

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 | 12/07/2023 12:27 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 07/07/2023 19:10 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | COLLYER QUAY |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SMN4802Z |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|-------------------------|
| Is company? | No |
| Name Of Registered Owner | LIM THIEN SEAN |
| NRIC No | S9370369C |
| Email Address | underscore193@gmail.com |
| Mobile Phone No | (Phone) +65-91764158 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Kia |
| Model | CERATO 1.6(A) SUNROOF |
| 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 | 1591 |

INSURANCE COMPANY

| | |
|---|--------------------------|
| Name of Insurance Company | Income Insurance Limited |
| Policy Number / Cover Note Number | 5129473235 |

DRIVER

| | |
|----------------------|----------------|
| Name of Driver | LIM THIEN SEAN |
| NRIC No | S9370369C |
| Date Of Birth | 04/04/1993 |
| Occupation | Indoor |

| | |
|--|--|
| Date Of Driving Pass | 03/01/2013 |
| Driving experience | 10 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-91764158 |
| Alt. Phone Number | - |
| Email Address | underscore193@gmail.com |
| Address | APT BLK 82 EDGEDALE PLAINS #15-05 (S) 828736 |
| Address complement | - |
| Postcode | - |
| 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? | 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 | KELLY WONG |
| 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

REFER WITH 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 | GBG6592H |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | NYI NYI HHWE |
| Work Permit No | G2354719N |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 1 |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|---|
| Name of injured person | LIM THIEN SEAN |
| Gender | Male |
| Phone No | (Phone) +65-91764158 |
| Address | APT BLK 82 EDGEDALE PLAINS #15-05 (S) 828736 |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SENGKANG GENERAL HOSPITAL PTE LTD - 3 DAYS MC |
| Injured person in which vehicle? | SMN4802Z |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | - |

INJURED 2

| | |
|---|---|
| Name of injured person | KELLY WONG |
| Gender | Female |
| Phone No | (Phone) +65-82807129 |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SENGKANG GENERAL HOSPITAL PTE LTD - 3 DAYS MC |
| Injured person in which vehicle? | SMN4802Z |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | - |

SKETCH PLAN

IMPORTANT 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 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.

Policyholder's Signature / Date & Time

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

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

Sketch Plan

A SMN4802Z
B GBG6592H

Describe Circumstance of the Accident

my vehicle, SMN4802Z, was stationary as the traffic light was red.
There are other cars in front of me. Suddenly, we was thrown forward
but we had seatbelts on. The impact was huge. The other party vehicle,
GB616592H, hit us at the back. My car boot was crashed and other
party vehicle windshield is broken. me and my wife, Kelly Wong,
who is the passenger have gotten a 3 days mc.

Declaration

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

[Signature]

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/20230708/7006

1 of 4

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

Report No. T/20230708/7006

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 08/07/2023 09:44 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

| Informant's Particulars | | | | |
|--|------------|------------------------------|--|--|
| Name of Informant: LIM THIEN SEAN | | | Address: 82 EDGEDALE PLAINS #15-05 SINGAPORE 828736 | |
| ID Type / ID No.: NRIC NO / S9370369C | | | Contact No.: Home/Office: Mobile: 91764158 | |
| Nationality: SINGAPORE CITIZEN | | | Email: UNDERScore193@GMAIL.COM | |
| Sex: Male | Age: 30 | Date of Birth: 04/04/1993 | Type of Informant: Driver | |
| Race: Chinese | | | Language: English | |
| Occupation: Business and financial project management professional | | | 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: 07/07/2023 19:10 | Type of Location: Straight Road |
| Location: COLLYER QUAY | | | | |
| Weather: Clear | | Road Surface: Dry | | |
| Traffic Flow: Dual Carriage Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Moderate |
| Type of Collision: Moving Vehicle Against - Parked Vehicle | | | | Anyone conveyed by ambulance: No |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|------|-----------------------------|-------|----------|-------|
| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
| SMN4802Z | Car | KIA | CERATO 1.6(A) SUNROOF | White | | 0 |

| Details of Vehicle Insurance | | | | |
|------------------------------|---|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SMN4802Z | NTUC Income Insurance Co-Operative Limited | 5129473235 | 14/08/2022 | 13/08/2023 |



**SINGAPORE
POLICE FORCE**



T/20230708/7006

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

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Report No. T/20230708/7006

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-------------------------------------|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Passenger | | | |
| Name | KELLY WONG | ID No. | S9381700A |
| Related Vehicle | SMN4802Z (Car) | Contact No. | 82807129 |
| Hospital/Clinic | SENGKANG GENERAL HOSPITAL PTE. LTD. | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | 07/07/2023 | Date | 07/07/2023 |
| No. of Days granted Medical Leave | 03 | Degree of | Slight |
| Driver | | | |
| Name | LIM THIEN SEAN | ID No. | S9370369C |
| Related Vehicle | SMN4802Z (Car) | Contact No. | 91764158 |
| Hospital/Clinic | SENGKANG GENERAL HOSPITAL PTE. LTD. | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: NIL |
| Date | 07/07/2023 | Date | 08/07/2023 |
| No. of Days granted Medical Leave | 03 | Degree of | Slight |

Brief Details.

I have photos and videos. Do not exceed 2MB.
Travelling along collyer quay road.

Near Weworks. Directly at the 20 Collyer Quay building signage beside BMP Paribas.
Did not happen at a pedestrian crossing.

I was stopped at a traffic light as it was red. As were the other cars in front of me.

Suddenly, me and my wife was thrown forward; very hard. Luckily we had our seatbelts on but the whiplash was bad, we suspect the Lorry driver was travelling very fast to be able to hit us at such speed and impact.

Thankfully my foot was on the brake because my car was hit at such speed and impact that I almost hit the car in front even though I was quite far away from the car in front.

We came out of our car and realized that the Lorry driver's windshield was broken, probably due to the speed he was traveling at and there were pieces of glass everywhere. Our boot was crushed.

At such a low speed zone, this accident was impossible unless he was traveling at high



**SINGAPORE
POLICE FORCE**



T/20230708/7006

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

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Report No. T/20230708/7006

CONTINUATION OF REPORT

speeds as traffic was quite heavy at 7.10pm. It was obvious the Lorry driver was not paying attention to the road, probably distracted because all traffic was at a standstill before the traffic red light and it was a packed road.

We were getting progressively dizzy after the accident with a persistent headache, my wife wanted to vomit and I suffered neck and back of the head numbness so we went to A&E for a check. As doctor suspected minor head injuries (concussion), I went for a CT scan and was hospitalized for a day.



**SINGAPORE
POLICE FORCE**



T/20230708/7006

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

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Report No. T/20230708/7006

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
LEE GUANG HUI
Contact No.: 65476204

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

Date/Time:
08/07/2023 09:44

Classification Of Case:

NP168



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5129473235

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SMN4802Z**
 Chassis Number : KNAF5416MK5051157
2. Name of Policyholder : LIM THIEN SEAN
3. Effective Date of Insurance : 14 Aug 2022
4. Expiry Date of Insurance : 13 Aug 2023
5. 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 regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

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

Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

| | |
|--|---|
| EXCESS (SECTION 1) | : S\$600 |
| EXCESS (SECTION 2) | : N/A |
| WINDSCREEN EXCESS | : S\$100 |
| ADDITIONAL EXCESS | : N/A |
| UNNAMED DRIVER EXCESS | : PLEASE REFER OVERLEAF |
| REPAIR AT OWNER'S PREFERRED WORKSHOP | : NO |
| INSURE WITH COE | : YES |
| NCD PROTECTION | : NO |
| ROADSIDE ASSISTANCE AND WELLNESS COVER | : NO |
| TRANSPORT ALLOWANCE | : NO |
| EXCESS WAIVER | : NO |
| PRIMARY DRIVER | : LIM THIEN SEAN |
| NAMED DRIVER (1) | : N/A |
| NAMED DRIVER (2) | : N/A |
| HIRE PURCHASE COMPANY | : DBS BANK LTD |
| SUM INSURED | : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS |

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)

Agency : I INSURANCE AGENCY (00000572538)

Date of Issue : 08 Aug 2022 12:47 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive