

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 witholding 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.

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 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

Hyundai

Vehicle Registration Number SMZ2134T

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

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 No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto

INSURANCE COMPANY

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

DRIVER

CC

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

| Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver | 23/05/1992 31 YEARS Male (Phone) +65-93807983 - ROYLIM13@YAHOO.COM.SG 210A COMPASSVALE LANE #06-160 - 541210 Yes - No |
|--|--|
| GENERAL INFORMATION OF THE ACCIDENT | |
| Type of Accident Weather Conditions Road Surface | Collision - Head to Rear Clear Dry |
| OTHER INFORMATION | |
| Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? 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? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom? | Yes Kaki Bukit Neighbourhood Police Post (Phone) +65-18004429999 (Fax) +65-62444377 Blk 526 Bedok North Street 3 #01-448 Singapore 460526 No |
| CIRCUMSTANCES OF ACCIDENT | |
| REFER TO ATTACHED | |
| ATTACHMENT(S) | |
| Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident | VIDEO WITH OWNER |
| DETAILS OF OTHER | VEHICLE PROPERTY 1 |

SHB3255G

Accident report SY03235I0008

Vehicle Model

Vehicle Registration Number
Vehicle Manufacturer

| 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 |

| Pease | Detr | Police | Report | No: |
|--|--------------------------|----------------------------|-------------------|--------------------------|
| 1/) | 0)30. | 518/2 | 024 | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| laration declare the foregoing particulars | are true in every respo | ect. | | |
| Ji | Go Vi | | | |
| holder's Signature / Date & | Driver's Signature (If o | river is not the policyhol | der) / Date Witne | ssed by Reporting Centre |

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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 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)

Lunderstand, 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")

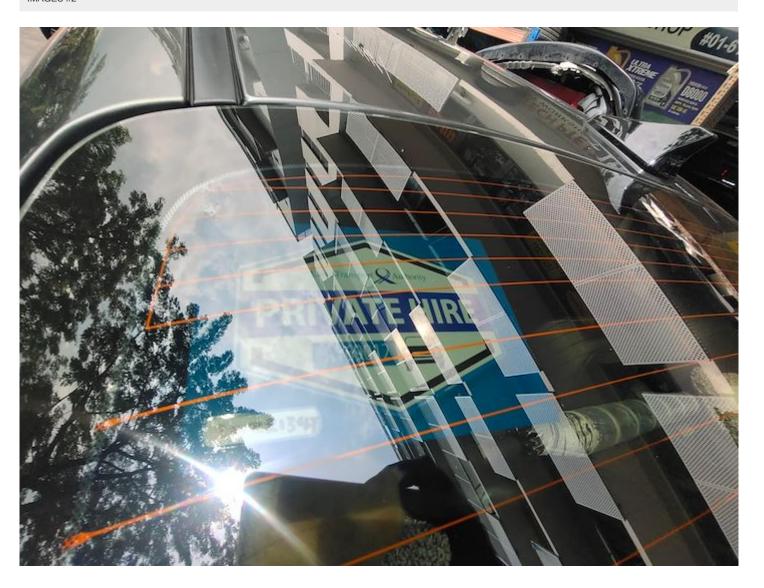
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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 & Driver's Signature (if driver is not the policyholder) / Date Reporting Centre Personnel

Sketch Plan

A 2 SM 7 2/34 T
B 2 SH B 3>556





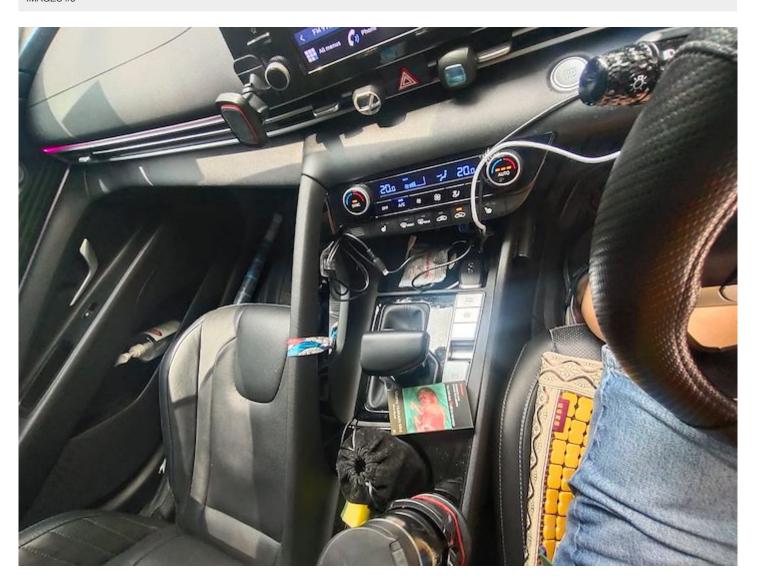


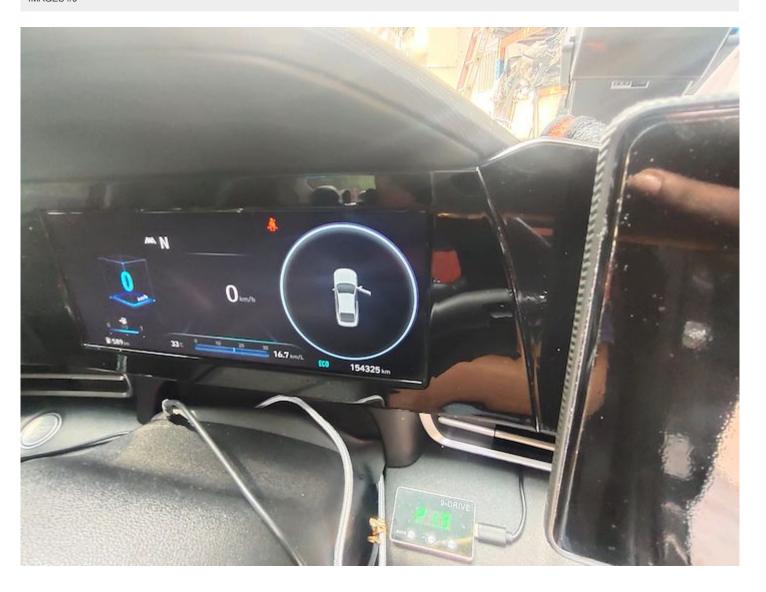




















Police Station Of Origin: Kaki Bukit NPP 526 Bedok North Street 3 #01-448 SINGAPORE 460526 Tel No: 1800-4429999



3 of 3 Report No. T/20230518/2024

CONTINUATION OF REPORT

| Signature of Officer Recording The Report: G / | Signature Of Informant: |
|---|--------------------------------|
| SGT 3 RADIN SALIHUL IMRAN BIN RADIN FADLI | Q' |
| 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 | |





17202000 Forever

Police Station Of Origin: Kaki Bukit NPP 526 Bedok North Street 3 #01-448 SINGAPORE 460526 Tel No: 1800-4429999 1 of 3 Report No. T/20230518/2024

REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: 18/05/2023 13:08 | | /lade: | Vide Report No.: | Station Diary No.: 9 | | |
|--|-------------------------|------------------------------|--|----------------------------|--|--|
| Informa | nt's Partic | ulars | | | | |
| | f Informant: N KEONG | | Address: APT BLK 210A COMPASSV/ 541210 | ALE LANE #06-160 SINGAPORE | | |
| ID Type / ID No.: NRIC NO / S1797179D | | | Contact No.: Home/Office: | | | |
| Nationality: SINGAPORE CITIZEN | | EN | 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: | | |

| 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 Weather: Clear | GATEWAY | Road Surface: | | |
| Traffic Flow: | | Traffic Control: Traffic Light - Wor | | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | 1 | Anyone conveyed by ambulance: |

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|---------|-------------------------------|-------|---------------------|-----------------|
| SHB3255G | Taxi | | | 11.00 | Slightly Damaged | 0 |
| SMZ2134T | Car | HYUNDAI | CN7 AVANTE 1.6 DOHC CVT | Grey | Slightly Damaged | 0 |

| Details of Vehicle Insurance | | | |
|-------------------------------|--------------|-----------|-------------|
| Vehicle No. Insurance Company | Insurance No | Effective | Expiry Date |



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



2 of 3 Report No. T/20230518/2024

CONTINUATION OF REPORT

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

| Details of Perso | n involved | | | | | |
|-------------------|-------------------------|----|-----------|------------------------------------|----------|-----------------------------------|
| Any Pedestrian I | nvolved: No | | | | | |
| No. of Pedestrian | s Injured: NIL | | Use of Pe | edestriar | Cross | sing: NA |
| Driver | | | | | | |
| Name | LIM CHIN KEONG | | | ID No | | S1797179D |
| Related Vehicle | SMZ2134T (Car) | | Conta | ct No. | 93807983 | |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | | | Class Drivin Licens Expin | g | Class: 3,4 Date of Expiry: NIL |
| Date Treatment | 18/05/2023 Date Dis | | charge | 18/05 | /2023 | |
| No. of Days gran | ted Medical Leave | 05 | Degree o | | 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 righ 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.

