

# 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 17:38 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	24/03/2023 14:10 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	TPE AFTER PUNGGOL ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	PC295K
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	HP PROPERTY AND FACILITY SERVICES PTE LTD
Company Reg No .....	1XXXXX268H
Email Address .....	madwolf1997@hotmail.com
Mobile Phone No .....	(Phone) +65-96699893
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Hiace
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 .....	Commercial vehicle
Transmission .....	Auto
CC .....	2982

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMB1SNW00007042200

### DRIVER

Name of Driver .....	MAURICE LIM JIAN DI
NRIC No .....	SXXXX325G
Date Of Birth .....	16/09/1998
Occupation .....	Outdoor

Date Of Driving Pass .....	23/08/2018
Driving experience .....	4 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87983896
Alt. Phone Number .....	-
Email Address .....	madwolf1997@hotmail.com
Address .....	16A SOMMERVILLE ROAD
Address complement .....	-
Postcode .....	358239
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	3
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) .....	9
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 .....	MARCUS TOH KOON KEE
Gender .....	Male

#### PASSENGER 2

Name .....	EDMUND YEO YI ZHI
Gender .....	Male

#### PASSENGER 3

Name .....	MAYBER TAN YUN HONG
Gender .....	Female

#### PASSENGER 4

Name .....	KEANE YEO JUNHAO
Gender .....	Male

#### PASSENGER 5

Name .....	MELISSA KHOO KAILING
Gender .....	Female

#### PASSENGER 6

Name .....	JASON LIM YI SHENG
Gender .....	Male

#### PASSENGER 7

Name .....	SYLVESTER LIM CAI JIA
Gender .....	Male

PASSENGER 8

Name ..... TAN AI TING  
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/20230324/7076

#### 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 ..... GBU39U  
Vehicle Manufacturer ..... Toyota  
Vehicle Model ..... Hiace  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Commercial vehicle  
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 2

Vehicle Registration Number ..... SKV296S  
Vehicle Manufacturer ..... Honda  
Vehicle Model ..... Jazz  
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 .....	MAURICE LIM JIAN DI
Gender .....	Male
Phone No .....	(Phone) +65-87983896
Address .....	16A SOMMERVILLE ROAD
Address Complement .....	-
Post Code .....	358239
Approximate Age Years Old .....	-
Injuries Sustained .....	SORENESS IN NECK,SHOULDERS,WRIST AND LOWER BACK - GIVEN 5 DAYS OF MC
Injured person in which vehicle? .....	PC295K
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

## INJURED 2

Name of injured person .....	MARCUS TOH KOON KEE
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SORENESS IN NECK,SHOULDERS,WRIST AND LOWER BACK - GIVEN 5 DAYS OF MC
Injured person in which vehicle? .....	PC295K
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No


Describe Circumstances of the Accident

DEFER TO POLICE REPORT

Declaration

We declare the foregoing particulars are true in every respect.

x   
 Policyholder's Signature / Date &  
 Time

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

 27/13/23  
 Witnessed by Reporting Centre  
 Personnel



**SINGAPORE  
POLICE FORCE**



T/20230324/7076

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

Report No. T/20230324/7076

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/03/2023 21:15		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MAURICE LIM JIAN DI			Address: 16A SOMMERVILLE ROAD SINGAPORE 358239		
ID Type / ID No.: NRIC NO / S9831325G			Contact No.: Home/Office: Mobile: 87983896		
Nationality: SINGAPORE CITIZEN			Email: MADWOLF1997@HOTMAIL.COM		
Sex: Male	Age: 24	Date of Birth: 16/09/1998	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PHV Driver			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/03/2023 14:10	Type of Location:
Location:  TAMPINES EXPRESSWAY				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
PC295K	Van					8

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20230324/7076

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

Report No. T/20230324/7076

**CONTINUATION OF REPORT**

Driver			
Name	MAURICE LIM JIAN DI	ID No.	S9831325G
Related Vehicle	PC295K (Van)	Contact No.	87983896
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 driving PC295K along TPE(Changi) with 8 passengers on board.

My front passenger, Marcus Toh Koon Kee, and I were sending our friends namely:

Edmund Yeo Yi Zhi <sup>↖</sup>  
Mayber Tan Yun Hong <sup>↘</sup>  
Keane Yeo Junhao <sup>↖</sup>  
Melissa Khoo Kailing <sup>↘</sup>  
Jason Lim Yi Sheng <sup>↖</sup>  
Sylvester Lim Cai Jia <sup>↖</sup>  
Tan Ai Ting <sup>↘</sup>

to the airport.

I had gradually come to a stop due to traffic conditions near to Punggol Road exit and I was waiting for the vehicles in front to move off when one massive impact hit onto the rear of my vehicle.

The 9 of us, who were all belted, were caught by surprise by the impact.

My body lurched forward and resulted in me jamming my wrist against the steering.

Upon alighting, I realised that my vehicle was involved in a 3 car chain collision involving:

PC295K  
GBD39U  
SKV296S

where my vehicle was the first vehicle.

After dropping our friends off, I started feeling soreness in my neck, shoulders, wrist and lower back areas.

Marcus also complained of the similar injuries and as such, we proceeded to seek treatment



**SINGAPORE  
POLICE FORCE**



T/20230324/7076

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

Report No. T/20230324/7076

**CONTINUATION OF REPORT**

at my family doctor Intemedical Potong Pasir the same evening.  
Marcus and I were given 5 days MC each for injuries caused by the accident.  
I am unsure if our friends had suffered injuries as they are currently overseas.

























ASSIS NO.	:	JTFST/2P900010488
ADEN WT.	:	2180 KG
. LADEN WT.:	:	3200 KG
ENGER CAP.:	:	1 DRIVER 13 OTHER
SIZE	:	(F) 195R15C 106/104S
	:	(R) 195R15C 106/104S