

## 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	26/12/2017 17:43
Date Of Accident	26/12/2017 14:10
Exact Location Of Accident	MARINE PARADE CENTRAL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP8210E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOW AIK LIM
NRIC No	S1790005F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96801830
Alternative Phone No	OTHERS-96801830

### Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY
Exact Purpose for which vehicle was being used at time of accident	LEISURE
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

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5065047239-03
Cover Note Number	DRIVO CLASSIC

### Driver

Name of Driver	LOW AIK LIM
NRIC No	S1790005F
Date Of Birth	02/02/1967
Occupation	INDOOR
Date Of Driving Pass	06/10/1993
Driving Experience	24 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96801830
Fax Number	
Contact Number	OTHERS-96801830
Email Address	NOEMAIL

Address 7D PALM DRIVE

Postcode 456481

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

DRY

**Other Information**

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance? 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) 3

Passenger 1

NAME: PASSENGER

GENDER: MALE

NAME: PASSENGER

GENDER: FEMALE

**Details of Police Action**

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE HEADQUARTERS

Police Station Address

ROAD: 10 UBI AVENUE 3 SINGAPORE, POSTCODE: 408865, COUNTRY: SINGAPORE

Police Station Contact

TEL NO. - FAX NO.

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident**

Refer to Police Report

**Attachment(s)**

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons:

FILE SIZE TOO BIG

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

YN7049U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

UNKNOWN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# Sketch Plan Pg. 1

INCOME MOTOR SERVICE CENTRE

Vehicle No: SJPS210E

Report Date & Start Time: 26-12-17 / 17:36

Report No: MT/

D.O.A: 26-12-2017  
Time: 14:10 hrs

Make / Model: HONDA ODYSSEY

Reporting Type: TS

End Time: /

## 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.



26-12-17 / 17:36

Policyholder's Signature / Date & Time

26-12-17 / 17:36

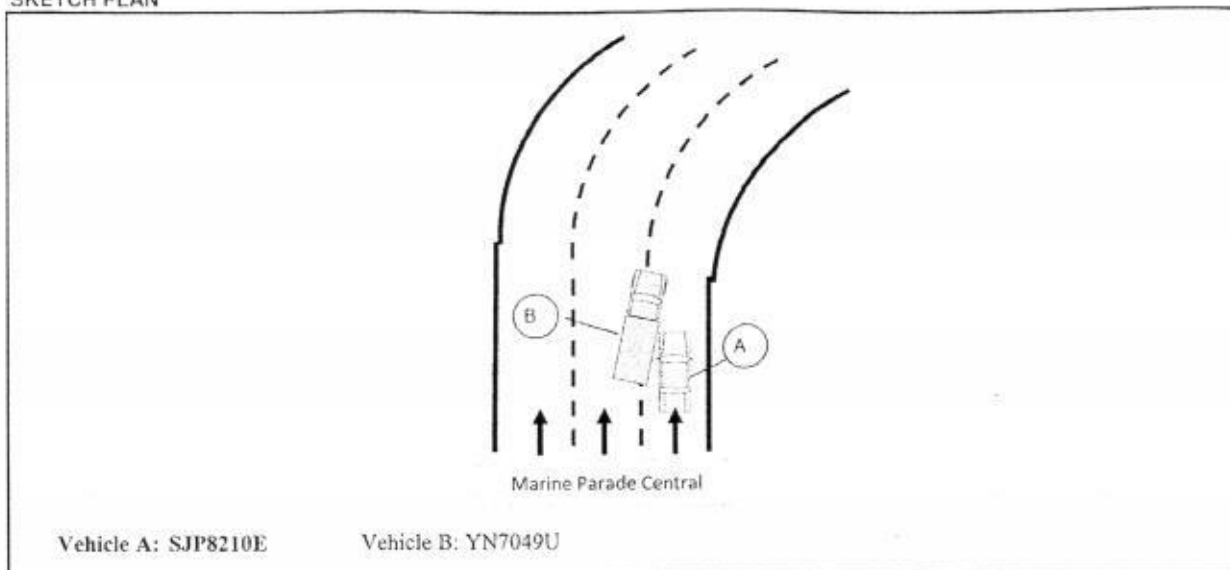
Driver's Signature (If driver is not the policyholder) / Date & Time

Alan Tang (S098825)  
Customer Care Executive  
Motor Service Centre



Witnessed by Reporting Centre Personnel

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

**Brief Details.**

26/12/2017 @1420HRS (MARINE PARADE CENTRAL)

I EXITED FROM PARKWAY PARADE, TURNING INTO THE MAJOR ROAD. WHEN I WAS TRAVELLING ON THE MAJOR ROAD, SUDDENLY THERE WAS A LORRY COLIDED INTO MY VEHICLE LEFT DOOR SIDE AND DROVE OFF. WHEN MY DAUGHTER TOOK OUT HER PHONE OUT AND SNAP A PHOTO THE VEHICLE THE WAS TO FAR AWAY ALREADY. I HAVE A IN-BULID CAM IN MY CAR. MY CAR DAMAGES ARE MY LEFT DOOR AND MY SIDE MIRROR COMPLETELY GONE OFF MY CAR

**Declaration**

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

26-12-17 17:36

Policyholder's Signature / Date & Time

26-12-17 17:36

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

Alan Tang (S098825)  
Customer Care Executive  
Motor Service Centre

Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20171226/2135

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

1 of 3

Report No. T/20171226/2135

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/12/2017 17:16		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LOW AIK LIM			Address: 7D PALM DR SINGAPORE 456481		
ID Type / ID No.: NRIC NO / S1790005F			Contact No.: Home/Office: Mobile: 96801830		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 02/02/1967	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: CIVIL SERVICE			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 26/12/2017 14:10	Type of Location:
Location: Along Road 1 MARINE PARADE CENTRAL BESIDE PARKWAY PARADE SHOPPING CENTER				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJP8210E	Car	HONDA	ODYSSEY 2.4L AT	Purple	Seriously Damaged	0
UNKNOWN (Not Accurate)	Lorry					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJP8210E	NTUC Income Insurance Co-Operative Limited	5065047239-03	13/04/2017	12/04/2018



**SINGAPORE  
POLICE FORCE**



T/20171226/2135

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

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Report No. T/20171226/2135

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOW AIK LIM	ID No.	S1790005F
Related Vehicle	NIL	Contact No.	96801830
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
Name			
	Unknown	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
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.**

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T/20171226/2135

3 of 3

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Report No. T/20171226/2135

## 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:  
TP /  
KEE CHUAN JIA MARCUS

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / HRT /  
Sr Staff Sgt ESTHER CHONG  
Contact No.: 65476368

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
26/12/2017 17:16

Classification Of Case:

