

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 Authorised 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 ability.
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 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 Report	20/11/2017 11:09
Date Of Accident	20/10/2017 16:05
Exact Location Of Accident	51 UBI AVE 1 BEFORE THE GANTRY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA8334E
Insured/Policyholder	
Name Of Registered Owner	SIN HOCK LEE MOTOR REPAIR
Co Reg No	24928500B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62826184

Vehicle Particulars

Manufacturer	OPEL
Model	-
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5014682962-11
Cover Note Number	

Driver

Name of Driver	LI XIONG QIANG
Passport No/FIN	G8242234Q
Date Of Birth	20/03/1981
Occupation	OUTDOOR
Date Of Driving Pass	12/01/2009
Driving Experience	8 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83989792
Fax Number	
Contact Number	OFFICE-83989792
Email Address	NOEMAIL

Address	BLK 302 UBI AVENUE 1 #03-41
Postcode	400302
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20171103/2031.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SL9594B
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
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Phone Number
Email Address

Accident Sketch Plan

SKETCH PLAN

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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.:

Accident Sketch Plan

SKETCH PLAN

Vehicle A: GBA8334E
Vehicle B: SL95948

ST 101 AVE
before gateway

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/2017/1123

DECLARATION

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

Policyholder's Signature
Date & Time:

Li Xiangqiang
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20171103/2031

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

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Report No. T/20171103/2031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/11/2017 11:23	Vide Report No.:	Station Diary No.: 50
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Informant's Particulars

Name of Informant: LI XIONGQIANG			Address: APT BLK 302 UBI AVENUE 1 #03-41 SINGAPORE 400302		
ID Type / ID No.: FIN NO / G8242234Q			Contact No.: Home/Office: Mobile: 83989792		
Nationality: CHINESE			Email:		
Sex: Male	Age: 36	Date of Birth: 20/03/1981	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Motor vehicle mechanic			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 20/10/2017 16:05	Type of Location: Straight Road
Location: Along Road 1 UBI AVENUE 1 Blk 51 Ubi Avenue 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
GBA8334E	Van				No Damage	0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20171103/2031

2 of 3

Police Station Of Origin:
Gaylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Report No. T/20171103/2031

CONTINUATION OF REPORT

Driver			
Name	LI XIONGQIANG		ID No. G8242234Q
Related Vehicle	GBA8334E (Van)		Contact No. 83989792
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

On 20/10/2017 at about 1607hrs, I was at Blk 51 Ubi Avenue 1 queuing at the gantry waiting for my turn to exit.

My car was not moving as I was waiting for the cars in front to move off. Out of a sudden, the driver of the said vehicle in front of me claimed that I collided into his car which my car never even moved at all. I then told him I did not even move my car and the distance between our cars is so huge and it is impossible that we collided. The driver of the said made a check on his vehicle and did not find anything and subsequently left. I do not have any particulars of the driver or the registration plate number.

TP Reference number: TP/IP/58633/2017

Police Report



**SINGAPORE
POLICE FORCE**



T/20171103/2031

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

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Report No. T/20171103/2031

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 2 GNOH JUN XIAN, FREDERICK

Signature Of Informant:

L1 X1279 21014

Signature Of Interpreter:

Not applicable

Date/Time:

03/11/2017 11:23

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Classification Of Case:

Authentication Stamp

NP108



160 Sin Ming Drive, Autocity #02-04
Singapore 575722
Tel: 6471 5111
Email: claims@cartimes.com.sg
Reg No. 201806716G

Our Ref: SLS9594B

Your Ref: GBA8334E

17th November 2017

Sin Hock Lee Motor Repair
51 Ubi Avenue 1
#01-09
Paya Ubi Industrial Park
Singapore 408933

BY EMAIL ONLY
(sinhocklee@yahoo.com.sg)

Dear Sir,

RE: PROPERTY DAMAGE CLAIM
CLAIMANT : YUNAIDY LIM
ACCIDENT INVOLVING **SLS9594B** & GBA8334E AT 51 UBI AVE 1 ON 20/10/2017.

1. We act for YUNAIDY LIM, the owner of motor vehicle no. SLS9594B, which was involved in the aforesaid accident.
2. We hereby give you **NOTICE** that we are claiming against your insured motor vehicle no. GBA8334E for damages, costs and disbursements as a result of your insured driver's negligence.
3. Kindly let us know if you wish to conduct a pre-repair inspection on our client's motor vehicle at Cartimes Autolution at 160 Sin Ming Drive #02-04 Autocity Singapore 575722 and kindly arrange with Ms Cai Cheng at 6471 5111.
4. If we do not hear from you within the next **two (2) working days**, we shall advise our client to proceed with their own inspection and repairs.

Yours Sincerely

Ms Cai Cheng

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

