

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	11/03/2023 13:05 (SGT)
Reported by	Driver
Date of Accident	10/03/2023 19:55 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	UPPER SERANGOON ROAD NEAR WOODLEIGH CROSS JUNCTION SINGAPORE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA9686R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE LI ING
NRIC No	S6932075I
Email Address	CYN911LEE@YAHOO.COM
Mobile Phone No	(Phone) +65-92335169
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Es250
Variant	TOYOTA / LEXUS ES250 4DR SEDAN (AUTO) LUXURY
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	2487

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10840927R00

DRIVER

Name of Driver	CHIA WENG JIM
NRIC No	S6914101C
Date Of Birth	28/04/1969

Occupation	Indoor
Date Of Driving Pass	01/06/1989
Driving experience	33 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96532037
Alt. Phone Number	-
Email Address	JIM_CHIA28@YAHOO.COM.SG
Address	BLK 9B SURIN AVENUE - SINGAPORE 534160
Address complement	-
Postcode	534160
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	2
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)	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	PAX 1
Gender	Female

PASSENGER 2

Name	PAX 2
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
STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD
TEL 67415336

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH TP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBQ4557X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	LIM ZI XIANG
Contact Number	(Phone) +65-90082927
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Etiqua Insurance Pte Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM ZI XIANG
Gender	-
Phone No	(Phone) +65-90082927
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBQ4557X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	PILLION
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBQ4557X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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

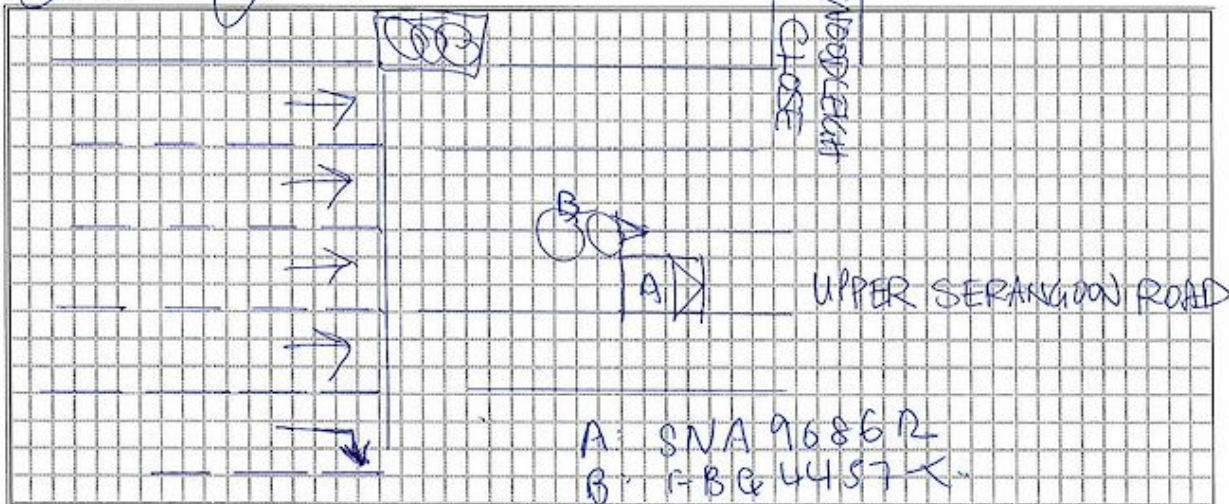
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

REFER TO POLICE REPORT

Declaration

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

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)

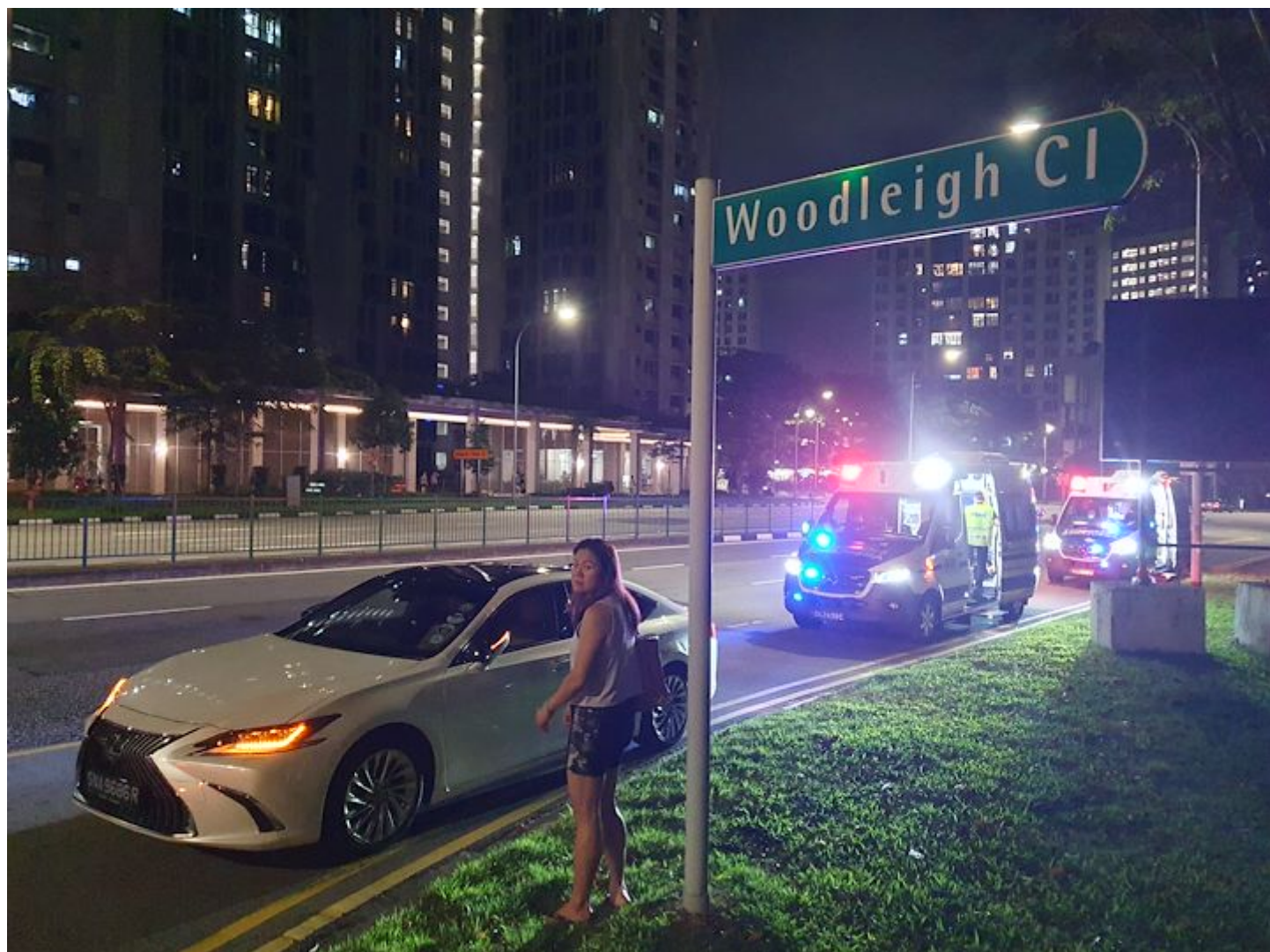




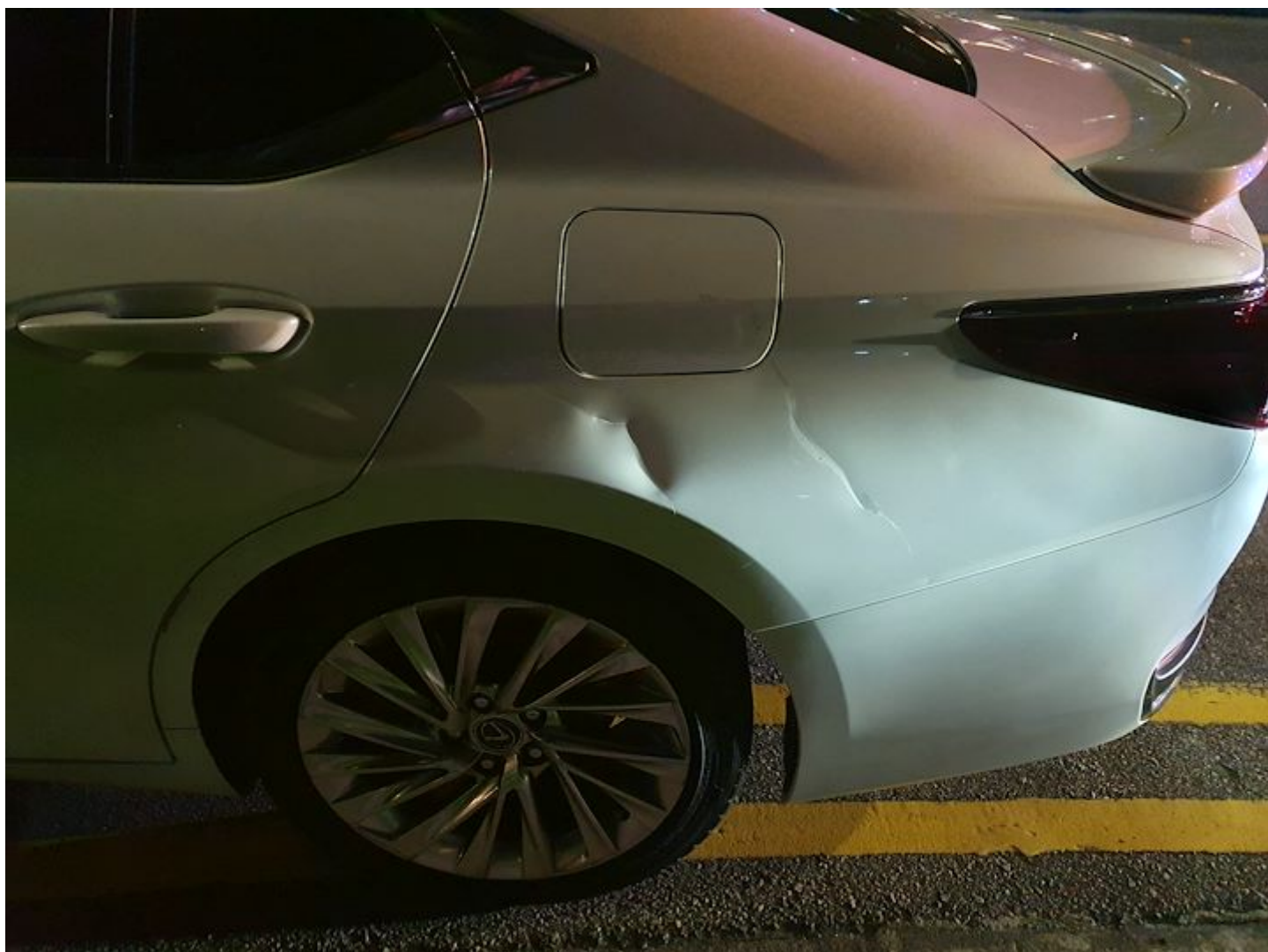




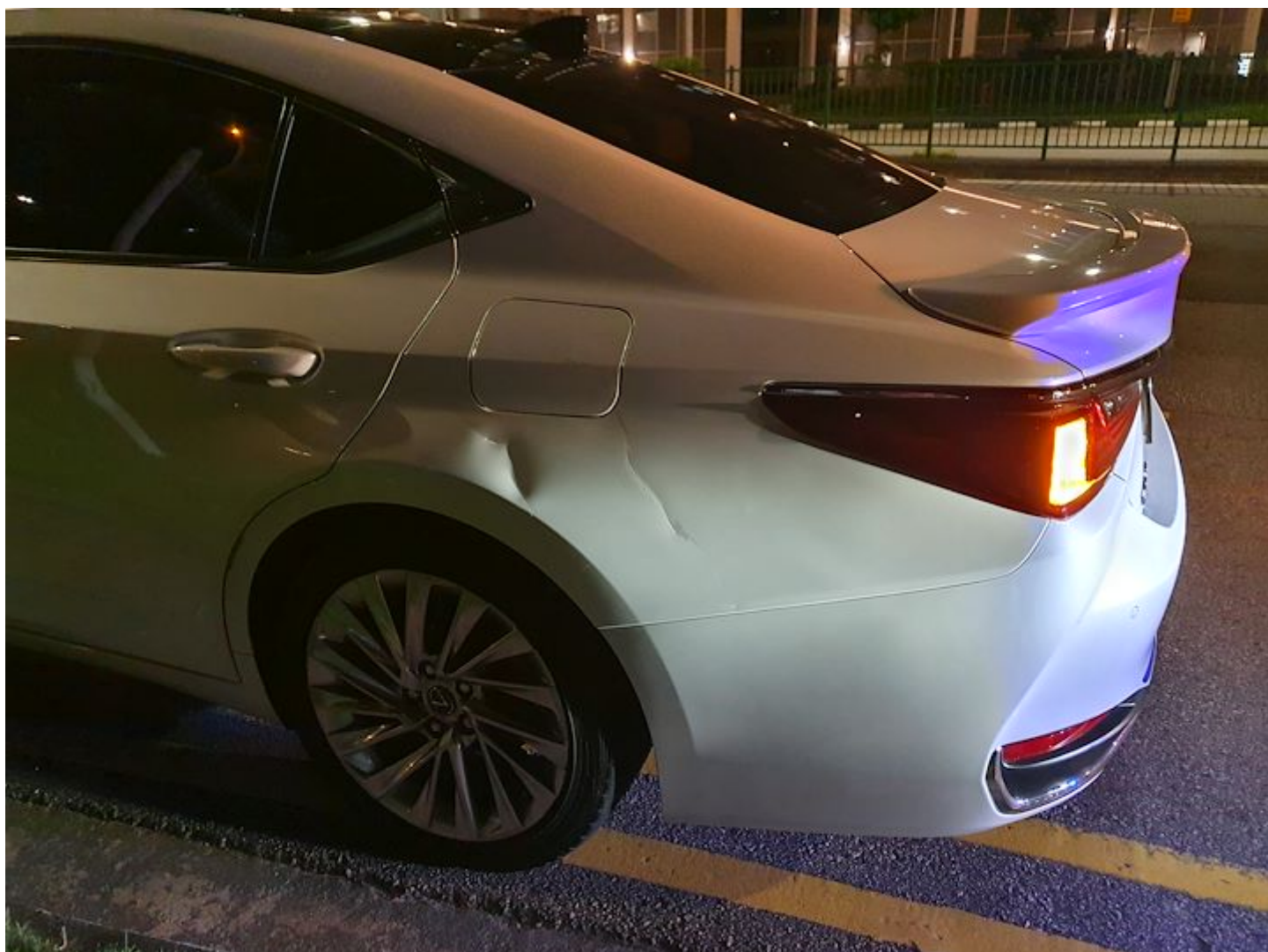














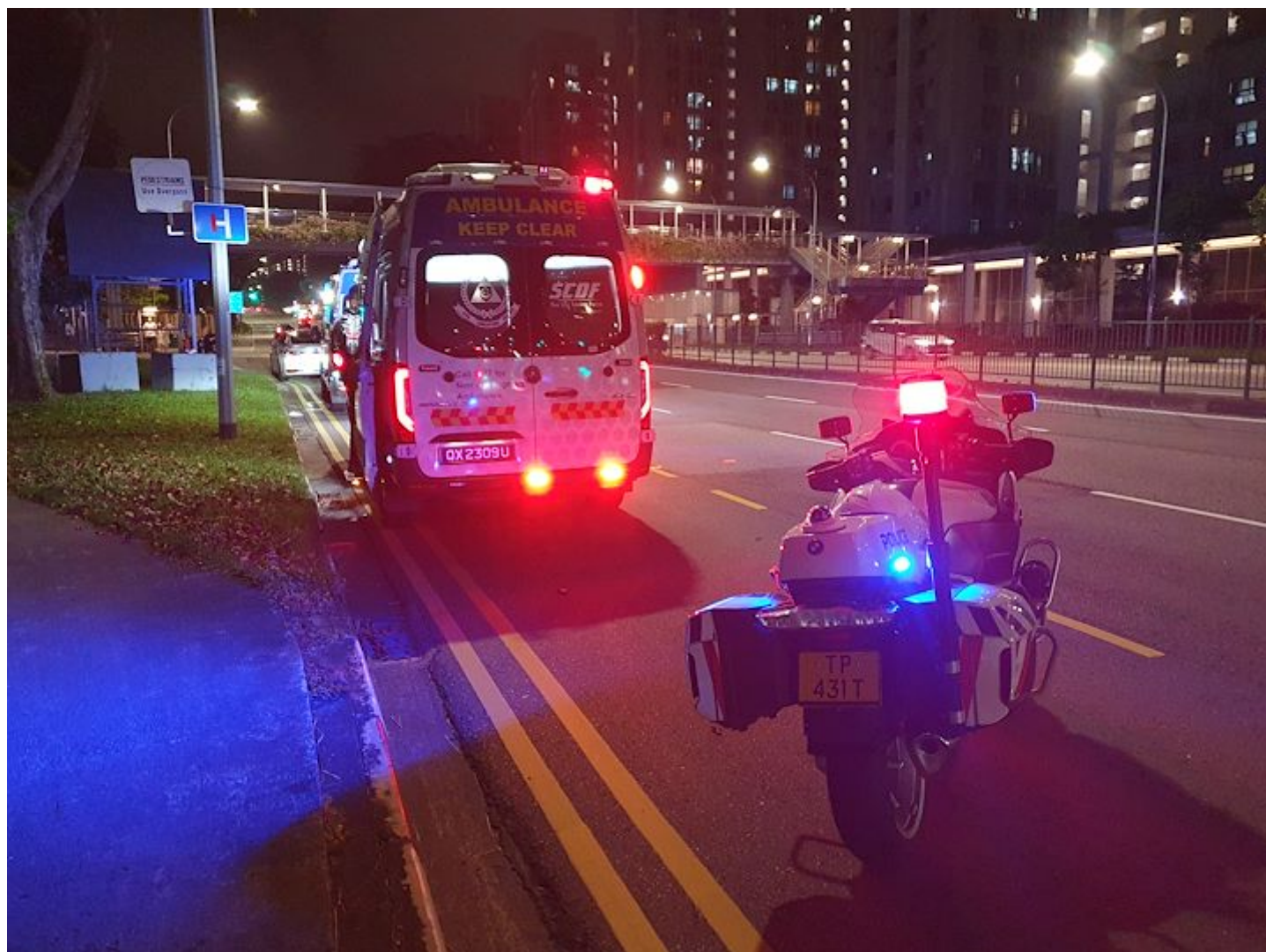
















































**SINGAPORE
POLICE FORCE**



T/20230311/7008

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

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Report No. T/20230311/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/03/2023 10:57		Vide Report No.: E/20230310/0167		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHIA WENG JIM			Address: 9B SURIN AVENUE SINGAPORE 534160		
ID Type / ID No.: NRIC NO / S6914101C			Contact No.: Home/Office: Mobile: 96532037		
Nationality: SINGAPORE CITIZEN			Email: JIM_CHIA28@YAHOO.COM.SG		
Sex: Male	Age: 53	Date of Birth: 28/04/1969	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/03/2023 19:55	Type of Location: Straight Road
Location: WOODLEIGH PARK				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBQ4457X	Motorcycle					1
SNA9686R	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20230311/7008

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

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Report No. T/20230311/7008

CONTINUATION OF REPORT

Driver			
Name	CHIA WENG JIM		ID No. S6914101C
Related Vehicle	SNA9686R (Car)		Contact No. 96532037
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Rider			
Name	LIM ZI XIANG		ID No. NIL
Related Vehicle	NIL		Contact No. 90082927
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	10/03/2023		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

The weather and road conditions were clear, dry and cool this evening. I was driving vehicle (SNA9686R) along Upper Serangoon Road (in the direction of Kovan) and had come to a rest at the traffic light junction just before Woodleigh Close junction.

Upon green light, I accelerated within my lane (lane 2 from right) to just before the location of the incident (around lamp post #37 and #39) when my passengers and I suddenly felt and heard a collision at the left rear side of my vehicle. Upon the cries of my passengers and looking at my rear view mirror, I noticed a motorcycle had fallen and both rider and pillion were on the road. I immediately drove to the side of the road and we went to assist the injured parties, just as several other vehicles and passers-by also stopped to help out and redirect traffic. Thereafter, ambulance arrived around 8.10pm.

The other vehicle was a motorcycle Name : Lim Zi Xiang Vehicle#FBQ4457X Mobile : 90082927



**SINGAPORE
POLICE FORCE**

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



T/20230311/7008

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Report No. T/20230311/7008

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
SYED MUHAMMAD ISA BIN OMAR
ALHABSHEE
Contact No.: 65476187

NP168

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

Date/Time:
11/03/2023 10:57

Classification Of Case: