

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	16/05/2023 15:01 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/05/2023 10:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	DRIVEWAY OF BLK 305B ANCHORVALE LINK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR7921Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM PUAY HIANG (LIN BEIXIAN)
NRIC No	SXXXX652D
Email Address	DELVINLIM1980@GMAIL.COM
Mobile Phone No	(Phone) +65-90401036
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
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	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNW00000772300

DRIVER

Name of Driver	LIM PUAY HIANG (LIN BEIXIAN)
NRIC No	SXXXX652D
Date Of Birth	24/02/1980
Occupation	Outdoor

Date Of Driving Pass	09/01/2003
Driving experience	20 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90401036
Alt. Phone Number	-
Email Address	DELVINLIM1980@GMAIL.COM
Address	APT BLK 260 BUKIT BATOK EAST AVENUE 4
Address complement	# 09-293
Postcode	650260
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	Side Swipe
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)	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	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

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230515/7046

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	SMQ4341X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
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 PUAY HIANG (LIN BEIXIAN)
Gender	Male
Phone No	(Phone) +65-90401036
Address	APT BLK 260 BUKIT BATOK EAST AVENUE 4
Address Complement	# 09-293
Post Code	650260
Approximate Age Years Old	-
Injuries Sustained	BACKPAIN- GIVEN 5 DAYS OF MC
Injured person in which vehicle?	SMR7921Y
Were seat belts worn?	-
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.
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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. The 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

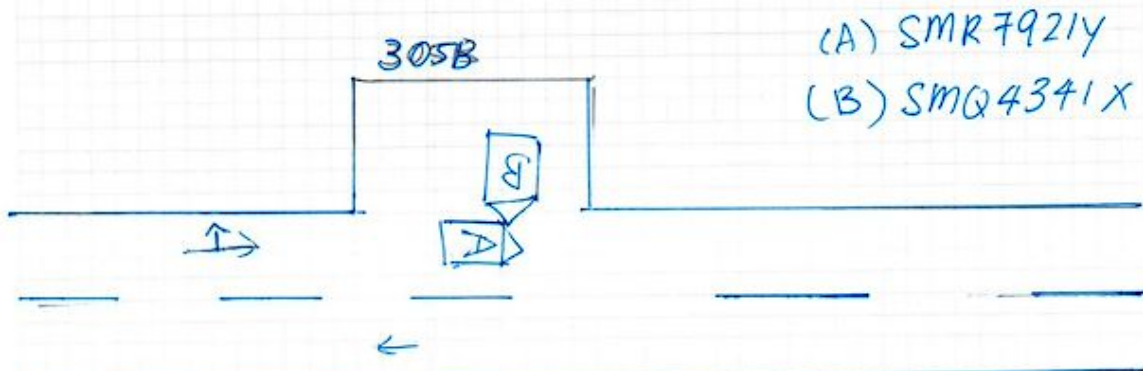
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

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

SKETCH PLAN Driveway of BLK 305B Anchorvale Link.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attached TR Report:
7/2023075 / 7046

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

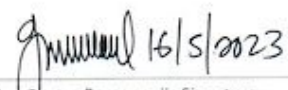
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)
Date & Time:

 16/5/2023

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20230515/7046

2 of 3

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

Report No, T/20230515/7046

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMR7921Y	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000007 72300	21/01/2023	20/01/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM PUAY HIANG		ID No. S8005652D
Related Vehicle	SMR7921Y (Car)		Contact No. 90401036
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	15/05/2023		Date NIL
No. of Days granted Medical Leave		05	Degree of Serious

Brief Details.

On 15/05/2023 at about 1000 hours at along driveway of Blk 305B Anchorvale Link. I was travelling on the above mentioned road and Suddenly, a vehicle (B) from my left veered into my lane without cautious and without checking his blind spot and hit onto the left portion of my vehicle (A) causing damages to my vehicle. After the accident, I went to consult a doctor and was given 05 days MC for my injury.

Vehicles involving in the situation:

(A)SMR7921Y

(B)SMQ4341X



























SINGAPORE POLICE FORCE



T/20230515/7046

1 of 3

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

Report No. T/20230515/7046

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/05/2023 15:07	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LIM PUAY HIANG	Address: 260 BUKIT BATOK EAST AVENUE 4 #09-293 SINGAPORE 650260		
ID Type / ID No.: NRIC NO / S8005652D	Contact No.:	Mobile: 90401036	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email: DELVINLIM1980@GMAIL.COM	
Sex: Male	Age: 43	Date of Birth: 24/02/1980	Type of Informant: Driver
Race: Chinese	Language: English		
Occupation: Private-hire car driver	Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/05/2023 10:00	Type of Location: Straight Road
Location: ANCHORVALE LINK				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMQ4341X	Car					0
SMR7921Y	Car	HONDA	FREED HYBRID 7- SEATER 1.5G AUTO	Blue		0



**SINGAPORE
POLICE FORCE**



T/20230515/7046

2 of 3

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

Report No, T/20230515/7046

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMR7921Y	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW000007 72300	21/01/2023	20/01/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM PUAY HIANG		ID No. S8005652D
Related Vehicle	SMR7921Y (Car)		Contact No. 90401036
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	15/05/2023		Date NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On 15/05/2023 at about 1000 hours at along driveway of Blk 305B Anchorvale Link. I was travelling on the above mentioned road and Suddenly, a vehicle (B) from my left veered into my lane without cautious and without checking his blind spot and hit onto the left portion of my vehicle (A) causing damages to my vehicle. After the accident, I went to consult a doctor and was given 05 days MC for my injury.

Vehicles involving in the situation:

(A)SMR7921Y

(B)SMQ4341X



**SINGAPORE
POLICE FORCE**



T/20230515/7046

3 of 3

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

Report No. T/20230515/7046

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
TAY CHUN KEEN
Contact No.: 65476436

NP168

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

Date/Time:
15/05/2023 15:07

Classification Of Case:

