

**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	15/12/2017 17:30
Date Of Accident	13/12/2017 12:00
Exact Location Of Accident	WOODLANDS CENTRE ROAD
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SJP2259E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM GUAN TECK (LIN YUANDE)
NRIC No	S8102708J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86887457
Alternative Phone No	OFFICE-86887457
<b>Vehicle Particulars</b>	
Manufacturer	MITSUBISHI
Model	LANCER 2.0L MIVEC GLS 6-CVT ABS A/B 2WD
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5078282957-01 CLASSIC
Cover Note Number	
<b>Driver</b>	
Name of Driver	LIM GUAN TECK (LIN YUANDE)
NRIC No	S8102708J
Date Of Birth	26/01/1981
Occupation	INDOOR
Date Of Driving Pass	26/01/2006
Driving Experience	11 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86887457
Fax Number	
Contact Number	OFFICE-86887457
EMail Address	NOEMAIL

Address BLK 508A YISHUN AVE 4 #12-80  
 Postcode 761508  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured OWNER  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

### 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 this accident? NO  
 Was any body injured in the Accident? YES  
 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 BISHAN NEIGHBOURHOOD POLICE CENTRE  
 Police Station Address ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-5529999 - FAX NO: 65561905  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

### Circumstances of Accident

REFER TO POLICE REPORT ATTACHED. ATTENDED BY AINI

### 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 SLJ4990X  
 Vehicle Make/Model/Colour MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT  
 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  
 Phone Number

Email Address

**DETAILS OF INJURED PERSON 1**

Name LIM GUAN TECK (LIN YUANDE)

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJP2259E

Were seat belts worn?

Was injured conveyed to hospital by ambulance? NO

Address

Postcode



Sketch Plan Pg. 1

SKETCH PLAN


IMPORTANT NOTICE

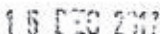
1. Please report correctly the details of the accident to speed up the claims process.
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. 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.

IDAC KAKI BUKIT (VAG)  
 23 Kaki Bukit Ave 4  
 Singapore 415933  
 Tel: 67416697 Fax: 67492305  
 Email: [yackb@singnet.com.sg](mailto:yackb@singnet.com.sg)

  
 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 #2 Pg. 1

## SKETCH PLAN

WOODLANDS CENTRE RD / WOODLANDS CAUSEWAY BRIDGE

A) SJP 2259E

B) SLJ 4990X

B A

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report No. T 20171214 / 2211

## DECLARATION

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

Policyholder's Signature

Date &amp; Time:

15 DEC 2017

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: [vgckb@singapore.com.sg](mailto:vgckb@singapore.com.sg)

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## Individual Statement Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20171214/2211

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

1 of 3  
Report No. T/20171214/2211

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/12/2017 23:56		Vide Report No.:		Station Diary No.: 197
<b>Informant's Particulars</b>				
Name of Informant: LIM GUAN TECK		Address: APT BLK 508A YISHUN AVENUE 4 #12-80 SINGAPORE 761508		
ID Type / ID No.: NRIC NO / S8102708J		Contact No.: Home/Office: Mobile: 86887457		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 36	Date of Birth: 26/01/1981	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: PROPERTY AGENT		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: 13/12/2017 12:00	Type of Location: Straight Road
Location: Along Road 1 WOODLANDS CENTRE ROAD Woodlands Causeway Bridge				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control:	Traffic Volume: Heavy	
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
SJP2259E	Car	MITSUBISHI	LANCER 2.0L MIVEC GLS 6-CVT ABS A/B 2WD	White	Slightly Damaged	0
SLJ4990X	Car	MAZDA	MAZDA3 4- DOOR SEDAN 1.5L SP.6EAT	Grey		0



## Individual Statement Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20171214/2211

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

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Report No. T/20171214/2211

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SJP2259E	NTUC Income Insurance Co-Operative Limited	5078282957-01	16/03/2017	15/03/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM GUAN TECK	ID No.	S8102708J
Related Vehicle	SJP2259E (Car)	Contact No.	86887457
Hospital/Clinic	UNIHEALTH 24 HR CLINIC (ANG MO KIO)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	14/12/2017	Date Discharge	14/12/2017
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	ARAVIND KUMAR LOGANATHAN	ID No.	S9375131J
Related Vehicle	SLJ4990X (Car)	Contact No.	91722557
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 13/12/17 at about 12pm, I was travelling along Woodlands Causeway Bridge towards Johore Bahru, Malaysia. The traffic was heavy at the point of time. While driving, somewhere in the center of the bridge suddenly I felt an impact from my rear. I alighted and discovered that the vehicle (SLJ4990X) hit onto my rear bumper.

No police or ambulance at scene. Both driver exchange particulars. I seek medical assistance and was issued 3 days MC.

## Individual Statement Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20171214/2211

3 of 3

Report No. T/20171214/2211

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

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:  
E/ 867 3 8171 NUR AFINA  
Sgt 2 MENON CALVIN STEVEN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SSI 2 YEO GEAK ENG CECILIA  
Contact No.: 65476404

Signature Of Informant:

Date/Time:  
14/12/2017 23:56

Classification Of Case:

Authentication Stamp  
NP168