-102
Address complement	-
Postcode	821228
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Head to Rear
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?	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	PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Potong Pasir Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002829999
Alt. Police Station Phone No	(Fax) +65-62815964
Police Station Address	Blk 142 Potong Pasir Avenue 3 #01-240 Singapore 350142
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

FRONT CAR STOPPED SO I FOLLOWED SUIT BUT VEH B FAILED TO BRAKE IN TIME, HIT ONTO MY VEH REAR PORTION.

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	SNA7485S
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)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM JYN JIE MARCUS
Gender	Male
Phone No	(Phone) +65-91469503
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLV46K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	PASSENGER
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLV46K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

SKETCH PLAN

IMPORTANT NOTICE

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the Insurers to 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.
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

20/02/23
Sketch Plan

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

20/02/23

Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card)

Soh Wah Jin

DOA: 19/2/23

A: SLV 46F


B: SNA 74855


PIE

Describe Circumstance of the Accident

Frt car stopped so I followed suit but veh
 I failed to brake in time hit into my veh rear
 portion

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


 Policyholder's Signature / Date & Time
 20/02/23


 Driver's Signature (if driver is not the policyholder) / Date
 & Time 20/02/23


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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999



T/20230220/2058

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Report No: T/20230220/2058

CONTINUATION OF REPORT

Passenger			
Name	LOW SIAM LUAN	ID No.	S1559350D
Related Vehicle	SLV46K (Car)	Contact No.	NIL
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	Serious
Driver			
Name	LIM JYN JIE, MARCUS	ID No.	S9746324G
Related Vehicle	SLV46K (Car)	Contact No.	91469503
Hospital/Clinic	INTEMEDICAL KOVAN	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	19/02/2023	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	BHANUDASS SARAVANA SELVAN	ID No.	S7065473C
Related Vehicle	SNA7485S (Car)	Contact No.	81427237
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 19/02/2023 at about 1330hrs, I was driving my vehicle (SLV46K) along PIE towards TUAS direction before Corporation exit when I was involved in an accident.

I was driving on the second lane when suddenly a vehicle in front of me had brake his vehicle. I managed to brake my vehicle as well. I then noticed from my rear-view mirror that the car behind me was quite fast. Hence, I made a check on the right lane to see if it was clear and swerved my vehicle to the right lane while stopping. However, the vehicle (SNA7485S) behind still collided into my vehicle.

I alighted from my vehicle and saw that the rear bumper of my vehicle was damaged and dented. As no one was seriously injured, we did not call for the police or ambulance. We proceeded to exchange our particulars and left.



SINGAPORE
POLICE FORCE



T/20230220/2058

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

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Report No. T/20230220/2058

CONTINUATION OF REPORT

After the accident, I felt pain on my back, neck and knee. My mother who was also in the car was not feeling well due to pain on her knees. We went to see a doctor and was given 3 days of MC each.

**SINGAPORE
POLICE FORCE**

T/20230220/2058

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Report No. T/20230220/2058

Police Station Of Origin:
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

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:

E /
SGT 3 NEO ZUO QUAN

7

Signature Of Informant:

Signature Of Interpreter:
Not applicableDate/Time:
20/02/2023 14:19

Officer In Charge Of Case:
TP / AEIT /
SR STAFF SGT MUHAMMAD NOOR BIN
ABDUL RAHMAN
Contact No.: 65476219

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: SJ0E232K0003 ~~T/00000000-0058~~ Vehicle Registration No: SLV46K
 Name (as shown in NRIC): Lim Jyn Jie Marcus NRIC/FIN/Passport No: S9746324G
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 228A Punggol Field #16-102 Singapore (821228)
 Contact (Tel): _____ Mobile No.: 91469503
 Email Address: marcus_limjynjie@hotmail.com
 Date of Accident: 19 Feb 2023 Time of Accident: 1330 Hrs
 Place of Accident: PIE toward Tuas
 Insurance Company: China Taiping Insurance (Singapore) Pte Ltd

(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:

Submit Police Report

Marcus Lim

Policyholder / Driver's Signature
 Date: 20 Feb 2023

Hoong Sau Wah



Reporting Centre Personnel's Signature
 Name: Hoong Sau Wah
 NRIC/FIN No.: SXXXX2041
 Date: 21/02/2023