

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	13/03/2023 18:07 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	12/03/2023 14:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE JUST AFTER STEVENS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML5277T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM ZHI JIAN, CLINTON
NRIC No	SXXXX825I
Email Address	CLINTONLIMZJ@GMAIL.COM
Mobile Phone No	(Phone) +65-94523347
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Porsche
Model	Boxster
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1988

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00127412201

DRIVER

Name of Driver	LIM ZHI JIAN, CLINTON
NRIC No	SXXXX825I
Date Of Birth	26/02/1988
Occupation	Indoor

Date Of Driving Pass	21/05/2007
Driving experience	15 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94523347
Alt. Phone Number	-
Email Address	CLINTONLIMZJ@GMAIL.COM
Address	58 DUCHESS AVENUE #04-04
Address complement	-
Postcode	-
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	4
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)	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?	Yes
Police Station Name	Bukit Timah Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004629999
Alt. Police Station Phone No	(Fax) +65-64628933
Police Station Address	1 Duke Road Singapore 268914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD CARD WITH THE POLICE.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJH5445G
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WONG YUEN LIK
Contact Number	(Phone) +65-96287528
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Allianz Insurance Singapore Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SNF9861A
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 3

Vehicle Registration Number	SKQ3903E
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	LIM ZHI JIAN, CLINTON
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	REFER TO ATTACH
Injured person in which vehicle?	SML5277T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTICE

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13/3/73, 130000

DATE: 10/10/2012
TIME: 10:10 AM
PAGE: 10

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 12th of March 2023 at approximately 1.5pm, I was driving along PE towards Tins on lane 2. All of a sudden, the car ahead of me jammed brake (SNF 9561H). I was not the 1st car, I stopped I applied emergency brake too far and managed to avoid colliding with him as I was granted to a halt. I felt a great impact from the back as I was hit by car number (SNF 5945E), pushing me forward to hit the rear of SNF 9561H. Seconds later, a second impact from the back which was likely caused by SNF 3000E pushed me forward hitting SNF 9561H again. I suffered no physical injuries except some bruises on the back of my head but not severe enough. I did not immediately hop on the ambulance but subsequently called Mount Airview N&E as I was still feeling very disorientated and did not know how to drive and everything was blurry. I am still suffering from partial memory loss and massive disorientation with occasional memory attacks that causes dizziness. This was highlighted to the doctor. The impact from behind was great.

DECLARATION

I declare the foregoing particulars are true and correct.

Declarer's Signature
Date & Time

13/3/23 1300hrs

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

Signature
Date & Time