

## 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 .....	28/06/2023 16:45 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	26/06/2023 22:15 (SGT)
Exact Location of Accident .....	Bishan Street 24, Singapore
Additional Location Information .....	BISHAN STREET 24
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKJ4338Z
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	CHILL OUT TONIGHT
Company Reg No .....	5XXXX940E
Email Address .....	LINMILTON@GMAIL.COM
Mobile Phone No .....	(Phone) +65-81091697
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	ALTIS
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 your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1600

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5126827008-01

#### DRIVER

Name of Driver .....	LIN JIANXIONG, MILTON
NRIC No .....	SXXXX631E
Date Of Birth .....	10/10/1983
Occupation .....	Outdoor

Date Of Driving Pass .....	08/01/2003
Driving experience .....	20 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81091697
Alt. Phone Number .....	-
Email Address .....	LINMILTON@GMAIL.COM
Address .....	412 JURONG WEST ST 42 #04-851
Address complement .....	-
Postcode .....	640412
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 - Major/Minor Rd
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

#### REFER TO SKETCH PLAN

#### 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 .....	SLF1845Z
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 .....	LIN JIANXIONG, MILTON
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	5 DAYS MC
Injured person in which vehicle? .....	SKJ4338Z
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

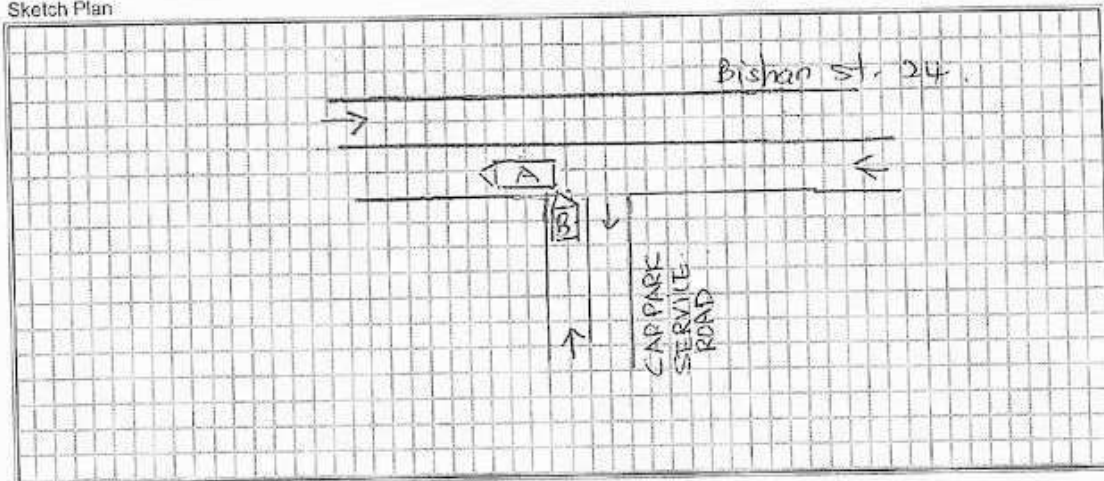
*[Signature]*

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



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

Sketch Plan



Describe Circumstance of the Accident

Refer to Police Report No. 7/20230627/7090.

Declaration

(We declare the foregoing particulars are true in every respect)



Policyholder's Signature / Date & Time

*[Signature]*

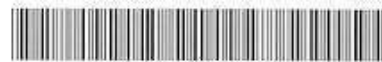
Driver's Signature (if driver is not the policyholder) / Date & Time



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



**SINGAPORE  
POLICE FORCE**



T/20230627/7090

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

1 of 3  
Report No. T/20230627/7090

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/06/2023 22:00	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: LIN JIANXIONG, MILTON		Address: 412 JURONG WEST STREET 42 #04-851 SINGAPORE 640412	
ID Type / ID No.: NRIC NO / S8333631E		Contact No.: Home/Office:                      Mobile: 81091697	
Nationality: SINGAPORE CITIZEN		Email: METAGAMESHOP@GMAIL.COM	
Sex: Male	Age: 39	Date of Birth: 10/10/1983	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: Self Employed		Driving Licence Information: Class:                      Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/06/2023 22:10	Type of Location:
Location:  BISHAN STREET 24				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJK4338Z	Car					0

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



**SINGAPORE  
POLICE FORCE**



T/20230627/7090

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

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Report No. T/20230627/7090

**CONTINUATION OF REPORT**

Driver			
Name	LIN JIANXIONG, MILTON		ID No. S8333631E
Related Vehicle	SJK4338Z (Car)		Contact No. 81091697
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	05	Degree of	Serious

**Brief Details.**

On the stated date and time, I was driving SJK4338Z along Bishan Street 24 when suddenly, a huge impact slammed into the rear left portion of my vehicle, causing it to rock sideways violently.

I was caught completely off guard by the sudden impact and knocked my left knee against the centre console of my vehicle as a result.

Upon alighting, I realised that SLF1845Z, which was initially driving out of the carpark exit of Blocks 278-281 on my left, had crashed into the rear left portion of my vehicle.

My left rim and bumper were damaged.

Initially, I was just in some shock.

However, the following morning, I woke up with aches over my neck and back areas. The pain in my left knee also got worse.

As such, I decided to seek treatment at Unihealth Jurong East the following day and was given 5 days MC.



**SINGAPORE  
POLICE FORCE**



T/20230627/7090

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

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Report No. T/20230627/7090

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:  
27/06/2023 22:00

Classification Of Case:

NP168