# **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 witholding 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.

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   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 18/04/2023 14:17 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 17/04/2023 17:45 (SGT) Exact Location of Accident Singapore Additional Location Information PAYA LEBAR ROAD BEFORE TRAFFIC JUNCTION UNDER PIE **FLYOVER** Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMM6157U

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner ALVIN LIM QIN WEN (ALVIN LIN QINWEN) NRIC No S8027756C Email Address ALVIN LIM6778@YAHOO.COM.SG Mobile Phone No (Phone) +65-91282211 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Honda Model Civic 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 car

Transmission Auto CC 1600

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5126421542

DRIVER

Name of Driver ALVIN LIM QIN WEN (ALVIN LIN QINWEN) NRIC No S8027756C Date Of Birth 15/09/1980

Occupation Indoor Date Of Driving Pass 18/06/2014 Driving experience 8 YEARS AND 10 MONTHS Gender Male Mobile Number (Phone) +65-91282211 Alt. Phone Number Email Address ALVIN\_LIM6778@YAHOO.COM.SG Address 66 PUNGGOL WALK #08-35 A TREASURE TROVE Address complement Postcode 828783 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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? Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Yes Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 Punggol Neighbourhood Police Centre Police Station Phone No (Phone) +65-18006049999 Alt. Police Station Phone No (Fax) +65-64468015 Police Station Address Blk 21A Tebing Lane Singapore 828837 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT ATTACHMENT(S) Yes Was there any video captured by Car Camera? Yes

Are accident photos available for attachment?

Reasons for not uploading a video of the accident

ADVISED THE DRIVER TO SEND TO MOTORVIDEO@INCOME.COM.SG

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number FBS3186D

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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	UNKNOWN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	35
Injuries Sustained	UNKNOWN
Injured person in which vehicle?	SMM6157U
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

#### 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.

- 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.
- 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.

A-

Policyholder's Signature / Date & Time

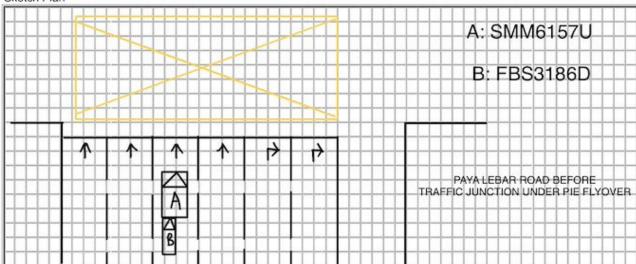
18/04/2023 14:30

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

Lim Kai Chuan S994220

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

#### Sketch Plan



Accident report SN07234I000J

Describe Circumstance of the Accident
REFER TO POLICE REPORT

## Declaration

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



18/04/2023

Policyholder's Signature / Date & Time

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

Lim Kai Chuan S994220

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

2





Date of Expiry:

Police Station Of Origin: Punggol N.P.C 151 Punggol Central SINGAPORE 828727 Tel No: 1800-6049999

SALES DIRECTOR

1 of 3 Report No. T/20230417/2112

# REPORT OF A TRAFFIC ACCIDENT

	ne Report M 023 21:31	Made:	Vide Report No.: G/20230417/0140	Station Diary No.: 74		
Informa	nt's Partic	ulars				
	f Informant: IM QIN WE		Address: 66 PUNGGOL WALK	#08-35 SINGAPORE 828783		
CONTRACTOR OF THE PROPERTY OF	/ ID No.: O / S80277	56C	Contact No.: Home/Office:	Mobile: 91282211		
National SINGAP	ity: ORE CITIZ	ĽEN	Email:			
Sex: Male	Age: 42	Date of Birth: 15/09/1980	Type of Informant: Driver			
Race: Chinese			Language:			
Occupation:			Driving Licence Information:			

Class: 3

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/04/2023 17:45	Type of Location: Straight Road
Location: PAYA LEBAR Weather:	ROAD	Road Surface:		
Close		Diy		
Clear Traffic Flow: One Way	The management	Traffic Control: Traffic Light - Wo	orking	Traffic Volume: Moderate

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBS3168D	Motorcycle				Seriously Damaged	
SMM6157U	Car	HONDA	CIVIC 1.6 VTI CVT	White	Seriously Damaged	The state of the s

Details of Ve	hicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMM6157U	NTUC Income Insurance Co-Operative	5126421542	19/03/2022	04/07/2023



Police Station Of Origin: Punggol N.P.C 151 Punggol Central SINGAPORE 828727 Tel No: 1800-6049999



2 of 3

Report No. T/20230417/2112

CONTINUATION OF REPORT

Details of Perso						
Any Pedestrian Involved: No  No. of Pedestrians Injured: NIL  Use of P			Use of Ped	Pedestrian Crossing: NA		
Driver				-	-	000077500
Name	ALVIN LIM QIN WEN			ID No.		S8027756C
Related Vehicle	SMM6157U (Car)			Contact No.		91282211
Hospital/Clinic	NIL			Class Driving Licence Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days granted Medical Leave NIL			Degree of	Injury	NIL	

#### Brief Details.

On 17/04/2023 at around 1740hrs to 1745hrs, I was driving alone in my car (SMM6157U) along Paya Lebar road on the 2nd lane, towards cross-junction between Circuit Link and Ubi Ave 2. I made a stop at the traffic light for the cross-junction between PIE and Paya Lebar Road as the traffic light was red.

I felt a sudden impact from my car's rear. I switched off my car engine, and I alighted from my vehicle to assess the situation. I saw a motorcyclist lying on the floor, and his motor bicycle was resting on the floor as well. I assisted the motorcyclist to the back of my car to avoid the oncoming traffic. A car had stopped behind my car, and the driver alighted to assist me in calling for traffic police and ambulance. Both arrived shortly after. Paramedics conveyed the motorcyclist after they assessed his situation, and the traffic police advised me to lodge a police report after taking photos of the incident.

My car was towed away from the scene after traffic police attended to me. The vehicle camera's SD card was still in the car. I had felt a stretch on my left arm due to the incident, and I would be seeing a doctor Minmed Clinic at Waterway Point about it.



Police Station Of Origin: Punggol N.P.C 151 Punggol Central SINGAPORE 828727 Tel No: 1800-6049999



3 of 3 Report No. T/20230417/2112

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
F /
SGT 2 KELVIN TAN YONG
CHUAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
STAFF SGT SITI NORHAFIDAH BINTE HANAFI
Contact No.: 65476202

Date/Time:
17/04/2023 21:31

Classification Of Case:

Signature Of Informant: