

## 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 .....	21/03/2023 15:27 (SGT)
Reported by .....	Driver
Date of Accident .....	19/03/2023 23:05 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	SIMEI SLIP ROAD TOWARDS PIE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJR2629K
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LIM HOE SING
NRIC No .....	S1629395D
Email Address .....	chunfeng1405@gmail.com
Mobile Phone No .....	(Phone) +65-92712965
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	C180k
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1597

#### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	SP2003210282-01

#### DRIVER

Name of Driver .....	LIM CHUN MING
NRIC No .....	S9807962I
Date Of Birth .....	09/03/1998
Occupation .....	Indoor

Date Of Driving Pass .....	15/10/2021
Driving experience .....	1 YEAR AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87679707
Alt. Phone Number .....	-
Email Address .....	limchunming98@gmail.com
Address .....	718 TAMPINES ST 72 #11-51
Address complement .....	-
Postcode .....	520718
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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) .....	2
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 .....	-

#### PASSENGER 1

Name .....	LEUNG KAMAN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Tampines North Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18007818999
Alt. Police Station Phone No .....	(Fax) +65-67838603
Police Station Address .....	Blk 461 Tampines Street 44 #01-56 Singapore 520461
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

AS PER SKETCH PLAN AND POLICE REPORT ATTACHED

#### 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 .....	SLK3765G
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 CHUN MING
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	5 DAYS MC
Injured person in which vehicle? .....	SJR2629K
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

### INJURED 2

Name of injured person .....	LEUNG KAMAN
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	3DAYS MC
Injured person in which vehicle? .....	SJR2629K
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

SKETCH PLANIMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.:

SKETCH PLAN

[B] > [A]

A - SJR2629K

B - SLK3765G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report attached: T/2023 0320/2103

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:

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



Allianz Insurance Singapore Pte. Ltd.

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**CERTIFICATE OF INSURANCE**


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ROAD TRANSPORT ACT 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP 189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 (REPUBLIC OF SINGAPORE)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number	: SP2003210282-01
Date of Issue	: 21 October 2022
Coverage	: Comprehensive
Policyholder	: LIM HOE SING
Period of Insurance	: 09 November 2022 to 08 November 2023(both dates inclusive)
Registration No.	: SJR2629K
Chassis number of Vehicle	: WDD2040452A525756

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**Persons or Classes of Persons Entitled to Drive\*:**

- (a) The Policyholder.  
 (b) Any other person who is driving on the Policyholder's order or with his/her permission

*\*Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.*

**Limitation as to Use\*:**

Used only for social, domestic and pleasure purposes and for the Policyholder's business.

**The Policy does not cover:**

- (a) use for hire or reward  
 (b) use for racing, pace-making, reliability trials or speed testing  
 (c) use for the carriage of goods (other than samples) in connection with any trade or business  
 (d) use for any purposes in connection with the Motor Trade

*\*Limitation rendered inoperative by Section 8 of Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.*

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or Amendment, Act or Acts passed in substitution thereof.

21 October 2022

Issued Date

Hicham Raissi  
 Chief Executive Officer  
 Allianz Insurance Singapore Pte. Ltd.

<b>Intermediary Code</b>	: 0000336 AAC PERFORMANCE PTE LTD		
<b>Excess</b>	: Own Damage	SGD	600.00
	: Windscreen Damage	SGD	100.00













**SINGAPORE  
POLICE FORCE**



T/20230321/2068

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

1 of 3

Report No. T/20230321/2068

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/03/2023 15:39		Vide Report No.: T/20230320/2103		Station Diary No.: 90	
<b>Informant's Particulars</b>					
Name of Informant: LIM CHUN MING			Address: APT BLK 718 TAMPINES STREET 72 #11-51 SINGAPORE 520718		
ID Type / ID No.: NRIC NO / S9807962I			Contact No.: Home/Office: Mobile: 87679707		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 09/03/1998	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: PROGRAMME COORDINATOR			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: 19/03/2023 23:05	Type of Location: Bend
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Cloudy		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	Condition	No of Passenger
SJR2629K	Car				Slightly Damaged	1
SLK3765G	Car				Slightly Damaged	1

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20230321/2068

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20230321/2068

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	LEUNG KA MAN	ID No.	S9512438J
Related Vehicle	SJR2629K (Car)	Contact No.	92720608
Hospital/Clinic	NORTHEAST (BUONA VISTA) MEDICAL CENTRE PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/03/2023	Date Discharge	21/03/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	LIM CHUN MING	ID No.	S9807962I
Related Vehicle	SJR2629K (Car)	Contact No.	87679707
Hospital/Clinic	PRAISE FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	21/03/2023	Date Discharge	21/03/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	SIA ENG HOE	ID No.	S6825266J
Related Vehicle	SLK3765G (Car)	Contact No.	97673131
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 19/03/2023 at about 2305hrs, I was driving along Simei Road slip road towards PIE (Tuas) on lane 2 of a 2-laned road. As the oncoming traffic is at a very fast pace, I slow down my vehicle as it is a merging lane in front. Out of a sudden, I felt an impact on the rear portion of my vehicle. The other vehicle Reg no: SLK3765G (Toyota White). The other party driver and I come down from our vehicle as there were no injuries to all parties thus we exchanged particulars, took some photographs and left the scene.



**SINGAPORE  
POLICE FORCE**



T/20230321/2068

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20230321/2068

## CONTINUATION OF REPORT

Signature of Officer Recording The Report:

G /  
SR STAFF SGT MOHAMAD  
IZWAN BIN MOHAMAD ISHAK

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
21/03/2023 15:39

Officer In Charge Of Case:  
TP / AEIT /  
SI MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

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: \_\_\_\_\_ Vehicle Registration No: SSR2629K

Name (as shown in NRIC): \_\_\_\_\_ NRIC/FIN/Passport No: \_\_\_\_\_

(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Accident: 19/3/23 Time of Accident: \_\_\_\_\_

Place of Accident: \_\_\_\_\_


Insurance Company: Allianz

**(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:

To change police report.

updated police report states injury status

  
Policyholder / Driver's Signature  
Date: \_\_\_\_\_

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