

# 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 .....	27/03/2023 13:58 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	24/03/2023 21:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PIE TOWARDS CHANGI AIRPORT BEFORE EUNOS EXIT
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNB8535U
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LIM JING ZHE
NRIC No .....	SXXXX947B
Email Address .....	jayzeezhezhe@gmail.com
Mobile Phone No .....	(Phone) +65-97966220
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Prius
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 hire
Transmission .....	Auto
CC .....	1797

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMHCSNW0002122200

### DRIVER

Name of Driver .....	LIM JING ZHE
NRIC No .....	SXXXX947B
Date Of Birth .....	11/05/1992
Occupation .....	Outdoor

Date Of Driving Pass .....	17/01/2014
Driving experience .....	9 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97966220
Alt. Phone Number .....	-
Email Address .....	jayzeezhezhe@gmail.com
Address .....	APT BLK 296 CHOA CHU KANG AVENUE 2
Address complement .....	# 10-10
Postcode .....	680296
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 - 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) .....	7
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 .....	XU JIA ( WIFE )
Gender .....	Female

#### PASSENGER 2

Name .....	YOLANDA LIM ( DAUGHTER )
Gender .....	Female

#### PASSENGER 3

Name .....	GIDEON LIM ( SON )
Gender .....	Male

#### PASSENGER 4

Name .....	GI SELA LIM ( DAUGHTER )
Gender .....	Female

#### PASSENGER 5

Name .....	LIM JING HAN ( BROTHER )
Gender .....	Male

#### PASSENGER 6

Name .....	TOH YEE TENG ( SISTER IN-LAW )
Gender .....	Female

#### 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 THE ATTACHED POLICE REPORT - T/20230326/7043

#### 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 .....	SMR3787U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	CHOO HWA HOCK
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 JING ZHE
Gender .....	Male
Phone No .....	(Phone) +65-97966220
Address .....	APT BLK 296 CHOA CHU KANG AVENUE 2
Address Complement .....	# 10-10
Post Code .....	680296
Approximate Age Years Old .....	-
Injuries Sustained .....	SORENESS ON NECK, SHOULDERS AND BACK AREAS - GIVEN 5 DAYS OF MC
Injured person in which vehicle? .....	SNB8535U
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

##### INJURED 2

Name of injured person .....	XU JIA ( WIFE )
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SORENESS ON NECK, SHOULDERS AND BACK AREAS - GIVEN 5 DAYS OF MC
Injured person in which vehicle? .....	SNB8535U
Were seat belts worn? .....	-

Was this injured conveyed to hospital by ambulance? .....	No
INJURED 3	
Name of injured person .....	YOLANDA LIM ( DAUGHTER )
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SORENESS ON NECK, SHOULDERS AND BACK AREAS - GIVEN 3 DAYS OF MC AND 5 DAYS LIGHT DUTY
Injured person in which vehicle? .....	SNB8535U
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No




INJURED 4	
Name of injured person .....	GIDEON LIM
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SORENESS ON NECK, SHOULDERS AND BACK AREAS - GIVEN 3 DAYS OF MC AND 5 DAYS LIGHT DUTY
Injured person in which vehicle? .....	SNB8535U
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 5	
Name of injured person .....	GISELA LIM
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SORENESS ON NECK, SHOULDERS AND BACK AREAS - GIVEN 3 DAYS OF MC AND 5 DAYS LIGHT DUTY
Injured person in which vehicle? .....	SNB8535U
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

# **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**.
  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. The 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.
- 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
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**Sketch Plan** PIE towards Chengji Airport Before Bus Exit

<p>PIE towards Chengji Airport</p> <div style="border: 1px solid black; width: 100px; height: 30px; margin: 10px auto; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 12px;">R ← K → A</span> </div>	<p>R = SNB 8535U</p> <p>B = SMR 3787U</p>
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**Describe Circumstances of the Accident**

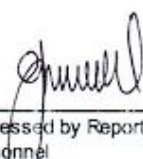
Refer to police report T/2080306/7043

**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

 27/3/23  
 Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20230326/7043

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

2 of 4

Report No. T/20230326/7043

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNB8535U	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000212 22200	04/11/2022	22/11/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LIM JING ZHE		ID No.	S9216947B
Related Vehicle	SNB8535U (Car)		Contact No.	97966220
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	05		Degree of	Serious

Brief Details.

On the stated date and time I was ferrying my family on board vehicle SNB8535U.

1. Xu Jia (wife)
2. Yolanda Lim - daughter
3. Gideon Lim - son
4. Gisela Lim - daughter
5. Lim Jing Han - brother
6. Toh yee teng - sister in law

We were travelling straight on lane 1 on PIE towards Changi.

As we were around Paya lebar exit, the vehicle in front stopped and I followed.

Suddenly vehicle SMR3767U came from behind and hit onto our vehicle's rear portion.

The impact was great.

I quickly check on my kids and realised Gisela had hit her head onto her baby seat.

After a while we all felt soreness on our neck, shoulders and back areas.

The pain got increasingly worse for all of us through the weekend.

We then proceeded to Unihealth 24-Hr Clinic Jurong East to seek treatment and me and my wife were given 5 days MC.



**SINGAPORE  
POLICE FORCE**



T/20230326/7043

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

3 of 4

Report No. T/20230326/7043

**CONTINUATION OF REPORT**

My kids were all given 3 days MC and 5 days Light duty.









































# SINGAPORE POLICE FORCE



T/20230326/7043

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

1 of 4  
Report No. T/20230326/7043

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/03/2023 18:30		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LIM JING ZHE			Address: 296 CHOA CHU KANG AVENUE 2 #10-10 SINGAPORE 680296		
ID Type / ID No.: NRIC NO / S9216947B			Contact No.: Home/Office: Mobile: 97966220		
Nationality: SINGAPORE CITIZEN			Email: jayzeezhezhe@gmail.com		
Sex: Male	Age: 30	Date of Birth: 11/05/1992	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 Others	Drink Drive: No	Date/Time of Accident: 24/03/2023 21:00	Type of Location:
Location: PIE towards Changi before Paya lebar exit				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SNB8535U	Car	TOYOTA	PRIUS ALPHA HYBRID 1.8S CVT	Grey		6

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20230326/7043

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
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2 of 4

Report No. T/20230326/7043

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNB8535U	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000212 22200	04/11/2022	22/11/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LIM JING ZHE		ID No.	S9216947B
Related Vehicle	SNB8535U (Car)		Contact No.	97966220
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	05		Degree of	Serious

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3 of 4

Report No. T/20230326/7043

**CONTINUATION OF REPORT**

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**SINGAPORE  
POLICE FORCE**

T/20230326/7043

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

4 of 4

Report No. T/20230326/7043

**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:

NP168

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

Date/Time:  
26/03/2023 18:30

Classification Of Case:



