

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	27/06/2023 18:38 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	26/06/2023 16:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG UPPER CHANGI ROAD TOWARDS BEDOK AT LAMPOST 78
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SR46Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM SIEW LUN
NRIC No	SXXXXX339I
Email Address	FIRSTLINCO@HOTMAIL.CO.UK
Mobile Phone No	(Phone) +65-93828623
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Bentley
Model	Continental
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	5998

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00034152300

DRIVER

Name of Driver	LIM SIEW LUN
NRIC No	SXXXXX339I
Date Of Birth	21/12/1950

Occupation	Indoor
Date Of Driving Pass	27/08/1977
Driving experience	45 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93828623
Alt. Phone Number	-
Email Address	FIRSTLINCO@HOTMAIL.CO.UK
Address	25 TOH CRESCENT
Address complement	-
Postcode	507934
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	UNKNOWN
Gender	Female

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 THE ATTACHED STATEMENT

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	FBT5569P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	MUHD DANIAL BIN HAMDY ABDULLAH
NRIC No	SXXXX110E
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

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

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.

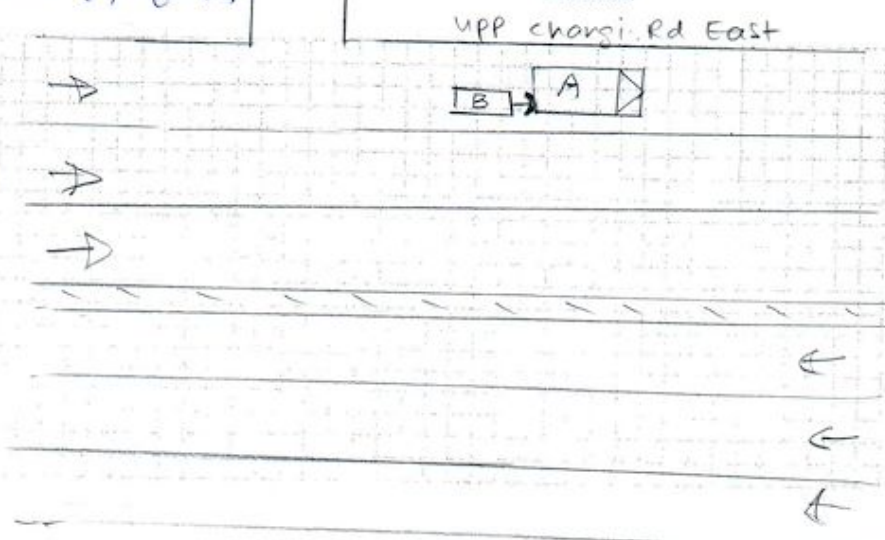
Policyholder's Signature / Date & Time
27-6-23

Driver's Signature (if driver is not the policyholder) / Date & Time
27-6-23

Witnessed by Reporting Centre Personnel
27/6/2023

Sketch Plan

VEH A: SR46Z
VEH B: FBT5567P
Along upper changi Road
towards Bedok at lamp
post 78



Describe Circumstances of the Accident

On 26-6-23 at about 4.10pm, whilst driving along Upper Changi Road East on the extreme left lane, I was driving slowly as my vehicle had no power, suddenly a motor cycle (B) FBT5569P hit on to the rear portion of my vehicle (A) SR46Z.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time
27-6-23

Driver's Signature (If driver is not the policyholder) / Date & Time
27-6-23

Witnessed by Reporting Centre Personnel
27/6/2023



**SINGAPORE
POLICE FORCE**



T/20230711/7038

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

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Report No. T/20230711/7038

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD DANIAL BIN HAMD ABDULLAH	ID No.	S9829110E
Related Vehicle	FBT5569P (Motorcycle)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Driver			
Name	LIM SIEW LUN	ID No.	S0144339I
Related Vehicle	SR46Z (Car)	Contact No.	93828623
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 26/6/2023 at about 4.10pm, whilst driving along Upper Changi Road East on the extreme left lane, I was driving slowly as my vehicle had no power, suddenly a motor cycle FBT5569P hit on the rear portion of my vehicle SR46Z





































**SINGAPORE
POLICE FORCE**



T/20230711/7038

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

1 of 3

Report No. T/20230711/7038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/07/2023 12:51		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: LIM SIEW LUN		Address: 25 TOH CRESCENT SINGAPORE 507934		
ID Type / ID No.: NRIC NO / S0144339I		Contact No.: Home/Office: Mobile: 93828623		
Nationality: SINGAPORE CITIZEN		Email: FIRSTLINCO@HOTMAIL.CO.UK		
Sex: Female	Age: 72	Date of Birth: 21/12/1950	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: Retiree		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/06/2023 16:05	Type of Location: Straight Road
Location: UPPER CHANGI ROAD EAST				
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
FBT5569P	Motorcycle					0
SR46Z	Car	BENTLEY	CONTI GTC	Blue		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SR46Z	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000341 52300	19/02/2023	18/02/2024



**SINGAPORE
POLICE FORCE**



T/20230711/7038

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

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Report No. T/20230711/7038

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD DANIAL BIN HAMD ABDULLAH	ID No.	S9829110E
Related Vehicle	FBT5569P (Motorcycle)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Driver			
Name	LIM SIEW LUN	ID No.	S0144339I
Related Vehicle	SR46Z (Car)	Contact No.	93828623
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 26/6/2023 at about 4.10pm, whilst driving along Upper Changi Road East on the extreme left lane, I was driving slowly as my vehicle had no power, suddenly a motor cycle FBT5569P hit on the rear portion of my vehicle SR46Z



**SINGAPORE
POLICE FORCE**



T/20230711/7038

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

3 of 3

Report No. T/20230711/7038

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
CHONG GUAN FATT
Contact No.: 65472077

Signature Of Informant:

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

Date/Time:
11/07/2023 12:51

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: SN09236R0009 Vehicle Registration No: SR 46 Z
 Name (as shown in NRIC): LM SIEW LUN NRIC/FIN/Passport No: S01443397
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 25 TOH CRESCENT Singapore (507994)
 Contact (Tel): 9382 8623 Mobile No.: 9382 8623
 Email Address: FIRSTLINCO@HOTMAIL.CO.UK
 Date of Accident: 26-6-2023 Time of Accident: 16:10
 Place of Accident: ALONG UPPER CHANGI ROAD TOWARDS BEDOK AT LAMP Post 78
 Insurance Company: CHINA TAIPING INSURANCE (Singapore) Pte Ltd

(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:

- ① Addn. Police Report No: T/20230711/7038
- ② Addn. HP NO: 9382 8623
- ③ Addn. Email: FIRSTLINCO@HOTMAIL.CO.UK
- ④ Amend sketch plan

Policyholder / Driver's Signature
 Date: 11/7/23

Reporting Centre Personnel's Signature
 Name: [Signature]
 NRIC/FIN No.:
 Date: 11/7/2023