

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 16:27 (SGT)
Reported by	Actual Driver
Date of Accident	26/03/2023 18:13 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE TOWARDS TUAS EXIT CLEMENTI AVENUE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC5246E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	REVEL AUTO
Company Reg No	5XXXX863k
Email Address	derrick21tan@hotmail.com
Mobile Phone No	(Phone) +65-98334443
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	City
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?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1497

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D23MFL0001311

DRIVER

Name of Driver	LIM XINYI , ELLIS
NRIC No	SXXXX546D
Date Of Birth	04/10/1989
Occupation	Outdoor

Date Of Driving Pass	09/04/2009
Driving experience	13 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81290888
Alt. Phone Number	-
Email Address	derrick21tan@hotmail.com
Address	92 PUNGGOL DRIVE
Address complement	# 11-07
Postcode	828795
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RENTAL-LEASING
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)	5
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	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

Name	UNKNOWN
Gender	Female

PASSENGER 4

Name	UNKNOWN
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/20230327/7053

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 SLH9183L
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver -
 Contact Number (Phone) +65-91465036
 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 XINYI , ELLIS
 Gender Female
 Phone No (Phone) +65-81290888
 Address 92 PUNGGOL DRIVE
 Address Complement # 11-07
 Post Code 828795
 Approximate Age Years Old -
 Injuries Sustained NECK, SHOULDER, LOWER BACK AND CHEST PAIN- GIVEN 5 DAYS OF MC
 Injured person in which vehicle? SMC5246E
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person UNKNOWN
 Gender Female
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained NECK, SHOULDER, LOWER BACK AND CHEST PAIN
 Injured person in which vehicle? SMC5246E
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person UNKNOWN
 Gender Female
 Phone No -
 Address -
 Address Complement -
 Post Code -

Approximate Age Years Old	-
Injuries Sustained	NECK, SHOULDER, LOWER BACK AND CHEST PAIN
Injured person in which vehicle?	SMC5246E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 4

Name of injured person	UNKNOWN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK, SHOULDER, LOWER BACK AND CHEST PAIN
Injured person in which vehicle?	SMC5246E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 5

Name of injured person	UNKNOWN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK, SHOULDER, LOWER BACK AND CHEST PAIN
Injured person in which vehicle?	SMC5246E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTICE

SKETCH PLAN

1. Please report correctly the details of the accident to speed up the claims process.
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4. The tender 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 submission 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 sforesaid.

8. Consenting under the Personal Data Protection Act (PDPA)
I understand and 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 any 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 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); or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (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/also 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.

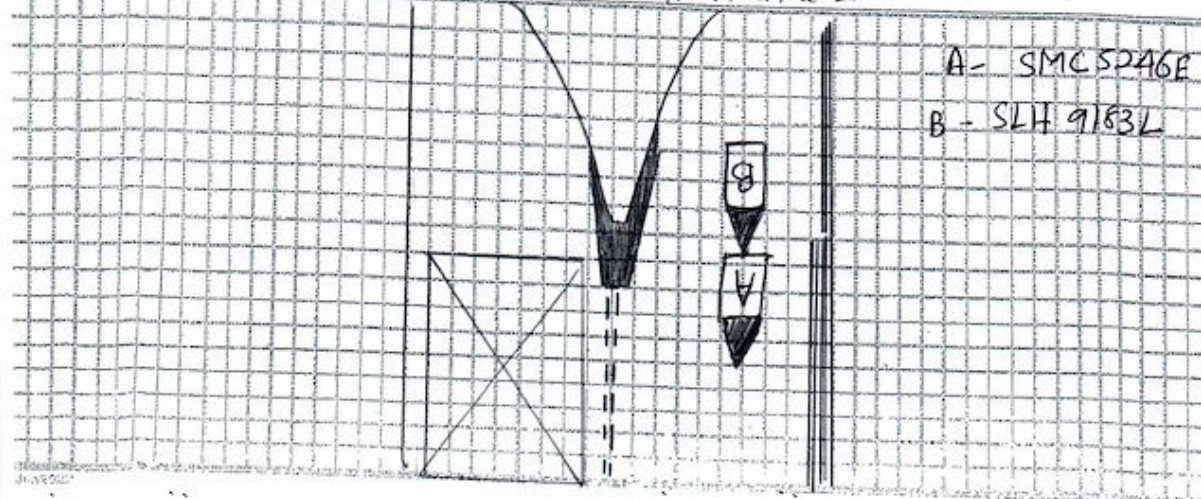
REVEL AUTO
UEN 53423863K

Policyholder's Signature / Date & Time

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

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

Sketch Plan **Aye Tawards Tuas Exit Clementi Avenue 2**



Description of the Accident

— please Refer to the attached police Report —

— T12023032717053

Declaration

We declare the foregoing particulars are true in every respect.

REVEL AUTO
UEN 53423863K

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name and CRIC/ID card)

2022



**SINGAPORE
POLICE FORCE**



T/20230327/7053

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

2 of 3
Report No. T/20230327/7053

CONTINUATION OF REPORT

Driver			
Name	LIM XINYI, ELLIS	ID No.	S8934546D
Related Vehicle	SMC5246E (Car)	Contact No.	81290888
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: 09/04/2009
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

I was with my 4 female passengers. I driving along at AYE toward Tuas Clementi ave 2 toward Clementi west slip road. I stop and check for on coming car. When I was about to move off suddenly a white Toyota wish car plate SLH9183L bang onto my back of my vehicle SMC5246E.

























**SINGAPORE
POLICE FORCE**



T/20230327/7053

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

1 of 3

Report No. T/20230327/7053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/03/2023 15:19		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM XINYI, ELLIS			Address: 92 PUNGGOL DRIVE #11-07 SINGAPORE 828795		
ID Type / ID No.: NRIC NO / S8934546D			Contact No.: Home/Office: Mobile: 81290888		
Nationality: SINGAPORE CITIZEN			Email: ELLIS@HOTMAIL.SG		
Sex: Female	Age: 33	Date of Birth: 04/10/1989	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3		Date of Expiry: 09/04/2009

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/03/2023 18:10	Type of Location: Aye exit Clementi west Slip road
Location: WEST COAST ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMC5246E	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20230327/7053

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

2 of 3
Report No. T/20230327/7053

CONTINUATION OF REPORT

Driver			
Name	LIM XINYI, ELLIS	ID No.	S8934546D
Related Vehicle	SMC5246E (Car)	Contact No.	81290888
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: 09/04/2009
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

I was with my 4 female passengers. I driving along at AYE toward Tuas Clementi ave 2 toward Clementi west slip road. I stop and check for on coming car. When I was about to move off suddenly a white Toyota wish car plate SLH9183L bang onto my back of my vehicle SMC5246E.



**SINGAPORE
POLICE FORCE**



T/20230327/7053

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

3 of 3

Report No. T/20230327/7053

CONTINUATION OF REPORTSketch 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:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

NP168

Signature Of Informant:

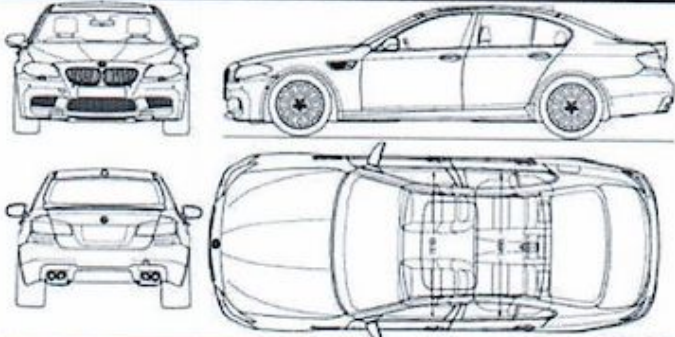
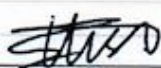

The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
27/03/2023 15:19

Classification Of Case:



REVEL AUTO			
120 Potong Pasir Ave 1 #01-820 (350120)		UEN: 53423863K	
Rental Agreement Form			
Applicant Information			
Name: LIM XINYI ELLIS		NRIC: S8934546D	
Email:		Gender: Male / Female	
Mobile No: 81290888	Home:	Date of Birth: 04 Oct 1989	
Address (Stated in NRIC) 92 PUNGGOL DRIVE #11-07		Singapore (828795)	
Correspondence Address:		Singapore ()	
Driving License Pass Date: 09 APR 2009			
Employment Information			
Company:			
Company Address:			
Office Phone:	Fax:	Current Position	
Information of Next of Kin / Guarantor			
Name:		Relationship:	
NRIC:	Mobile No:	Home:	
Address (Stated in NRIC)		Singapore ()	
Vehicle Details			
Vehicle Registration No: SMC5246E			
Make / Model: HONDA CITY 1.5 SV CVT		Transmission: Manual / Automatic / Semi-Auto	
Lease Details			
From: 14/02/2023		To: 13/02/2024	
Agreed Sum of Lease: \$420		Terms of Payment: Daily / Weekly / Monthly	
Collection Date & Time: 10/02/2023 12pm		Return Date & Time:	
Vehicle Details			
Mileage Upon Lease:		Fuel Upon Collection:	
Other Remark:		REVEL AUTO UEN 53423863K	

Vehicle Condition - Please mark damaged / scratched area upon collection	
	
Terms & Conditions <p>The "Hirer" will abide the following rules upon lease of the vehicle:</p> <p>(a) All regulations and laws governed by Singapore Police Force.</p> <p>(b) Insurance coverage solely to "Hirer" only, and other(s) charges will be borne by the "Hirer" in an event of an accident or similar occurrence.</p> <p>(c) Diligence to operate the vehicle in a proper manner, in any occurrence of negligence, charges would be borne by "Hirer"</p> <p>(d) Not to use the vehicle to:</p> <ul style="list-style-type: none"> (i) push or tow another vehicle (ii) participate in any race or competition <p>(e) Any violation of laws or traffic rules, charges will be borne by "Hirer"</p> <p>(f) "Hirer" is hereby responsible to check and pay any violation as occurred during the period of lease, in an event of occurrence in which the violation is outstanding and to be enclosed by "Revel Auto", additional charges applies per furnishing.</p> <p>(g) Inform correspondence <u>7 days in advance</u> upon return of vehicle. If "Hirer" choose to omit this line, <u>charge of 7 days rental would be imposed on "Hirer"</u></p>	
<p>*For "Hirer" whom lease the vehicle for Private Hire Purposes</p> <ul style="list-style-type: none"> - Daily/Weekly/Monthly rental will be deducted from the Private Hire reimbursement weekly - Payment must make by every Monday, before 2359hrs for weekly rental - Payment must make by every 1st day of the month, before 2359hrs for monthly rental - \$10/day late charges will be imposed if payment transaction was not completed. <p>- In the event if driver is unable to fulfill the payment of the vehicle in 2 days of demand by correspondence, Revel Auto reserve the rights to repossess the lease vehicle and recover the payment from the "Hirer" Next-of-Kin / Guarantor through legal / court proceedings. Additional or Miscellaneous Charges will be borne by "Hirer"</p>	
<p>"Hirer" is required to return Revel Auto for a monthly periodically maintenance to ensure that the lease vehicle is as per lease condition. "Hirer" will bear all repair / damage / modification done on the lease vehicle to return as per previous condition if this line is ignored.</p>	
<p>Vehicle is only to be used and driven in Singapore. In any occurrence, "Hirer" is to use the vehicle out of Singapore, all cost will be borne by "Hirer". "Hirer" is liable to pay the market value of the vehicle at point of loss and inclusive of all damages and demands of losses to Revel Auto, upon the occurrence of loss vehicle reported.</p>	
<p>In case of an accident, driver has to pay for all repair, rental and accident excess fee.</p>	
<p>I/we acknowledge that my/our personal data may/will be disclosed by Revel Auto to its third party service providers or agents (including its lawyers / law firms / authority of Singapore), which may be sited outside of Singapore, for one or more of the purposes, as such third party service providers or agents</p>	
<p>I hereby, the "Hirer" have fully read and agrees to the terms of Revel Auto</p>	
 Hirer Signature/Date & Time	10/02/2023 12pm Representative of Revel Auto
	

**INTEMEDICAL KOVAN**

210 Hougang St21 #01-233 530210
Tel: (65) 6243 3036 Fax: (65) 6243 3103

INTEMEDICAL**MEDICAL CERTIFICATE****MC No: OD-KV0000549355****NAME: LIM XINYI, ELLIS****NRIC: S8934546D**

This is to certify that the above patient name is Unfit for Duty for a period of 5 day
from **26-03-2023** to **30-03-2023** inclusive.

Note: This certificate is not valid for absence from court or other judicial proceedings.

DR SOON WEILING EILEEN
MBBS (Singapore), Dip in Sports Med (IOC)
MCR 60866A

INTEMEDICAL KOVAN
210 HOUGANG ST 21 #01-233
SINGAPORE 530210
TEL: (65) 6243 3036 FAX: (65) 6243 3103
EMAIL: contact.kovan@intemedical.com

Soon Weiling Eileen

M60866A


MBBS (Singapore), Dip in Sports Med
(IOC)

Resident Physician

Signature

26/03/2023

Date



INTEMEDICAL

INTEMEDICAL KOVAN
 210 Hougang St21 #01-233
 Singapore 530210
 Tel: (65) 6243 3036 Fax: (65) 6243 3103
 GST Reg no. / UEN: 201929569G

Provider: Soon Welling Eileen

TAX INVOICE
 Invoice No. NV-KV167641
 Invoice Date: 28/03/2023

LIM XINYI, ELLIS (SXXXX546D)
 92 PUNGGOL DRIVE, #11-07, RIVERPARC RESIDENCE, SINGAPORE, #28795

Ref ID :KV72207

Item Name	Quantity	UOM	Unit Price	DISC	Total Price
PARACETAMOL + ORPHENADRINE TAB 500MG (ANAREX)	20	TABS	0.60		12.00
ETORICOXIB TAB 120MG	10	TABS	3.00		30.00
PANTOPRAZOLE TAB 40MG	7	TABS	2.00		14.00
METHYLSALICYLATE 30% CREAM 25G (COGESIC MAX)	1	TUBE	8.00		8.00
CONSULTATION	1	EA	38.00		38.00


Subtotal : \$102.00
 8% GST : \$8.16
Total : \$110.16
 Amount Paid : \$110.16

Receipt No.	Payment Date	Paid Amount	Payment Mode	Remark	Company
RT-KV183893	28/03/2023	110.16	VISA/MASTER		

All cheques should be crossed & made payable to
 "KTR MEDICAL PTE. LTD."

Company's name: KTR MEDICAL PTE LTD
 Company's GST Reg no. / UEN: 201929569G

For Safety reason medication sold are non refundable and non exchangeable



PAYNOW