

## 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	03/05/2023 13:28 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	28/04/2023 09:00 (SGT)
Exact Location of Accident	Lorong 17 Geylang, Singapore
Additional Location Information	TWDS SIMS AVE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV366K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM KIM BOON
NRIC No	S7033815G
Email Address	REYLIM888@GMAIL.COM
Mobile Phone No	(Phone) +65-90605466
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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 car
Transmission	Auto
CC	1500

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5112884175-03

### DRIVER

Name of Driver	LIM KIM BOON
NRIC No	S7033815G
Date Of Birth	25/09/1970
Occupation	Indoor

Date Of Driving Pass	25/01/1995
Driving experience	28 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90605466
Alt. Phone Number	-
Email Address	REYLM888@GMAIL.COM
Address	BLK 552 CHOA CHU KANG ST 52 #05-41
Address complement	-
Postcode	680552
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 - 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?	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	UNKNOWN
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 POLICE REPORT: T/20230502/7040.

#### 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	GBB667S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	LIM KIM BOON
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJV366K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

## SKETCH PLAN


### IMPORTANT NOTICE


1. Please report **correctly** the nature of the accident to speed up the claim process.
2. The form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or false statement of material fact may allow insurers to **repudiate policy liability**.
4. The insured's acceptance of this form by a signed declaration is not an admission of liability or that part of the insurance contract.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the Insurers of the SIA Road Risk Management Centre to be completed by the General Insurance Agent/Agent of Singapore's Automobile Insurance Corporation for the report will be made available upon application by interested parties.
7. By the integrity of this report to the Insurers, you hereby consent to the disclosure of this report at the discretion of the Insurers, the report being made available if required.

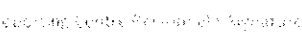
### Consent under the Personal Data Protection Act (PDPA)

I, the undersigned, acknowledge, agree and consent that:

- a. My insurer, my authorised driver, the Insurers of the SIA Road Risk Management Centre, the Insurers of Singapore's General Insurance Corporation ("GIA") and/or permit to collect, use, process, and/or disclose my personal data (personal information) and/or any other personal information provided by me or possessed by my insurer (collectively the **Personal Information**) and/or disclose and transfer such Personal Information to all insurers, who have insured only cars, involved in this accident (all insurers) who have insured cars, who is involved in this accident shall be referred to collectively as the **"Insurers"**. The Insurers, who include the Insurers of the SIA Road Risk Management Centre, the Insurers of Singapore's General Insurance Corporation, and the Insurers of Singapore's General Insurance Corporation, shall be referred to for the purposes of this form.
- b. I am providing, handling and/or allowing to my insurer, and/or the Insurers, to use and/or disclose my personal information relating to the accident.
- c. I am consent to the Insurers to use and/or disclose my personal information relating to the accident.
- d. I am consenting to the Insurers to use and/or disclose my personal information relating to the accident.
- e. I am consenting to the Insurers to use and/or disclose my personal information relating to the accident.
- f. I am consenting to the Insurers to use and/or disclose my personal information relating to the accident.
- g. I am consenting to the Insurers to use and/or disclose my personal information relating to the accident.
- h. I am consenting to the Insurers to use and/or disclose my personal information relating to the accident.
- i. I am consenting to the Insurers to use and/or disclose my personal information relating to the accident.
- j. I am consenting to the Insurers to use and/or disclose my personal information relating to the accident.
- k. I am consenting to the Insurers to use and/or disclose my personal information relating to the accident.
- l. I am consenting to the Insurers to use and/or disclose my personal information relating to the accident.
- m. I am consenting to the Insurers to use and/or disclose my personal information relating to the accident.
- n. I am consenting to the Insurers to use and/or disclose my personal information relating to the accident.
- o. I am consenting to the Insurers to use and/or disclose my personal information relating to the accident.
- p. I am consenting to the Insurers to use and/or disclose my personal information relating to the accident.
- q. I am consenting to the Insurers to use and/or disclose my personal information relating to the accident.
- r. I am consenting to the Insurers to use and/or disclose my personal information relating to the accident.
- s. I am consenting to the Insurers to use and/or disclose my personal information relating to the accident.
- t. I am consenting to the Insurers to use and/or disclose my personal information relating to the accident.
- u. I am consenting to the Insurers to use and/or disclose my personal information relating to the accident.
- v. I am consenting to the Insurers to use and/or disclose my personal information relating to the accident.
- w. I am consenting to the Insurers to use and/or disclose my personal information relating to the accident.
- x. I am consenting to the Insurers to use and/or disclose my personal information relating to the accident.
- y. I am consenting to the Insurers to use and/or disclose my personal information relating to the accident.
- z. I am consenting to the Insurers to use and/or disclose my personal information relating to the accident.

  
Policyholder's Signature  
(Print Name)

  
Insurer's Signature  
(Print Name of Insurer)  
(Print Name)

  
Reporting Centre's Representative Signature  
(Print Name)

I hereby authorise SME Motor Pte Ltd to send my  
Accident report to my workshop \_\_\_\_\_  
via email / fax  
Signature: \_\_\_\_\_

SKETCH PLAN

Lorong 17 Geylang towards Simi Ave

(A) SJV366X  
(B) 6PB6675

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

attached TP report:

T/20230502/7040

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

I/We declare the foregoing particulars are true and correct.

Insured Person's Signature  
(date & time)

Witness's Signature  
(name & address of witness)  
(date & time)

Reporting Officer's Signature  
(Name)  
(NRIC No.)



**SINGAPORE  
POLICE FORCE**



1-20230502-7040

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

1 of 3

Report No: T 20230502-7040

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/05/2023 14:42	Vide Report No.:	Station Diary No.:
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#### Informant's Particulars

Name of Informant: LIM KIM BOON			Address: 552 CHOA CHU KANG STREET 52 #05-41 SINGAPORE 680552		
ID Type / ID No.: NRIC NO / S7033815G			Contact No.: Home/Office:		

#### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/04/2023 09:00	Type of Location: MINOR TO MAJOR ROAD
Location:  LORONG 17 GEYLANG				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
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
GBB667S	Lorry					0
SJV366K	Car	TOYOTA	VIOS G AUTO	Black	Seriously Damaged	1



**SINGAPORE  
POLICE FORCE**



T:20230502-7040

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

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Report No: T:20230502-7040

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJV366K	NTUC Income Insurance Co-Operative Limited	5112884175-03	08/01/2023	07/01/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM KIM BOON	ID No.	S7033815G
Related Vehicle	SJV366K (Car)	Contact No.	90605466
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: 28/04/2023
Date	28/04/2023	Date	NIL
No. of Days granted Medical Leave	07	Degree of	Serious

## Brief Details.

ON 28/04/2023 AT ABOUT 0900HRS AT ALONG LORONG 17 GEYLANG TOWARDS SIMS AVENUE. I WAS TRAVELLING ON THE ABOVE MENTIONED ROAD AND I SLOW DOWN AND STOP FOR CLEARANCE OF MAIN TRAFFIC. SUDDENLY I HEARD A LOUD BANG FROM BEHIND AND WHEN I ALIGHTED, I REALISED THAT IT WAS VEHICLE (B) WHO HIT ONTO THE REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. AFTER THE ACCIDENT, I FELT UNWELL AND WENT TO CONSULT A DOCTOR AND WAS AWARDED 7 DAYS OF MC FOR MY INJURY. I HAVE 1 PASSENGER INSIDE MY VEHICLE.

VEHICLE A: SJV366K  
VEHICLE B: GBB667S



SINGAPORE  
POLICE FORCE



T 20230502-7049

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

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Report No: T 20230502-7049

## 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:  
02/05/2023 14:42

Classification Of Case:

NF166