

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	26/05/2023 17:49 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	24/05/2023 18:15 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG113D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM CHOON HUAT
NRIC No	SXXXX708F
Email Address	andrewsg777@gmail.com
Mobile Phone No	(Phone) +65-93364868
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Hr-v
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTPV01017254

DRIVER

Name of Driver	LIM CHOON HUAT
NRIC No	SXXXX708F
Date Of Birth	07/03/1977
Occupation	Indoor

Date Of Driving Pass	21/06/2017
Driving experience	5 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93364868
Alt. Phone Number	-
Email Address	andrewsg777@gmail.com
Address	BLK 613B TAMPINES NORTH DRIVE 1 #08-220
Address complement	-
Postcode	522613
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230525/2082

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	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNG3698P
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
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 CHOON HUAT
Gender	Male
Phone No	(Phone) +65-93364868
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLG113D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


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.

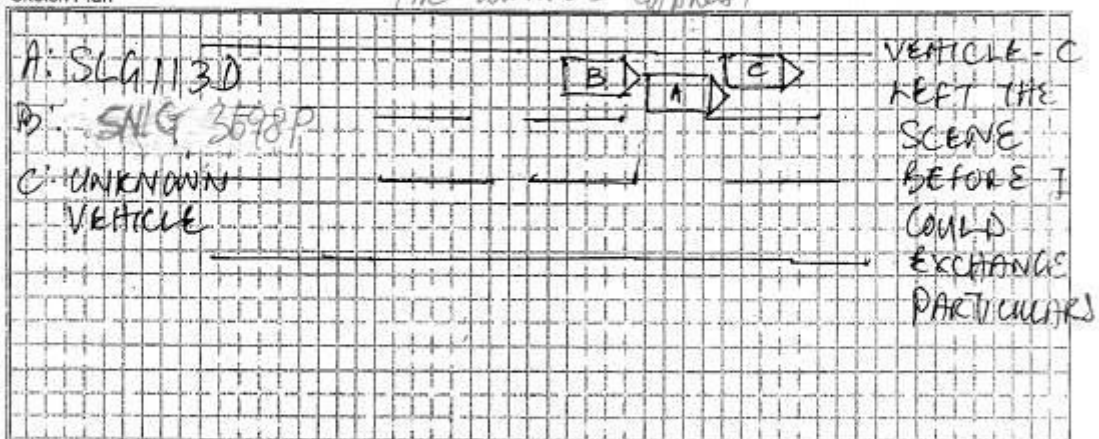

Policyholder's Signature / Date & Time


Driver's Signature (if driver is not the policyholder) / Date & Time

 26/05/2013
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

A: SLG 113D
B: SLG 3598P
C: UNKNOWN VEHICLE



VEHICLE - C LEFT THE SCENE BEFORE I COULD EXCHANGE PARTICULARS

Describe Circumstance of the Accident		
<p style="font-size: 1.2em; margin: 0;">REFER TO POLICE REPORT. 1/20230525/2082</p>		
<p>Was there any video captured by Car Camera? Yes / No</p>		
<p>Has the driver been approached by unknown person(s)? Yes / No</p>		
<p>Number of Passengers (Including Driver)? 01</p>		
Name	Gender:	
Name	Gender:	
Name	Gender:	
<p>Declaration</p> <p>I/We declare the foregoing particulars are true in every respect.</p>		
<p><small>Policyholder's Signature / Date & Time</small></p>	<p><small>Driver's Signature (if driver is not the policyholder) / Date & Time</small></p>	<p><small>Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)</small></p>

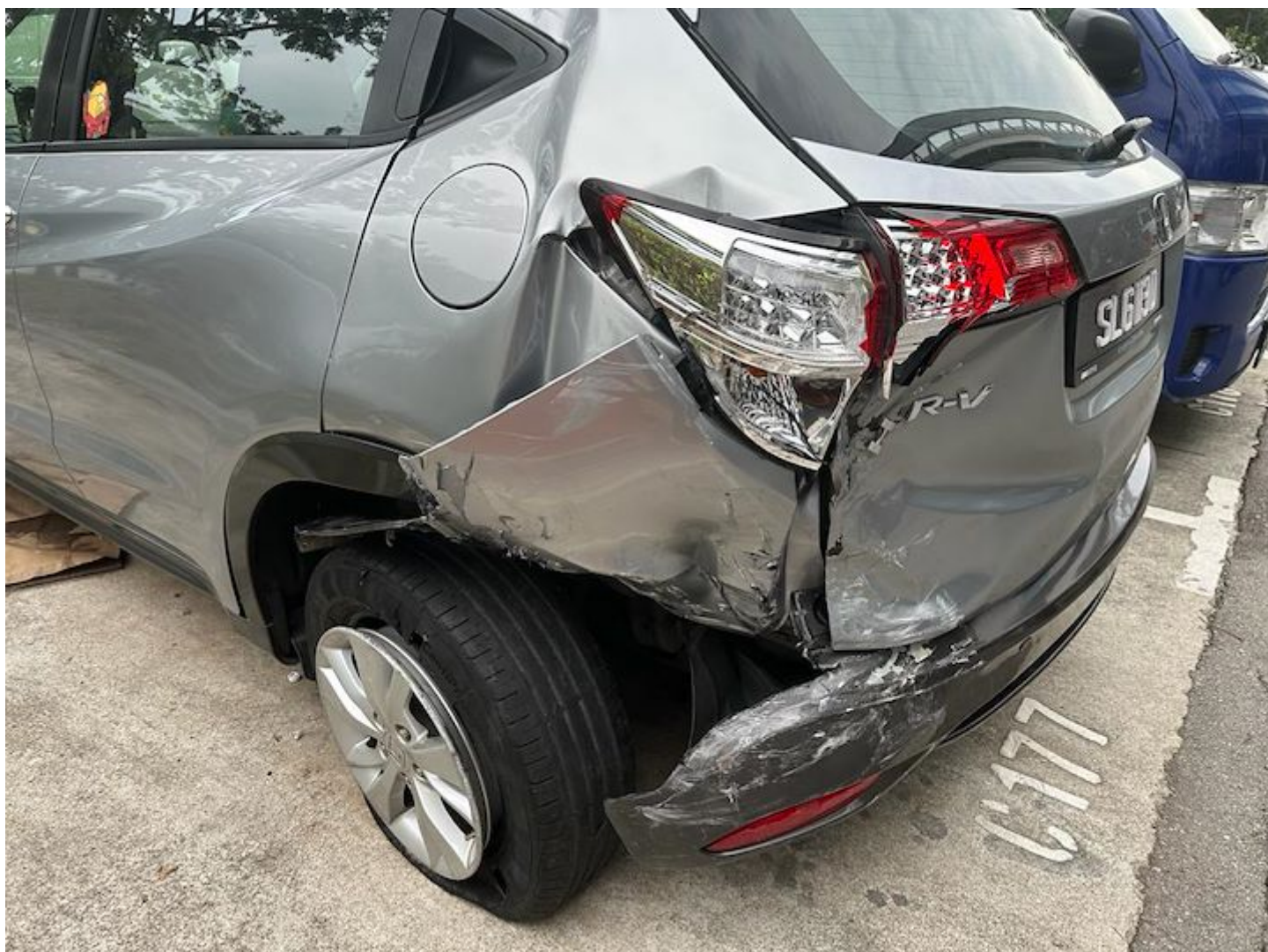


























**SINGAPORE
POLICE FORCE**



T/20230525/2082

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3

Report No. T/20230525/2082

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/05/2023 18:34		Vide Report No.:		Station Diary No.: 37	
Informant's Particulars					
Name of Informant: LIM CHOON HUAT			Address: APT BLK 613B TAMPINES NORTH DRIVE 1 #08-220 SINGAPORE 522613		
ID Type / ID No.: NRIC NO / S7706708F			Contact No.: Home/Office: Mobile: 93364868		
Nationality: SINGAPORE CITIZEN			Email: ANDREWSG777@GMAIL.COM		
Sex: Male	Age: 46	Date of Birth: 07/03/1977	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Food and beverage operations manager			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident					
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/05/2023 18:15	Type of Location: Flyover	
Location: PAN-ISLAND EXPRESSWAY					
Weather: Clear		Road Surface: Dry			
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate	
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
SLG113D	Car	HONDA	HRV 1.5 DX CVT	Silver	Seriously Damaged	0
SNG3698P	Car				Slightly Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date	
SLG113D	TENET SOMPO INSURANCE PTE. LTD.	D22MTPV0101725 4	17/10/2022	16/10/2023	



**SINGAPORE
POLICE FORCE**



T/20230525/2082

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20230525/2082

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM CHOON HUAT	ID No.	S7706708F
Related Vehicle	SLG113D (Car)	Contact No.	93364868
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	25/05/2023	Date Discharge	25/05/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 24/05/2023 @1815hrs, I was driving my vehicle bearing plate SLG 113D on the first lane of PIE towards Ubi Area. The nearest exit I can recall is Exit 16 towards Lor 6 Toa Payoh on the opposite side of the road. Whilst driving, I was rear ended on my left rear by car bearing plate SNG3698P. This resulted in my car to hit the car in front with unknown plate number. I sustained damages to my rear and front parts of my car. Traffic Police attended to the accident, and nobody was conveyed by ambulance. I was not given any case card by Traffic Police Officer on duty. On 25/05/2023, I visited the doctor at Mt Alvernia Hospital as I felt pain in my body, and I was given 5 days MC. I have an InCar camera in my vehicle.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999



T/20230525/2082

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Report No. T/20230525/2082

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
D /
INSP (1) MUHAMMAD AFIQ BIN
ATAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI TAN JEOK LENG LESLIE
Contact No.: 65476151

Signature Of Informant:

Date/Time:
25/05/2023 16:34

Classification Of Case:

NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09235Q000C Vehicle Registration No: SLG 1130
 Name (as shown in NRIC): LIM CHOW HUAT NRIC/FIN/Passport No: Sxxxxx708F
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 93364868
 Email Address: _____
 Date of Accident: 24/05/2023 Time of Accident: 18:15
 Place of Accident: PIE TOWARDS CHANGI
 Insurance Company: Sampo

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Vehicle (B) to SNIG3698P on SEARCH.

Policyholder / Actual Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:


**Mount Alvernia Hospital
Medical Certificate**

24-Hour Walk-in Clinic and
Emergency Department
No: M230000117933

This is to certify that LIM CHOON HUAT, S7706708F, is granted Outpatient Sick Leave for 5 day(s) from 25-May-2023 to 29-May-2023.

Remark :

This medical certificate is not valid for absence from Court or judicial proceeding unless specifically stated.


Dr. Muhammad Azmi Heran Bin, Abdul
Latiff
MCR : 609248

A & E / 24-HOUR WALK-IN CLINIC
Mount Alvernia Hospital
820 Thomson Road
Singapore 574623
Tel: 63476210

25/05/2023

Date