

# 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 .....	18/04/2023 11:05 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	17/04/2023 07:43 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	SINGAPORE ISLAND COUNTRY CLUB (180 ISLAND CLUB ROAD)
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJN6702B
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LIM ENG TIONG
NRIC No .....	SXXXXX793A
Email Address .....	TRAVIS.LIMT@GMAIL.COM
Mobile Phone No .....	(Phone) +65-96550338
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	FREED 1.5G A
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1496

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5098507231-05

### DRIVER

Name of Driver .....	LIM ENG TIONG
NRIC No .....	SXXXXX793A
Date Of Birth .....	03/04/1974

Occupation .....	Outdoor
Date Of Driving Pass .....	23/07/1993
Driving experience .....	29 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96550338
Alt. Phone Number .....	-
Email Address .....	TRAVIS.LIMIT@GMAIL.COM
Address .....	BLK 50 STRATHMORE AVENUE 02-201 SINGAPORE 140050
Address complement .....	-
Postcode .....	-
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 .....	Collision - Major/Minor Rd
Weather Conditions .....	Clear
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) .....	2
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 .....	GRAB PASSENGER
Gender .....	Male

#### 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

PLS REFER TO SKETCH PLAN

#### 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 .....	SMJ6871G
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Voxy
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private hire
Name of Driver .....	THAM MENG WAH
NRIC No .....	SXXXX872H
Contact Number .....	(Phone) +65-98464659
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	India International Insurance Pte Ltd
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	LIM ENG TIONG
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SJN6702B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

#### WITNESS DETAILS

##### WITNESS 1

Name .....	JAVIER LEE (SECURITY MANAGER)
Phone .....	(Phone) +65-91862308
Email .....	-

**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.

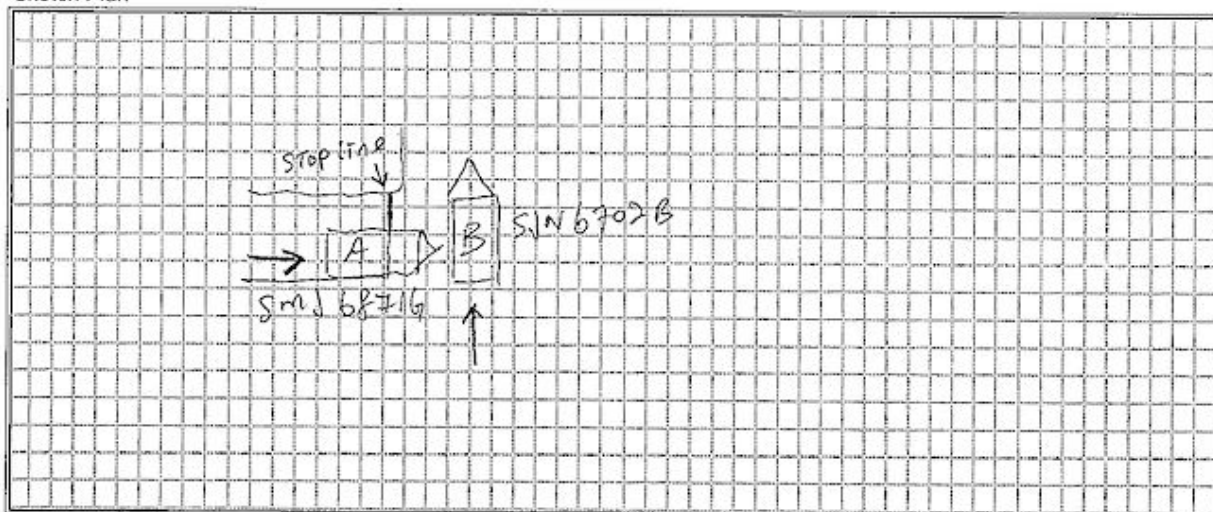
  
Policyholder's Signature / Date & Time

\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date & Time

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



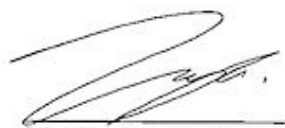
**Sketch Plan**



Describe Circumstance of the Accident	
VEHICLE NO: SJN 6702-B	ACCIDENT DATE & TIME: 17 April 23, 7.43am
CONTACT NUMBER: 96550338	E-MAIL: travis.lim@gmail.com
LOCATION: Singapore Island Country Club 180 Island Club Rd, S578774	
<p>While driving along <del>road</del> <del>highway</del> along the road of Singapore Island Country Club, vehicle B failed to stop at the stop line and hit onto my vehicle (left side). The front side of vehicle B was damaged.</p>	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.</p>	
<p>PLEASE STATE: <input type="checkbox"/> CLAIM OWN POLICY <input type="checkbox"/> CLAIM THIRD PARTY <input type="checkbox"/> CLAIM OD/TP AT OTHER WORKSHOP <input type="checkbox"/> REPORTING ONLY</p>	

**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

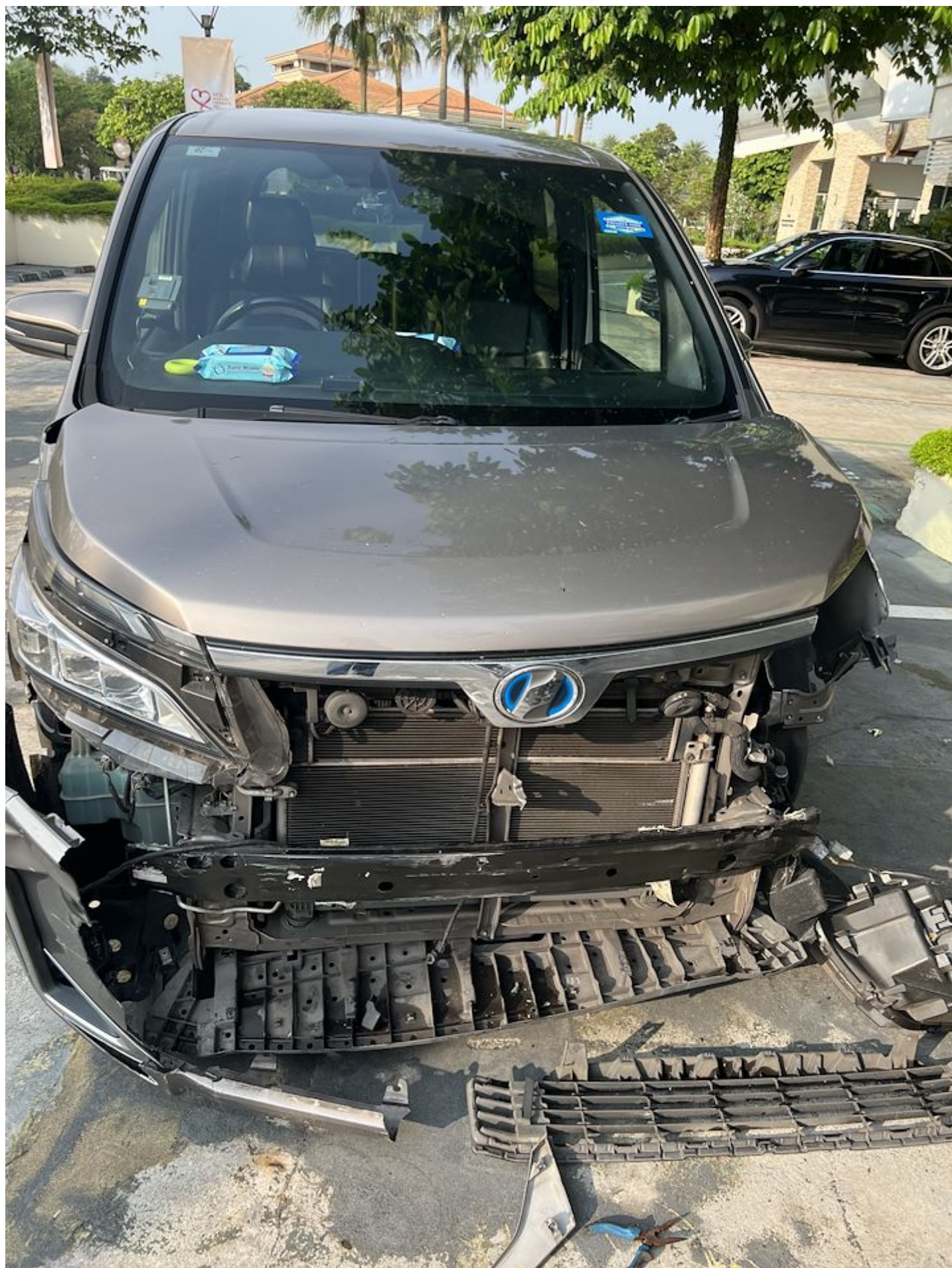


Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)







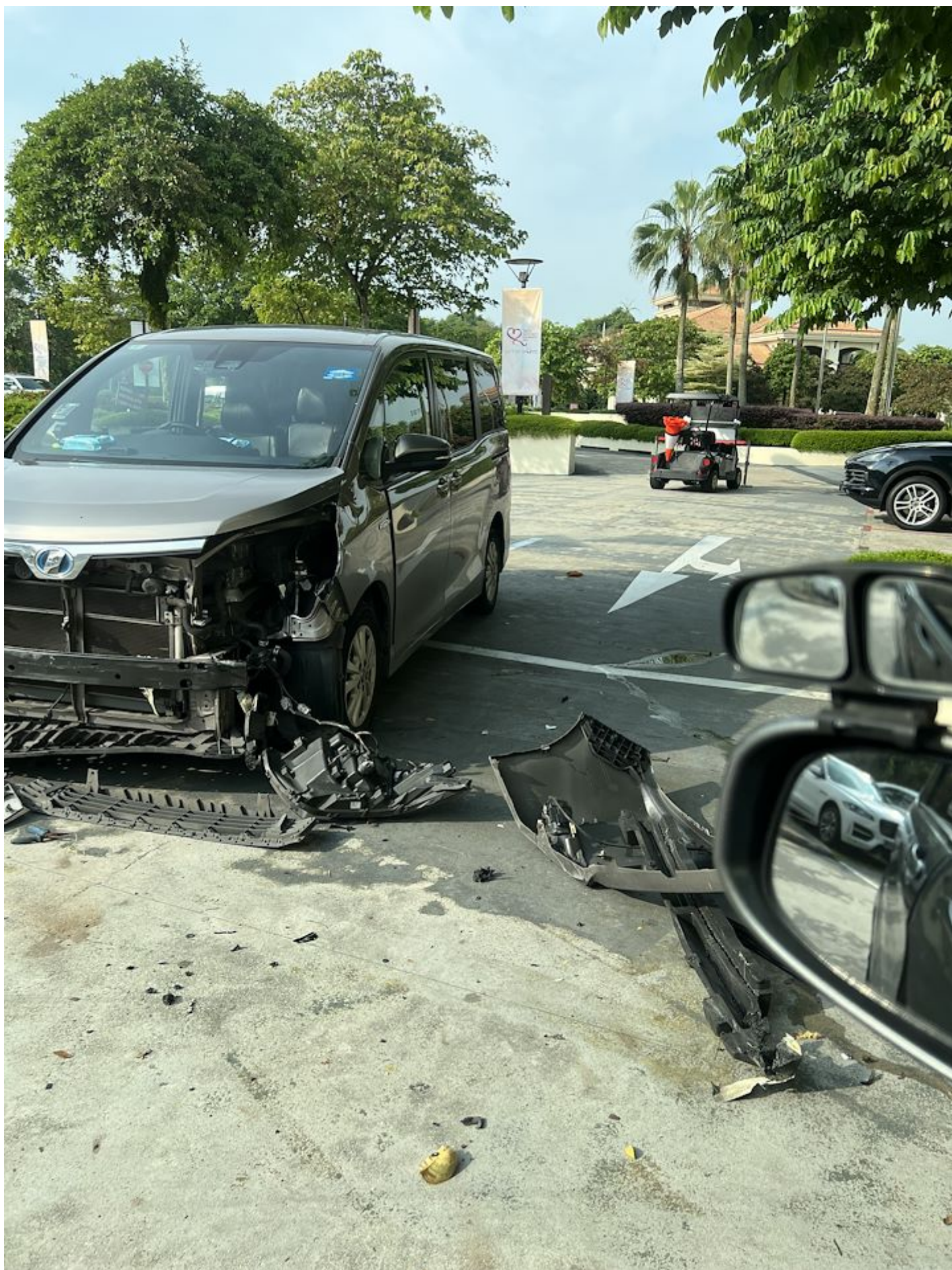
















































**SINGAPORE  
POLICE FORCE**



T/20230417/7076

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

1 of 3

Report No. T/20230417/7076

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/04/2023 17:59		Vide Report No.: A/20230417/0001		Station Diary No.:	
<b>Informants Particulars</b>					
Name of Informant: LIM ENG TIONG			Address: 50 STRATHMORE AVENUE #02-201 SINGAPORE 140050		
ID Type / ID No.: NRIC NO / S7410793A			Contact No.: Home/Office:                      Mobile: 96550338		
Nationality: SINGAPORE CITIZEN			Email: TRAVIS.LIMT@GMAIL.COM		
Sex: Male	Age: 49	Date of Birth: 03/04/1974	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Private-hire car driver			Driving Licence Information: Class: 2B,3                      Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/04/2023 07:45	Type of Location: T-Junction
Location:  ISLAND CLUB ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJN6702B	Car	HONDA	FREED 1.5G A	Grey		0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJN6702B	NTUC Income Insurance Co-Operative Limited	5098507231-05	24/02/2023	23/02/2024



**SINGAPORE  
POLICE FORCE**



T/20230417/7076

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

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Report No. T/20230417/7076

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LIM ENG TIONG	ID No.	S7410793A
Related Vehicle	SJN6702B (Car)	Contact No.	96550338
Hospital/Clinic	JL SPORTS MEDICINE & SURGERY	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	17/04/2023	Date	NIL
No. of Days granted Medical Leave	07	Degree of	Slight

**Brief Details.**

I was driving along the main road (180 Island Club Road S578774) ) leading to Singapore Island Country Club (golf bag drop area). When I was about to reach the destination, a moving vehicle A (SMJ6871G) failed to stop before the stop line and hit my vehicle from the left minor road. The left side of my car and the front side of Vehicle A was damaged.

Note: I have pictures exceeding 2Mbps which cannot be attached to this report.



**SINGAPORE  
POLICE FORCE**



T/20230417/7076

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

3 of 3

Report No. T/20230417/7076

## CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MUHAMMAD NOOR BIN ABDUL RAHMAN  
Contact No.: 65476219

Signature Of Informant:

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

Date/Time:  
17/04/2023 17:59

Classification Of Case:

NP158

