

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	17/04/2023 17:38 (SGT)
Reported by	Actual Driver
Date of Accident	15/04/2023 20:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MARINE VISTA
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK7974L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AGA FIVE SENSES PTE. LTD
Company Reg No	2XXXXX675G
Email Address	DYLAN.LIM@HOTMAIL.CO.UK
Mobile Phone No	(Phone) +65-92977353
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MCV22A00022000

DRIVER

Name of Driver	JOSHUA DYLAN LIM MENG CHUAN
NRIC No	SXXXX842Z
Date Of Birth	09/09/1997
Occupation	Outdoor

Date Of Driving Pass	09/11/2020
Driving experience	2 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84682237
Alt. Phone Number	-
Email Address	DYLAN.LIM@HOTMAIL.CO.UK
Address	47 JALAN LIMAU MANIS
Address complement	-
Postcode	468375
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	Collision - Head to Rear
Weather Conditions	CLOUDY
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)	3
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	GOH KAI LI
Gender	Female

PASSENGER 2

Name	ALINA HAR HUI
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

REFER TO ATTACHED

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	SLV8247U
Vehicle Manufacturer	-
Vehicle Model	-
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	JOSHUA DYLAN LIM MENG CHUAN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBK7974L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	GOH KAI LI
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBK7974L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	ALINA HAR HUI
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBK7974L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

**AGA FIVE SENSES
PTE. LTD.**

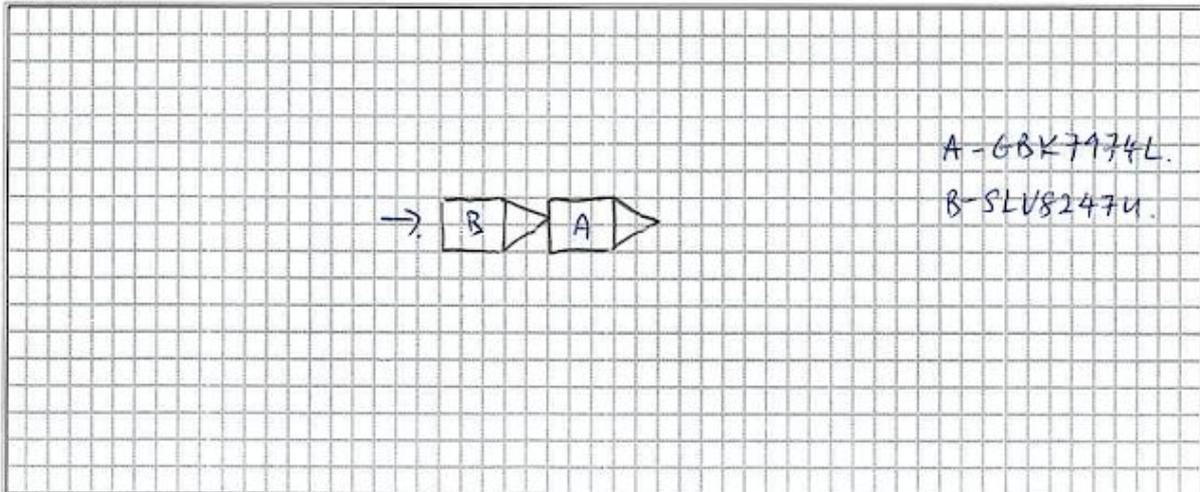


Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

As per police report attached T/20230416/7018.

Declaration

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

**AGA FIVE SENSES
PTE. LTD.**

Policyholder's Signature / Date & Time



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

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







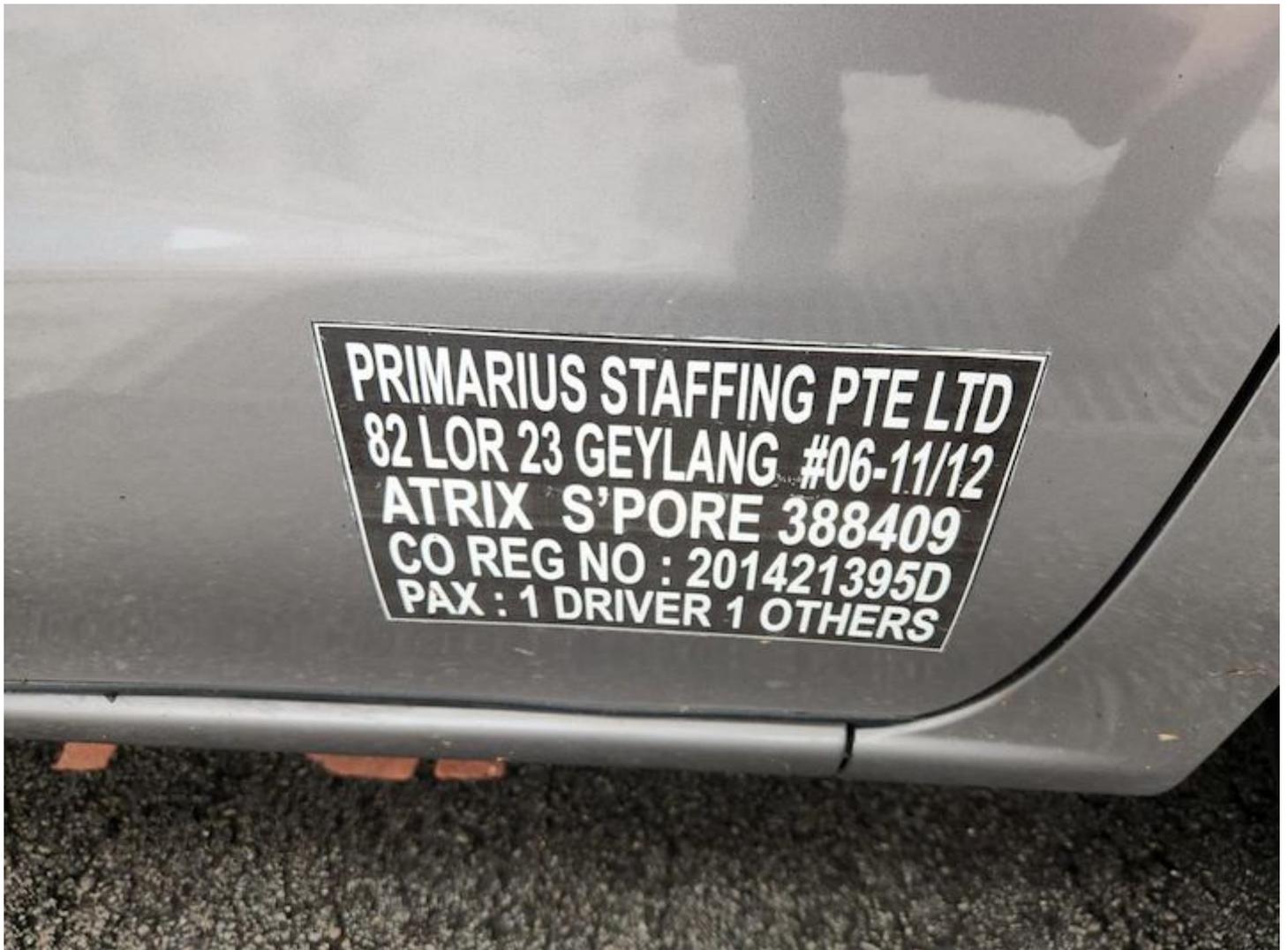















**SINGAPORE
POLICE FORCE**


T/20230416/7018

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

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Report No. T/20230416/7018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/04/2023 15:11	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: JOSHUA DYLAN LIM MENG CHUAN		Address: 47 JALAN LIMAU MANIS SINGAPORE 468375	
ID Type / ID No.: NRIC NO / S9730842Z		Contact No.: Home/Office: Mobile: 84682237	
Nationality: SINGAPORE CITIZEN		Email: DYLAN.LIM@HOTMAIL.CO.UK	
Sex: Male	Age: 25	Date of Birth: 09/09/1997	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: Chef		Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/04/2023 20:40	Type of Location: Straight Road
Location: MARINE VISTA				
Weather: Cloudy		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
GBK7974L	Van					0

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



**SINGAPORE
POLICE FORCE**



T/20230416/7018

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

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Report No. T/20230416/7018

CONTINUATION OF REPORT

Driver			
Name	JOSHUA DYLAN LIM MENG CHUAN		ID No. S9730842Z
Related Vehicle	GBK7974L (Van)		Contact No. 84682237
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Class: 3A Date of Expiry: NIL
Date	15/04/2023		Date 15/04/2023
No. of Days granted Medical Leave	05		Degree of Slight
Passenger			
Name	GOH KAI LI		ID No. S9739399J
Related Vehicle	GBK7974L (Van)		Contact No. 83285882
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Class: ,3A Date of Expiry: NIL
Date	15/04/2023		Date 15/04/2023
No. of Days granted Medical Leave	04		Degree of Slight
Passenger			
Name	ALINA HAR HUI MEI		ID No. S9140145B
Related Vehicle	GBK7974L (Van)		Contact No. 92977353
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	15/04/2023		Date 15/04/2023
No. of Days granted Medical Leave	03		Degree of Slight

Brief Details.

I am the driver of the vehicle with 2 passengers involving the car accident. Before the incident occurs, I was driving on the 2nd lane along the East Coast Park Expressway (ECP) near Marine Vista and slowing down accordingly to the traffic in front of me as there was a bus stopping at the side of the road shoulder. I then brake gradually keeping a safe distance between my vehicle and the vehicle in front of me and suddenly a car bang onto the back of my vehicle which the impact was really hard which had traumatised me and hurt the 2 passengers. One of the passengers felt giddy after the impact. This was my first encounter so I did not know what to do and drove the vehicle to the left side of the road shoulder to avoid the ongoing traffic behind.

I then got down the vehicle and checking on the suspect details and started to take photos on both of our vehicles. During the incident, there were also about 3-4 certis auxiliary police



**SINGAPORE
POLICE FORCE**



T/20230416/7018

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

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Report No. T/20230416/7018

CONTINUATION OF REPORT

checking on us. We came to a conclusion to make a police report online and we proceeded to the A&E at Changi General Hospital for check-ups.



**SINGAPORE
POLICE FORCE**

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



T/20230416/7018

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Report No. T/20230416/7018

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ROIZMAN BIN MOHAMED POSARI
Contact No.: 65476131

NP158

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

Date/Time:
16/04/2023 15:11

Classification Of Case: