

# 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 .....	15/05/2023 15:29 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	12/05/2023 16:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	Mount Faber road lamp post 33
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKX7427A
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	KH LEASING PTE. LTD.
Company Reg No .....	201611813C
Email Address .....	KAHUPLEASING@GMAIL.COM
Mobile Phone No .....	(Phone) +65-98229853
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Corolla
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 .....	1600

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5130531220

### DRIVER

Name of Driver .....	LIM JOON KEAT
NRIC No .....	S1158914F
Date Of Birth .....	16/09/1955
Occupation .....	Outdoor

Date Of Driving Pass .....	08/06/1978
Driving experience .....	44 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98229853
Alt. Phone Number .....	-
Email Address .....	KAHUPLEASING@GMAIL.COM
Address .....	BLK 119 BUKIT MERAH VIEW #08-69
Address complement .....	-
Postcode .....	152119
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 .....	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) .....	1
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 .....	Bukit Merah West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18003779999
Alt. Police Station Phone No .....	(Fax) +65-63773923
Police Station Address .....	500 Bukit Merah View #01-01 Singapore 159682
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### 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 .....	PC4113B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Bus
Name of Driver .....	Zulqarnain Bin Abdul Rahim
NRIC No .....	S9405146J
Contact Number .....	(Phone) +65-83325341
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	45

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	LIM JOON KEAT
Gender .....	Male
Phone No .....	(Phone) +65-98229853
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SKX7427A
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

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

A: SKX 7H 27A

B: PC 9113B

Mount Fiber road  
lamp post 33



Refer to Police report

**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)

*[Signature]*  
15/5/2023 1609

*[Signature]*  
Tan Hongou  
549234




**SINGAPORE  
POLICE FORCE**


T/20230512/2113

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Report No. T/20230512/2113

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/05/2023 23:27	Vide Report No.: D/20230512/0086	Station Diary No.: 67
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**Informant's Particulars**

Name of Informant: LIM JOON KEAT		Address: APT BLK 119 BUKIT MERAH VIEW #08-69 SINGAPORE 152119	
ID Type / ID No.: NRIC NO / S1158914F		Contact No.: Home/Office:	Mobile: 98229853
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 67	Date of Birth: 16/09/1955	Type of Informant: Driver
Race: Chinese		Language:	
Occupation: Private-hire car driver		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: 12/05/2023 16:00	Type of Location: Straight Road
Location:  MOUNT FABER ROAD				
Lamp Post Number: 33				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
PC4113B	Bus/Coach/Mi nibus				Slightly Damaged	45
SKX7427A	Car				Slightly Damaged	0

**Details of Person Involved**

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



# SINGAPORE POLICE FORCE

Police Station Of Origin:  
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500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999



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Report No. T/20230512/2113

## CONTINUATION OF REPORT

Driver			
Name	LIM JOON KEAT	ID No.	S1158914F
Related Vehicle	SKX7427A (Car)	Contact No.	98229853
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	12/05/2023	Date Discharge	12/05/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight

### Brief Details.

On 12/05/2023 at about 1600hr, I was driving my vehicle along Mt Faber Road to fetch a passenger. I notice that that a yellow bus is stationary thus stop my vehicle about 4-5meters behind as I afraid that the bus might roll back. About 2-3minutes of waiting, I and the other drivers behind me horn to alert the bus driver to move his bus. However, after 2 minutes, the bus roll back and collided onto my vehicle. I suffer whiplash from the impact and was convey to SGH by the ambulance. Before conveying, the Traffic Police officer spoke to me and asked for my In-Car camera memory card which I provided him. I was discharged from the hospital on the same day and was given a 3-day MC.



**SINGAPORE  
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500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999



T/20230512/2113

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Report No. T/20230512/2113

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

D /  
SR STAFF SGT BADRUL  
HISYAM BIN RIZAL

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
12/05/2023 23:27

Officer In Charge Of Case:  
TP / GIT /  
SR STAFF SGT Ahmad Syafiq Bin Harris  
Contact No.: 65476201

Classification Of Case:

NP168