

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	18/05/2023 17:50 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	17/05/2023 17:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ONE-NORTH GATEWAY TOWARD NORTH BUONA VISTA RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ2134T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM CHIN KEONG
NRIC No	S1797179D
Email Address	ROYLIM13@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-93807983
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	0

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5128877088

DRIVER

Name of Driver	LIM CHIN KEONG
NRIC No	S1797179D
Date Of Birth	19/02/1967
Occupation	Outdoor

Date Of Driving Pass	23/05/1992
Driving experience	31 YEARS
Gender	Male
Mobile Number	(Phone) +65-93807983
Alt. Phone Number	-
Email Address	ROYLIM13@YAHOO.COM.SG
Address	210A COMPASSVALE LANE #06-160
Address complement	-
Postcode	541210
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)	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	Kaki Bukit Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004429999
Alt. Police Station Phone No	(Fax) +65-62444377
Police Station Address	Blk 526 Bedok North Street 3 #01-448 Singapore 460526
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

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	VIDEO WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB3255G
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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 CHIN KEONG
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMZ2134T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstances of the Accident

Please Refer Police Report No :

T/20230518/2024

T/20230518/2024

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

SKETCH PLAN**IMPORTANT NOTICE**

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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' law yers/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' law yers/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 law yers/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

Sketch Plan



























**SINGAPORE
POLICE FORCE**



T/20230518/2024

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

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Report No. T/20230518/2024

CONTINUATION OF REPORT

Signature of Officer Recording The Report: G / SGT 3 RADIN SALIHUL 'IMRAN BIN RADIN FADLI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/05/2023 13:08
Officer In Charge Of Case: TP / AEIT / SI TAN JEOK LENG LESLIE Contact No.: 65476151	Classification Of Case:

NP168



**SINGAPORE
POLICE FORCE**



T/20230518/2024

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Report No. T/20230518/2024

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/05/2023 13:08	Vide Report No.:	Station Diary No.: 9
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Informant's Particulars

Name of Informant: LIM CHIN KEONG			Address: APT BLK 210A COMPASSVALE LANE #06-160 SINGAPORE 541210		
ID Type / ID No.: NRIC NO / S1797179D			Contact No.: Home/Office: Mobile: 93807983		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 19/02/1967	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/05/2023 17:15	Type of Location: T-Junction
Location: ONE-NORTH GATEWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		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
SHB3255G	Taxi				Slightly Damaged	0
SMZ2134T	Car	HYUNDAI	CN7 AVANTE 1.6 DOHC CVT S	Grey	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20230518/2024

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

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Report No. T/20230518/2024

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMZ2134T	NTUC Income Insurance Co-Operative Limited	5128877088	20/07/2022	15/10/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM CHIN KEONG		ID No. S1797179D
Related Vehicle	SMZ2134T (Car)		Contact No. 93807983
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	18/05/2023		Date Discharge 18/05/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 17/5/2023 at about 1710hrs, I was driving my car bearing plate number SMZ2134T along One-north gateway towards North Buona Vista Road, junction of Portsdown Road. I intent to turn right to Portsdown Road. The traffic light was showing red and I was on the right of 2 lanes.
As I was waiting for the traffic light to turn green, I was hit from the rear. After the accident, I alight my car and took pictures of the accident and exchange contact details with the taxi driver. On 18/5/2023, I woke up feeling sore on my neck and shoulder and decided to go to Mount Alvernia Hospital to seek medical assistance. I received 5 days of medical leave from 18/5/2023 to 22/5/2023.
I wish to add that my car has an in-car camera installed looking forward and rear and I have the footage in my handphone.

