

# 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 .....              | 02/05/2023 12:16 (SGT) |
| Reported by .....                     | Actual Driver          |
| Date of Accident .....                | 30/04/2023 11:00 (SGT) |
| Exact Location of Accident .....      | Singapore              |
| Additional Location Information ..... | TELOK BLANGAH ROAD     |
| Country/State of Loss .....           | Singapore              |

## DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SMR3846H |
|-----------------------------------|----------|

### INSURED/POLICYHOLDER

|                                |                            |
|--------------------------------|----------------------------|
| Is company? .....              | Yes                        |
| Name Of Registered Owner ..... | BIS MOTORING PTE LTD       |
| Company Reg No .....           | 201735055D                 |
| Email Address .....            | KEIFTAN@BISMOTORING.COM.SG |
| Mobile Phone No .....          | (Phone) +65-86881311       |
| Alternative Phone No .....     | -                          |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | Renault                   |
| Model .....  | Scenic                    |
| Variant .....  | -                         |
| Exact purpose for which vehicle was being used at time of accident .....           | Private hire              |
| Are you claiming under your own insurance policy for repair to your vehicle? ..... | No - Claiming third party |
| Vehicle Category .....   | Private hire              |
| Transmission .....   | Auto                      |
| CC .....   | 1499                      |

### INSURANCE COMPANY

|   |                                       |
|---|---------------------------------------|
| Name of Insurance Company .....         | Allianz Insurance Singapore Pte. Ltd. |
| Policy Number / Cover Note Number ..... | SP2002451400                          |

### DRIVER

|                      |               |
|----------------------|---------------|
| Name of Driver ..... | LIM MING CHAI |
| NRIC No .....        | S2186010G     |
| Date Of Birth .....  | 02/06/1963    |
| Occupation .....     | Outdoor       |

|  |                       |
|--|-----------------------|
| Date Of Driving Pass .....   | 01/11/2011            |
| Driving experience .....   | 11 YEARS AND 5 MONTHS |
| Gender .....   | Male                  |
| Mobile Number .....  | (Phone) +65-85356543  |
| Alt. Phone Number .....  | -                     |
| Email Address .....  | LMC881357@GMAIL.COM   |
| Address .....  | 659C PUNGGOL EAST     |
| Address complement .....   | #17-743               |
| Postcode .....   | 823659                |
| Is the driver the policyholder? .....                              | No                    |
| If No, Relationship of the Driver with the Insured .....           | Hirer                 |
| 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? .....   | No  |
| Number of vehicles involved in the accident .....   | 4   |
| 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) .....   | 5   |
| 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           |

#### PASSENGER 2

|              |                |
|--------------|----------------|
| Name .....   | GRAB PASSENGER |
| Gender ..... | Female         |

#### PASSENGER 3

|              |                |
|--------------|----------------|
| Name .....   | GRAB PASSENGER |
| Gender ..... | Female         |

#### PASSENGER 4

|              |                |
|--------------|----------------|
| Name .....   | GRAB PASSENGER |
| Gender ..... | Female         |

#### DETAILS OF POLICE ACTION

|   |                                    |
|---|------------------------------------|
| Was the accident reported to the police? .....  | Yes                                |
| Police Station Name .....                       | Changi Neighbourhood Police Centre |
| Police Station Phone No .....                   | (Phone) +65-18005872999            |
| Alt. Police Station Phone No .....              | (Fax) +65-65872900                 |
| Police Station Address .....                    | 9 Simei Street 2 Singapore 529914  |
| Was notice of intended Prosecution given? ..... | No                                 |
| If yes, against whom? .....                     | -                                  |

## CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO: T/20230430/2061

## 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 ..... SMJ8772X  
 Vehicle Manufacturer ..... Hyundai  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 Name of Driver ..... KHOO ZHI YUAN  
 NRIC No ..... S8723791E  
 Contact Number ..... (Phone) +65-98295857  
 Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... AIG Asia Pacific Insurance Pte. Ltd.  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... -  
 No. Of Passenger (Including Driver) ..... -

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SMD1078U  
 Vehicle Manufacturer ..... Subaru  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 Name of Driver ..... WEE CHONG CHEAT  
 NRIC No ..... S8070120I  
 Contact Number ..... (Phone) +65-91055364  
 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 ..... SLJ6467C  
 Vehicle Manufacturer ..... Mazda  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 Name of Driver ..... TAN YI GUANG  
 NRIC No ..... S9119458I  
 Contact Number ..... (Phone) +65-92967745  
 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 .....                              | LIM MING CHAI        |
| Gender .....  | Male                 |
| Phone No .....  | (Phone) +65-85356543 |
| Address .....   | -                    |
| Address Complement .....                                  | -                    |
| Post Code .....   | -                    |
| Approximate Age Years Old .....                           | -                    |
| Injuries Sustained .....                                  | MEDICAL LEAVE 5 DAYS |
| Injured person in which vehicle? .....                    | SMR3846H             |
| Were seat belts worn? .....                               | Yes                  |
| Was this injured conveyed to hospital by ambulance? ..... | No                   |

## SKETCH PLAN

## 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 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

TELOK BLANGAH ROAD

VEH A - SMR 38464      VEH C - SMD 10784

VEH B - SMJ 8772X      VEH D - SLJ 6467C

vJun2022

1



Describe Circumstance of the Accident

REFER POLICE REPORT NO. T/20230430/2061

## Declaration

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

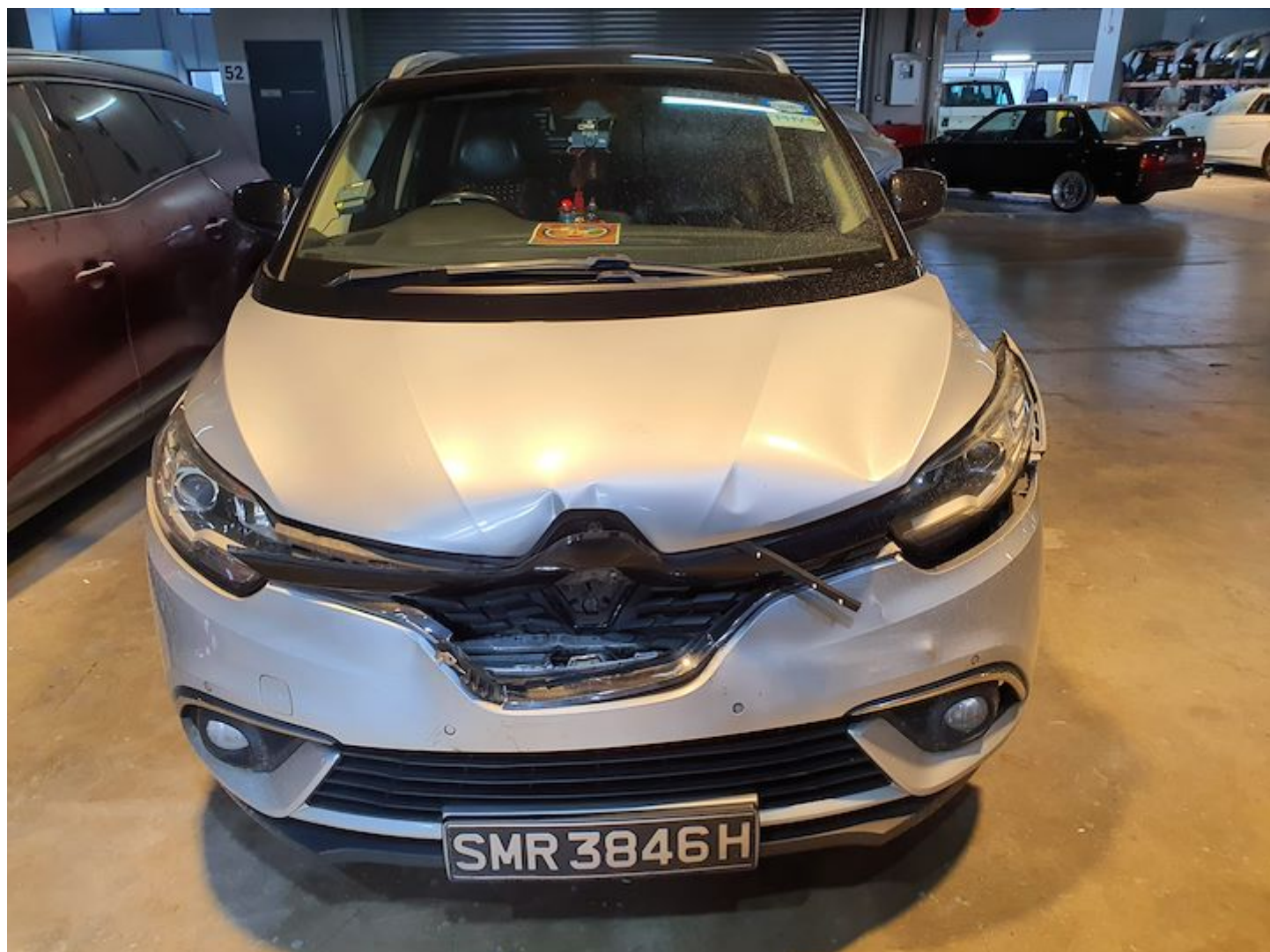
Policyholder's Signature / Date &amp; Time

Actual Driver's Signature (if driver is not the policyholder)  
/ Date & TimeWitnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)











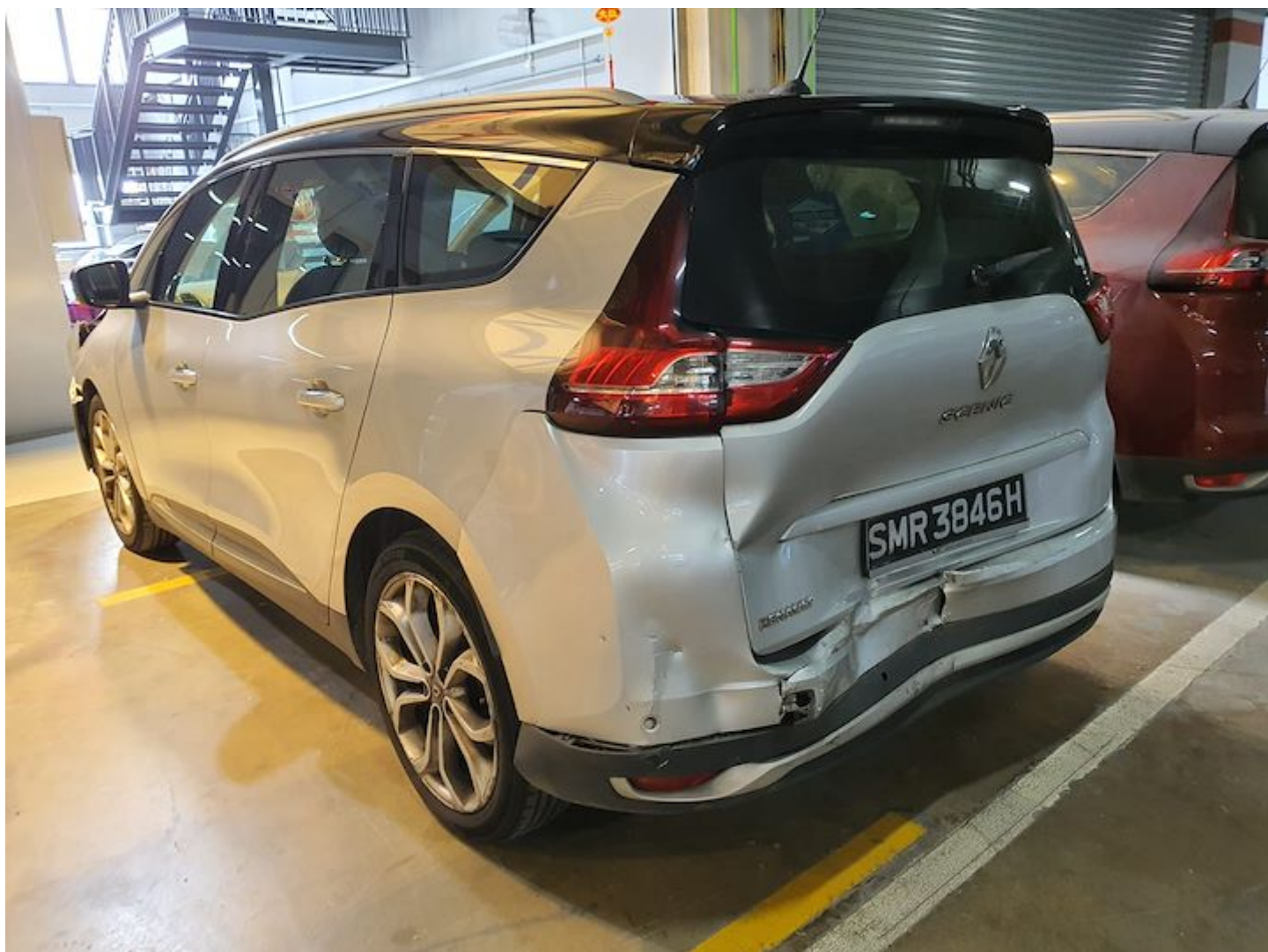
















**SINGAPORE  
POLICE FORCE**



T/20230430/2061

1 of 4

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

Report No. T/20230430/2061

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |   |                              |                          |
|--|------------|---|------------------------------|--------------------------|
| Date/Time Report Made:<br>30/04/2023 15:19 |            | Vide Report No.:  |                              | Station Diary No.:<br>38 |
| <b>Informant's Particulars</b>             |            |   |                              |                          |
| Name of Informant:<br>LIM MING CHAI        |            | Address:<br>APT BLK 659C PUNGGOL EAST #17-743 SINGAPORE<br>823659 |                              |                          |
| ID Type / ID No.:<br>NRIC NO / S2186010G   |            | Contact No.:<br>Home/Office: Mobile: 85356543                     |                              |                          |
| Nationality:<br>SINGAPORE CITIZEN          |            | Email:  |                              |                          |
| Sex:<br>Male                               | Age:<br>59 | Date of Birth:<br>02/06/1963                                      | Type of Informant:<br>Driver |                          |
| Race:<br>Chinese                           |            | Language:   |                              |                          |
| Occupation:<br>PRIVATE HIRER               |            | Driving Licence Information:<br>Class: 3 Date of Expiry:          |                              |                          |

**General Information of the Accident**

|  |                              |                      |  |                                     |
|--|------------------------------|----------------------|--|-------------------------------------|
| Type of Accident:  | Injury<br>Attended by Police | Drink Drive:<br>No   | Date/Time of Accident:<br>30/04/2023 11:00 | Type of Location:<br>Straight Road  |
| Location:<br><br>TELOK BLANGAH ROAD                          |                              |                      |  |                                     |
| Weather:<br>Clear  |                              | Road Surface:<br>Dry |  |                                     |
| Traffic Flow:<br>One Way                                     |                              | Traffic Control:     |  | Traffic Volume:<br>No Traffic       |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                              |                      |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make    | Model                                  | Color | Condition         | No of Passenger |
|-------------|------|---------|--|-------|-------------------|-----------------|
| SLJ6467C    | Car  | MAZDA   | MAZDA3 4-DOOR<br>SEDAN 1.5L<br>SP.6EAT | Blue  | Seriously Damaged | 2               |
| SMD1078U    | Car  | SUBARU  | FORESTER<br>2.0I-L CVT<br>AWD SR       | White | Seriously Damaged | 2               |
| SMJ8772X    | Car  | HYUNDAI | AD AVANTE<br>1.6 GLS (A)<br>S          | Grey  | Seriously Damaged | 0               |



**SINGAPORE  
POLICE FORCE**



T/20230430/2061

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

2 of 4

Report No. T/20230430/2061

**CONTINUATION OF REPORT**

| Details of Vehicle Involved |      |         |                                |        |                   |                 |
|-----------------------------|------|---------|--------------------------------|--------|-------------------|-----------------|
| Vehicle No.                 | Type | Make    | Model                          | Color  | Condition         | No of Passenger |
| SMR3846H                    | Car  | RENAULT | GRAND SCENIC IV 1.5 DCI AT EU6 | Silver | Seriously Damaged | 4               |

| Details of Person Involved        |                     |  |  |                                   |  |
|-----------------------------------|---------------------|--|--|-----------------------------------|--|
| Any Pedestrian Involved: No       |                     |  |  |                                   |  |
| No. of Pedestrians Injured: NIL   |                     |  | Use of Pedestrian Crossing: NA         |                                   |  |
| Driver                            |                     |  |  |                                   |  |
| Name                              | Tan Yi Guang        |  | ID No.                                 | S9119458I                         |  |
| Related Vehicle                   | SLJ6467C (Car)      |  | Contact No.                            | 92967745                          |  |
| Hospital/Clinic                   | NIL                 |  | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |  |
| Date Treatment                    | NIL                 |  | Date Discharge                         | NIL                               |  |
| No. of Days granted Medical Leave | NIL                 |  | Degree of Injury                       | NIL                               |  |
| Driver                            |                     |  |  |                                   |  |
| Name                              | Wee Chong Cheut     |  | ID No.                                 | S8070120I                         |  |
| Related Vehicle                   | SMD1078U (Car)      |  | Contact No.                            | 91055364                          |  |
| Hospital/Clinic                   | NIL                 |  | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |  |
| Date Treatment                    | NIL                 |  | Date Discharge                         | NIL                               |  |
| No. of Days granted Medical Leave | NIL                 |  | Degree of Injury                       | NIL                               |  |
| Driver                            |                     |  |  |                                   |  |
| Name                              | Khor Zhi Yuan, Ivan |  | ID No.                                 | S8723791E                         |  |
| Related Vehicle                   | SMJ8772X (Car)      |  | Contact No.                            | 98295857                          |  |
| Hospital/Clinic                   | NIL                 |  | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |  |
| Date Treatment                    | NIL                 |  | Date Discharge                         | NIL                               |  |
| No. of Days granted Medical Leave | NIL                 |  | Degree of Injury                       | NIL                               |  |





**SINGAPORE  
POLICE FORCE**



T/20230430/2061

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

3 of 4

Report No. T/20230430/2061

**CONTINUATION OF REPORT**

| Driver                            |                         |  |                                 |
|-----------------------------------|-------------------------|--|---------------------------------|
| Name                              | LIM MING CHAI           | ID No.                                 | S2186010G                       |
| Related Vehicle                   | SMR3846H (Car)          | Contact No.                            | 85356543                        |
| Hospital/Clinic                   | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | 30/04/2023              | Date Discharge                         | NIL                             |
| No. of Days granted Medical Leave | 05                      | Degree of Injury                       | Slight                          |

**Brief Details.**

On the above mentioned date, time and location. I was driving my vehicle (SMR3846H) along Telok Blangah Road toward Vivocity. As the traffic light that I was approaching was turning in amber, I slow down my vehicle as I want my vehicle to come to a stop. Before my vehicle come to a stop, i felt an impact on the rear of my vehicle. I discovered that one vehicle (SMJ8772X) had collided into me and the impact was so huge that it caused my vehicle to move forward and collided into another vehicle (SMD1078U), the said vehicle had also collided into another vehicle (SLJ6467C) which was in front of him. This accident involved of 4 vehicles as stated below:

1st car: SLJ6467C  
2nd car: SMD1078U  
3rd car which is my vehicle: SMR3846H  
4th car: SMJ8772X

After the accident, the police and ambulance came. No one was conveyed by ambulance. I then went to take the particular of all the drivers for report lodging purpose. After the accident, I went to Mount Alvernia Hospital to consult a doctor as I had sustained back injuries from the accident. I was given 5 days of MC by the doctor.

There in in-car camera installed in the front and rear of my vehicle. I am lodging this police report for insurance claim.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999



T/20230430/2061

4 of 4

Report No. T/20230430/2061

CONTINUATION OF REPORT

Signature of Officer Recording The Report:  
G /  
SGT 3 CHOO WEI CHONG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
STAFF SGT YAN MINGSHENG DANIEL  
Contact No.: 65476252

NP168

Signature Of Informant:

Date/Time:  
30/04/2023 15:19

Classification Of Case:



