

# 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 ..... 22/06/2023 14:48 (SGT)  
Reported by ..... Both Policyholder and Actual Driver  
Date of Accident ..... 20/06/2023 20:40 (SGT)  
Exact Location of Accident ..... Sims Ave, Singapore  
Additional Location Information ..... TOWARDS PAYA LEBAR ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNJ8756G

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LIM EU CHAI  
NRIC No ..... SXXXX942F  
Email Address ..... SG86115300@gmail.com  
Mobile Phone No ..... (Phone) +65-93803796  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Vezel  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
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 ..... India International Insurance Pte Ltd  
Policy Number / Cover Note Number ..... D23MPC0002002

### DRIVER

Name of Driver ..... LIM EU CHAI  
NRIC No ..... SXXXX942F  
Date Of Birth ..... 26/11/1981  
Occupation ..... Outdoor

Date Of Driving Pass .....	19/08/2002
Driving experience .....	20 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93803796
Alt. Phone Number .....	-
Email Address .....	SG86115300@gmail.com
Address .....	19 CHAI CHEE ROAD #09-314
Address complement .....	-
Postcode .....	461019
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 - Change/cross lane
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 POLICE REPORT T/20230620/7078

#### 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 .....	SLD6985E
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 EU CHAI
Gender .....	Male
Phone No .....	(Phone) +65-93803796
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SNJ8756G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

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5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the Insurers to 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)

I understand, acknowledge, agree and consent that:

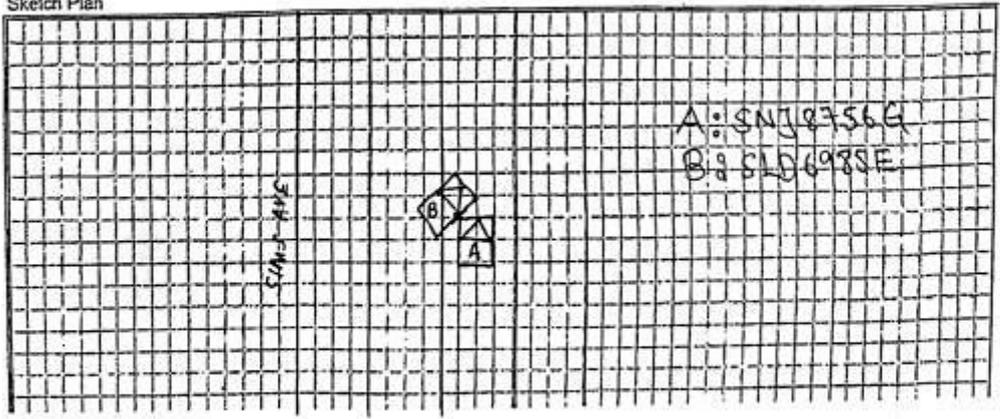
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

JIM  
Policyholder's Signature / Date & Time

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

22/06/2023  
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

**Sketch Plan**



Scanned with CamScanner

Scanned with CamScanner

Describe Circumstance of the Accident

REFER TO  
POLICE REPORT  
T/20230620/7078

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

PIM  
Policyholder's Signature / Date & Time

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

[Signature] 20/06/2023  
Witnessed by Reporting Centre Personnel

Scanned with CamScanner

Scanned with CamScanner





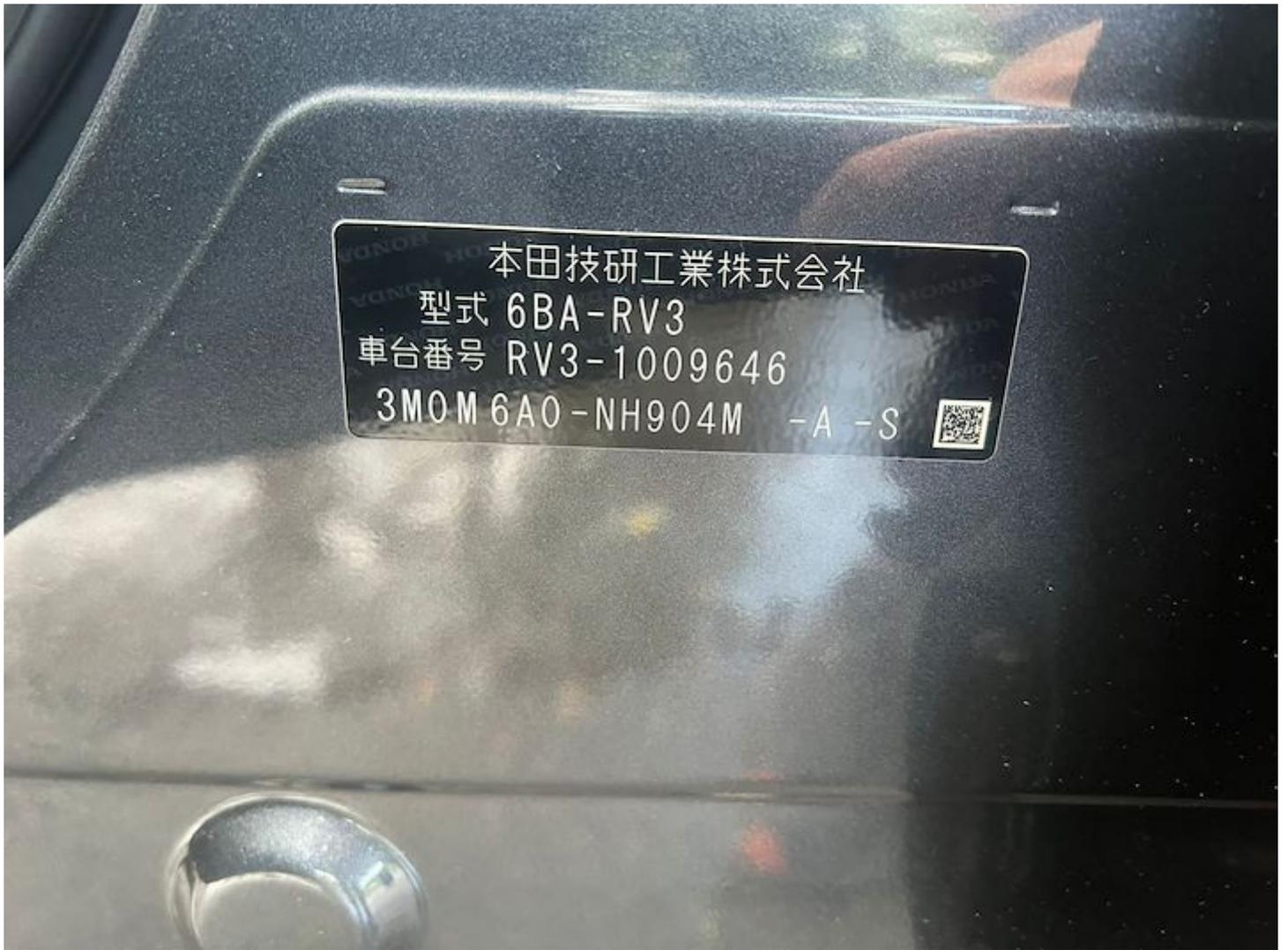




















**SINGAPORE  
POLICE FORCE**



T/20230620/7078

1 of 3

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

Report No: T/20230620/7078

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/06/2023 22:30	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: LIM EU CHAI		Address: 19 CHAI CHEE ROAD #09-314 SINGAPORE 461019	
ID Type / ID No.: NRIC NO / S8163942F		Contact No.: Home/Office:                      Mobile: 93803796	
Nationality: SINGAPORE CITIZEN		Email: HYXSOL@GMAIL.COM	
Sex: Male	Age: 41	Date of Birth: 26/11/1981	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: TADA DRIVER		Driving Licence Information: Class: 2B,2A,2,3                      Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/06/2023 20:40	Type of Location: Straight Road
Location:  LORONG 41 GEYLANG				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		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	Conditio	No of
SLD6985E	Car				Seriously Damaged	1
SNJ8756G	Car	HONDA	VEZEL 1.5G CVT	Grey	Seriously Damaged	0

**Details of Vehicle Insurance**

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

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



T/20230620/7078

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Report No. T/20230620/7078

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNJ8756G	INDIA INTERNATIONAL INSURANCE PTE LTD	D23MPC0002002	02/03/2023	01/03/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM EU CHAI	ID No.	S8163942F
Related Vehicle	SNJ8756G (Car)	Contact No.	93803796
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	20/06/2023	Date	20/06/2023
No. of Days granted Medical Leave	05	Degree of	Serious

**Brief Details.**

ON THE STATED VENUE, DATE AND TIME, I, VEHICLE A, BEARING CAR PLATE SNJ8756G WAS TRAVELLING STRAIGHT IN MY LANE ON LANE 2 ALONG SIMS AVE TOWARDS PAYA LEBAR RD.

SUDDENLY, VEHICLE B, BEARING CAR PLATE SLD6985E DASH INTO MY LANE FROM LANE 3 AND BANG ONTO THE LEFT PORTION OF MY VEHICLE.

MY VEHICLE PROPEL AND HIT ONTO THE KERB.

AFTER THE ACCIDENT, WE EXCHANGED PARTICULARS AND TOOK PHOTOS OF THE ACCIDENT SCENE.

I FELT PAIN ON MY NECK, LOWER BACK, CHEST, RIGHT LEG, LEFT HAND, RIGHT FINGER. SO I WENT TO OUR FAMILY PHYSICIAN CLINIC & SURGERY TO CONSULT A DOCTOR. I RECEIVED 5 DAYS OF MC.



**SINGAPORE  
POLICE FORCE**

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



T/20230620/7078

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Report No. T/20230620/7078

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

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

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

Date/Time:  
20/06/2023 22:30

Classification Of Case:

NP168

