

# 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 16:52 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	29/03/2023 09:00 (SGT)
Exact Location of Accident .....	Mandai Ave, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKR3097B
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LIM MENG FATT
NRIC No .....	S8220972G
Email Address .....	lim_mingfa@hotmail.com
Mobile Phone No .....	(Phone) +65-94778456
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Mazda
Model .....	6
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? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1998

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5129030918

### DRIVER

Name of Driver .....	LIM MENG FATT
NRIC No .....	S8220972G
Date Of Birth .....	22/07/1982
Occupation .....	Outdoor

Date Of Driving Pass .....	24/06/2004
Driving experience .....	18 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94778456
Alt. Phone Number .....	-
Email Address .....	lim_mingfa@hotmail.com
Address .....	BLK 458 YISHUN AVENUE 11
Address complement .....	#04-754
Postcode .....	760458
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? .....	Yes
Number of vehicles involved in the accident .....	4
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	-

#### FOREIGN VEHICLE 1

Vehicle Registration Number .....	JRB2603
Vehicle Category .....	Private car

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Tampines Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005871999
Alt. Police Station Phone No .....	(Fax) +65-65871699
Police Station Address .....	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE SEE ATTACHED SKETCH PLANS.

#### 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 .....	SJN5642Y
Vehicle Manufacturer .....	Honda
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	Black
Vehicle Category .....	Private car
Name of Driver .....	N.A
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 .....	SHC7135M
Vehicle Manufacturer .....	Hyundai
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	Yellow
Vehicle Category .....	Taxi
Name of Driver .....	N.A
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 .....	JRB2603
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Innova
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	N.A
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## SKETCH PLAN

## IMPORTANT NOTICE

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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 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.

## 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

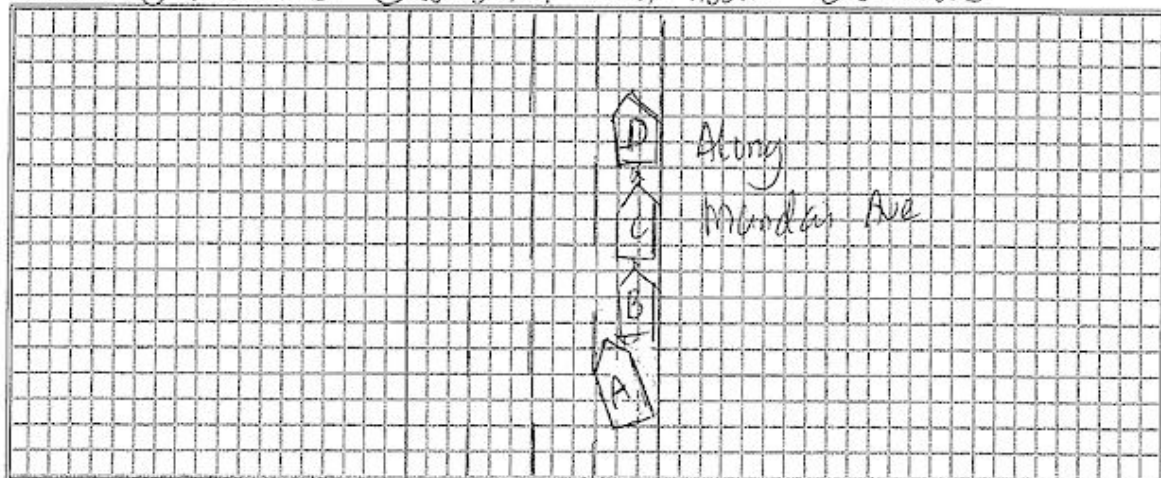
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 (A) SKR3097B (B) SJH56424 (C) SHC7135M (D) JRB2803



vJun2022

1

Describe Circumstances of the Accident

On 29-3-2023 around 0900hrs, I was driving along  
Mandari Ave. Vehicle B in front of me was stationary, I  
wanted to change lane to my left but there were on  
coming vehicles and not enough space to change lane.  
I cannot stop in time and hit vehicle B.  
I got out to check, there were <sup>2, more</sup> vehicles involved.  
total 4 vehicles.

☐ Claim OD    ☐ Claim Third Party    ☒ Claim OD/TP at other workshop    ☐ Reporting Only

Please forward a copy of my efile accident report to:

My workshop :

Email address :

Myself email :

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

Declaration

I/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



Witnessed by Reporting Centre Personnel







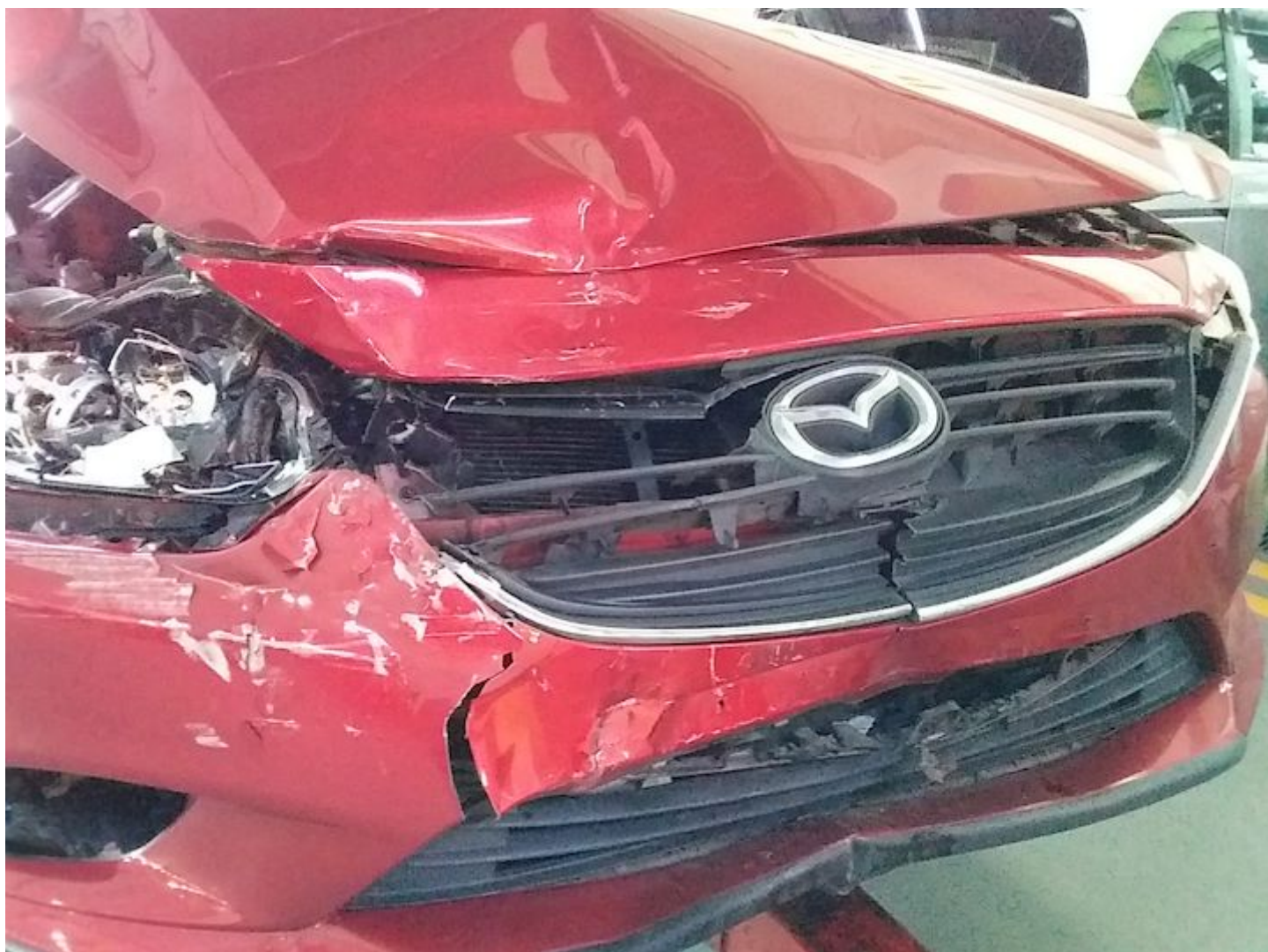






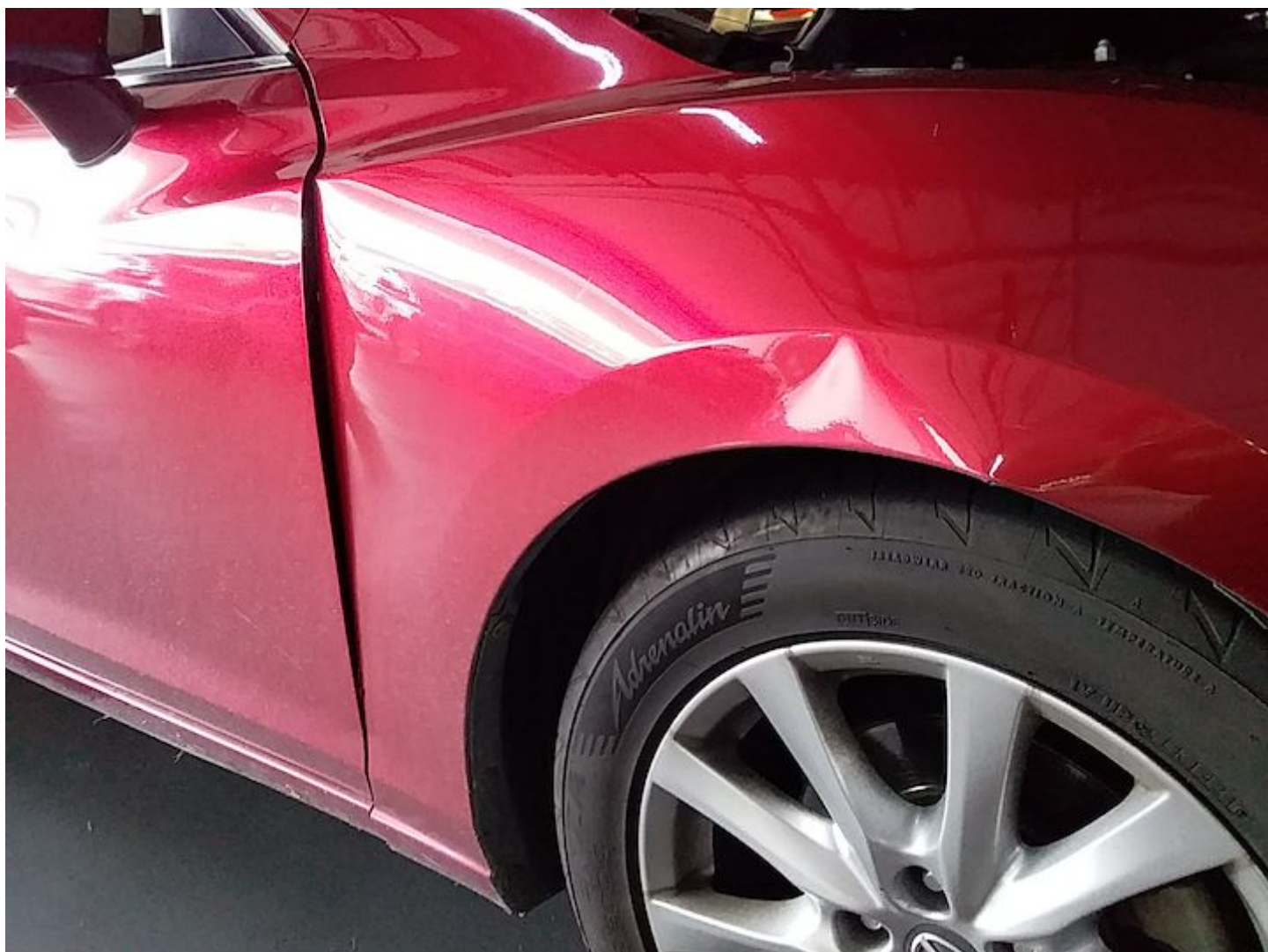












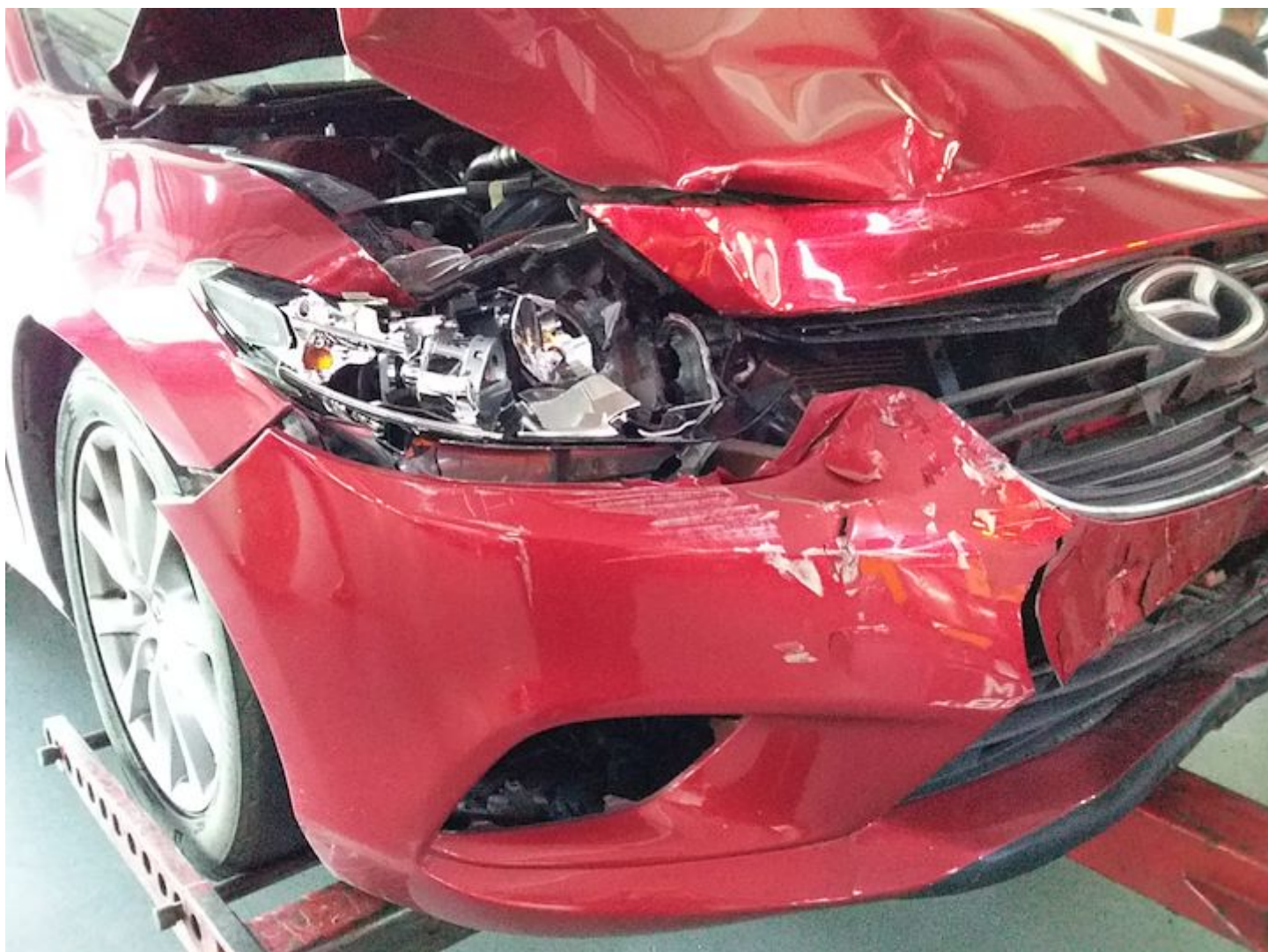
















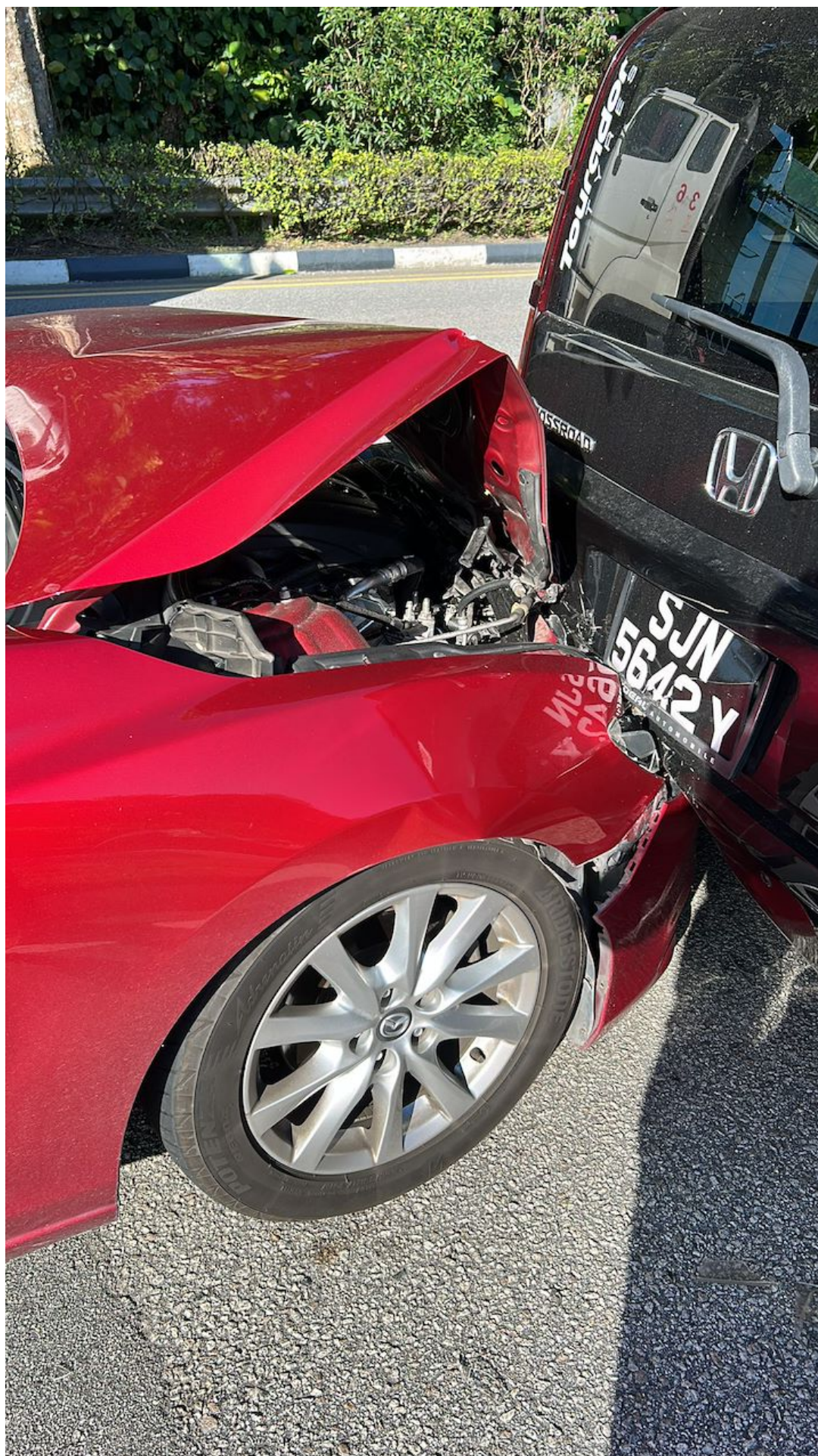




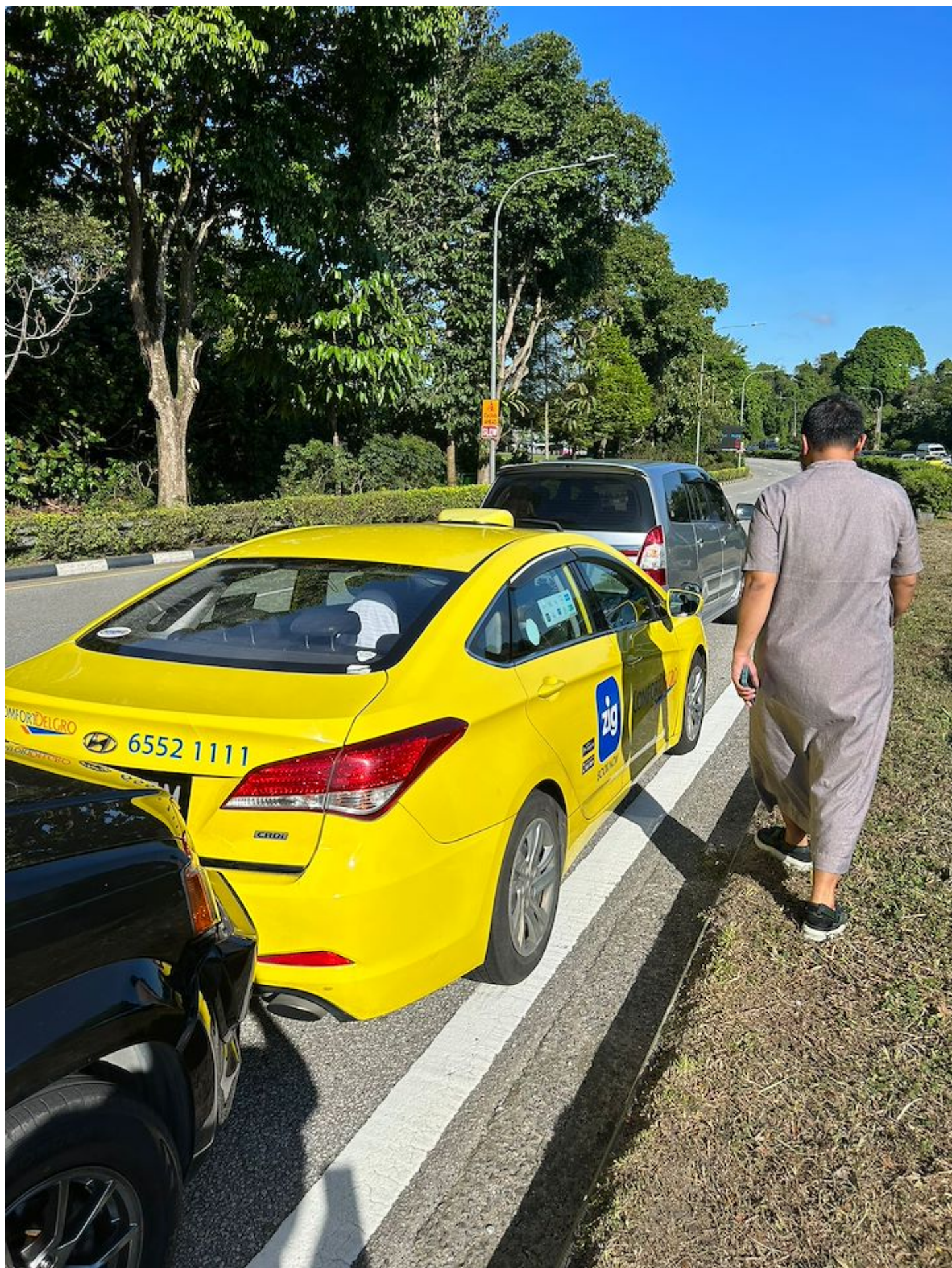




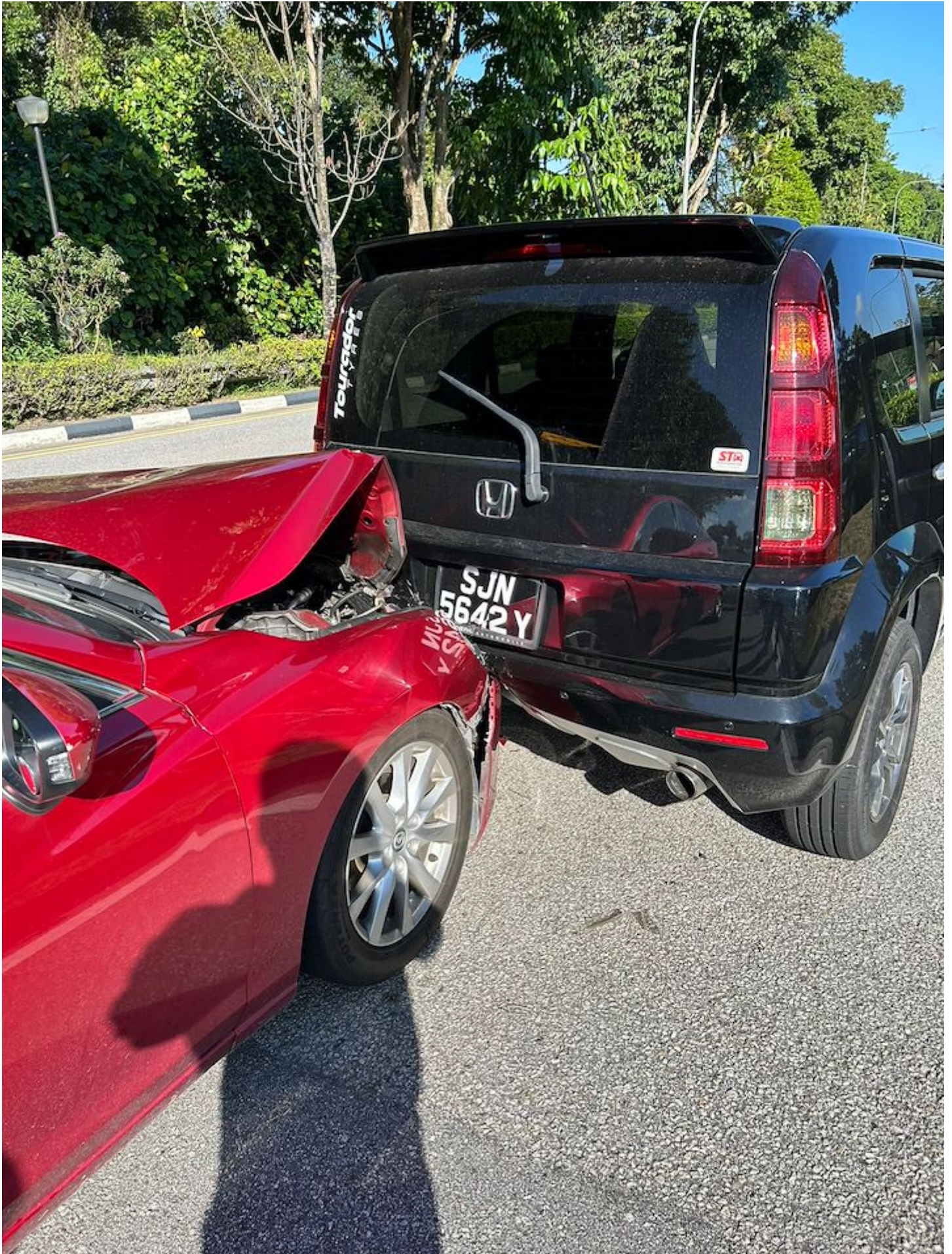



















**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529692  
Tel No: 1800-5871999



T20230329/2073

1 of 3

Report No. T/20230329/2073

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
29/03/2023 15:27

Video Report No.:  
L/20230329/0057

Station Diary No.:  
49

**Informant's Particulars**

Name of Informant:  
LIM MENG FATT

Address:  
APT BLK 458 YISHUN AVENUE 11 #04-754 SINGAPORE  
760458

ID Type / ID No.:  
NRIC NO / S8220972G

Contact No.:  
Home/Office: Mobile: 94778456

Nationality:  
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:  
Male 40 22/07/1982

Type of Informant:  
Driver

Race:  
Chinese

Language:

Occupation:  
TECHNICAL

Driving Licence Information:  
Class: 3 Date of Expiry:

**General Information of the Accident**

Type of Accident: Non-Injury Others  
Drink Drive: No  
Date/Time of Accident: 29/03/2023 09:00  
Type of Location: Flyover

Location:  
MANDAI AVENUE

Weather: Clear  
Road Surface: Dry  
Traffic Volume: Heavy

Traffic Flow: Not Controlled

Type of Collision: CHAIN ACCIDENT  
Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKR3097B	Car	MAZDA	MAZDA6 4-DOOR SEDAN 2.0L SP.6FAT	Red	Seriously Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Da
SKR3097B	NTUC Income Insurance Co-Operative Limited	5129030918	29/07/2022	28/07/2023





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999



T/20230329/2073

Report No. T/20230329/2073


**CONTINUATION OF REPORT**

**Brief Details.**

On 29.03.2023 at about 0900hrs I was driving along mandai Ave one vehicle SJN 5642Y in front of me was stationary I wanted to change lane to my left but there were on coming vehicle and not enough space to change lane. I cannot stop in time and I hit onto the front vehicle. I got out to check there were 2 more vehicle (SHC 7135M and JRB2603) involved. Total of 4 vehicles.

During the accident traffic police attended to the case L/20230329/0057.



 **SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Tampines N.P.C  
8 Tampines Avenue 4 SINGAPORE 629682  
Tel No: 1800-5871999

Report No. T/26230329/2073

3 of 3

CONTINUATION OF REPORT

Signature of Officer Recording The Report:  
G/  
SI CELESTE ANG XIAOHUI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
29/03/2023 15:27

Officer In Charge Of Case:  
TP / GIA /

Classification Of Case:

Contact No.:

NP168