

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	29/03/2023 12:48 (SGT)
Reported by	Actual Driver
Date of Accident	28/03/2023 22:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	FROM GEYLANG ROAD TOWARDS GEYLANG LORONG 23
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX2990Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM SI HUI MICHELLE
NRIC No	SXXXX349D
Email Address	meixuey2k@hotmail.com
Mobile Phone No	(Phone) +65-96670387
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
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	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI22V17196/VPL/R02

DRIVER

Name of Driver	LIM WEE JIN , NIGEL
NRIC No	SXXXX873C
Date Of Birth	08/12/1982
Occupation	Outdoor

Date Of Driving Pass	17/11/2001
Driving experience	21 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96727359
Alt. Phone Number	-
Email Address	nigel08lim@gmail.com
Address	28 FERNWOOD TERRACE
Address complement	# 07-02
Postcode	458556
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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	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)	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	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230329/2023

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	SMZ5073R
Vehicle Manufacturer	Mercedes
Vehicle Model	E200
Vehicle Variant	-

Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-93657431
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 WEE JIN , NIGEL
Gender	Male
Phone No	(Phone) +65-96727359
Address	28 FERNWOOD TERRACE
Address Complement	# 07-02
Post Code	458556
Approximate Age Years Old	-
Injuries Sustained	PAIN ON NECK AND LOWER BACK - GIVEN 5 DAYS OF MC
Injured person in which vehicle?	SMX2990Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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4. The issuance 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.

3. 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.

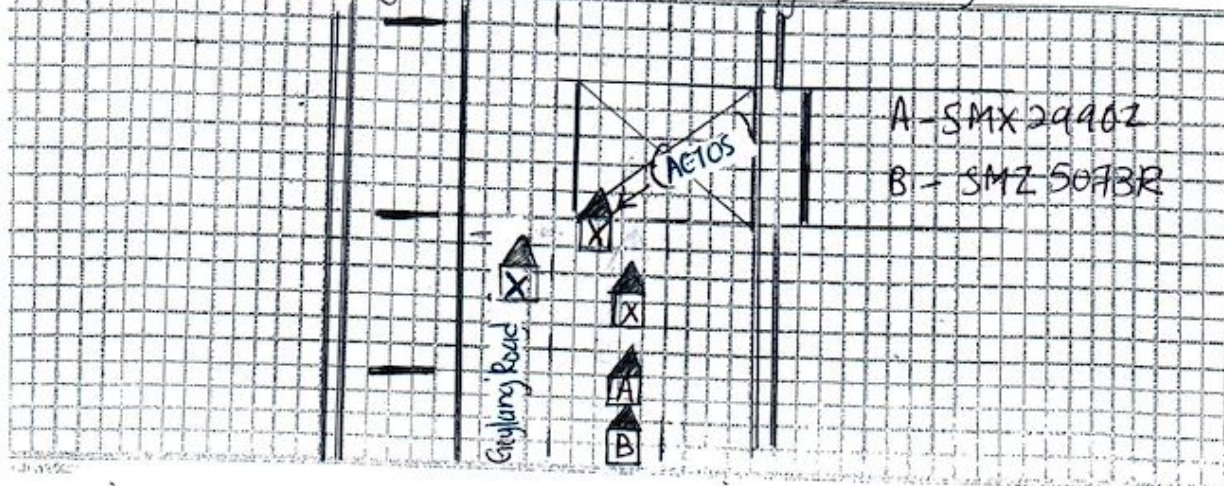
Policyholder's Signature / Date & Time

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

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

Sketch Plan

From Ceylang Road towards Geylang Jorney 23



Describe Circumstance of the Accident

please Refer to the attached police
Report - T120230329/2023

Declaration

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

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 NRIC/ID card)

vJun2022

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**SINGAPORE
POLICE FORCE**



T/20230329/2023

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20230329/2023

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM WEE JIN, NIGEL	ID No.	S8241873C
Related Vehicle	SMX2990Z (Car)	Contact No.	96727359
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	29/03/2023	Date Discharge	29/03/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 28/03/2023 at about 2210hrs, I was driving along Geylang Rd, towards Geylang Lor 23. When I pass by the Geylang Serai market, I noticed that there are Aetos officers controlling the traffic. The Aetos officer signal the vehicles from my direction to stop, hence I slowed down my vehicle, and came to a complete stop. After I stopped my vehicle, I felt an impact from the rear of my vehicle. I then alighted from my vehicle and spoke to the driver (SMZ5073R). However, the driver denied hitting the rear of my vehicle. She also refused to provide her particulars. She only provided her contact number (93657431). The driver initially requested for me to wait for her husband to arrive first, to discuss about the accident, but as there were heavy traffic along Geylang road. I decided to leave first, and lodge a police report later. The Aetos officers around the vicinity also advised us to leave the area, as it is very dangerous to stop at the road. I have front and back in-car camera in my vehicle, which captured the accident. I suffered pain on my neck and lower back. I was given 5 days MC. I am lodging this report for insurance claim purposes.
























**SINGAPORE
POLICE FORCE**


T/20230329/2023

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

1 of 3

Report No. T/20230329/2023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/03/2023 10:16	Vide Report No.:	Station Diary No.: 18
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Informant's Particulars

Name of Informant: LIM WEE JIN, NIGEL			Address: 28 FERNWOOD TERRACE #07-02 SINGAPORE 458556		
ID Type / ID No.: NRIC NO / S8241873C			Contact No.: Home/Office: Mobile: 96727359		
Nationality: SINGAPORE CITIZEN			Email: nigel08Lim@gmail.com		
Sex: Male	Age: 40	Date of Birth: 08/12/1982	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/03/2023 22:10	Type of Location: Straight Road
Location: GEYLANG ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Controlled by Others e.g. Workmen		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMX2990Z	Car	TOYOTA	NOAH HYBRID 7-SEATER 1.8 X CVT	Black	Slightly Damaged	0
SMZ5073R	Car	MERCEDES BENZ	E200 EXCLUSIVE M-HYBRID AUTO	Black		0


**SINGAPORE
POLICE FORCE**


T/20230329/2023

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

2 of 3

Report No. T/20230329/2023

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM WEE JIN, NIGEL	ID No.	S8241873C
Related Vehicle	SMX2990Z (Car)	Contact No.	96727359
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	29/03/2023	Date Discharge	29/03/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 28/03/2023 at about 2210hrs, I was driving along Geylang Rd, towards Geylang Lor 23. When I pass by the Geylang Serai market, I noticed that there are Aetos officers controlling the traffic. The Aetos officer signal the vehicles from my direction to stop, hence I slowed down my vehicle, and came to a complete stop. After I stopped my vehicle, I felt an impact from the rear of my vehicle. I then alighted from my vehicle and spoke to the driver (SMZ5073R). However, the driver denied hitting the rear of my vehicle. She also refused to provide her particulars. She only provided her contact number (93657431). The driver initially requested for me to wait for her husband to arrive first, to discuss about the accident, but as there were heavy traffic along Geylang road. I decided to leave first, and lodge a police report later. The Aetos officers around the vicinity also advised us to leave the area, as it is very dangerous to stop at the road. I have front and back in-car camera in my vehicle, which captured the accident. I suffered pain on my neck and lower back. I was given 5 days MC. I am lodging this report for insurance claim purposes.



**SINGAPORE
POLICE FORCE**



T/20230329/2023

3 of 3

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20230329/2023

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
G /
SGT 2 CHIU XIN LEONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI TAY CHUN KEEN
Contact No.: 65476436

Signature Of Informant:

Date/Time:
29/03/2023 10:16

Classification Of Case:

NP168

