

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 G.A 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	11/01/2018 14:50
Date Of Accident	10/01/2018 15:20
Exact Location Of Accident	PIE NEAR LORNIE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV156K
Insured/Policyholder	
Name Of Registered Owner	DAVID LIM HENG LUNG
NRIC No	S7601660G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98511227
Alternative Phone No	OFFICE-98511227

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY

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

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090928416(CLASSIC)
Cover Note Number	

Driver

Name of Driver	DAVID LIM HENG LUNG
NRIC No	S7601660G
Date Of Birth	14/01/1976
Occupation	INDOOR
Date Of Driving Pass	02/10/1995
Driving Experience	22 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98511227
Fax Number	
Contact Number	OFFICE-98511227
E-Mail Address	NOEMAIL

Address	BLK 259 BT PANJANG RING RD #04-16
Postcode	671259
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	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
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

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TANGLIN POLICE DIV HQ
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER ATTACHED ACCIDENT REPORT FROM THE DRIVER. POLICE REPORT NO. E/20180111/7004

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	SJD4691P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
Nc. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	DRIVER
------	--------

Approximate Age
Injuries Sustain
Injured person in which vehicle? SGV156K
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name DAUGHTER
Approximate Age
Injuries Sustain
Injured person in which vehicle? SGV156K
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

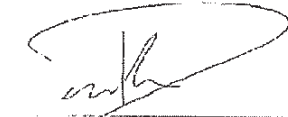
SKETCH PLAN

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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:

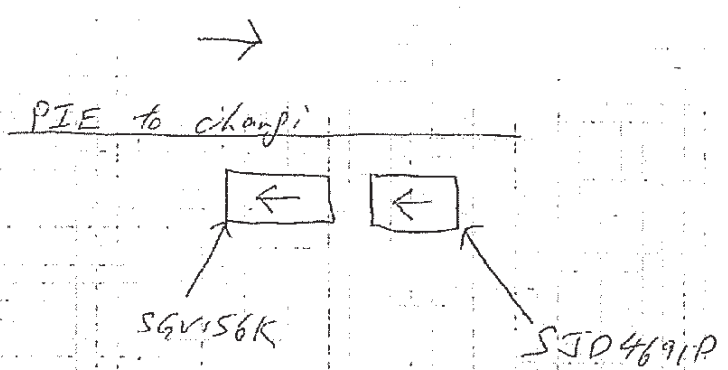
11 JAN 2017

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

IOAC BUKIT BATOK (VAC)
511 Bukit Batok St 23
Singapore 650512
Reporting Centre Person's Signature
Name: 191 8007 7427 / 8007 8012
Fax: 8000 0712
NBIC/FIN No. 19180077427
E-mail: iob@iob.com.sg

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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

[Signature]
Policyholder's Signature

[Signature]
Driver's Signature

ADAC BURIT BATOK (VAC)
511 Jalan Bataik 01 03
Seri Pulus 06115
Tel: 04-745-3312
Reporting Officer/Personnel's Signature



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20180111/7004

The "Plot Map" is an estimated area. I am not sure the exact location.

At about 3:19pm, a car SJD 4691 P hit the rear of my car.

There was an impacted to my daughter, Mum and myself.

The driver name Lex Lim alighted first and came to check on me. I need to check on my 2 years old girl first and then my mum and adjusted myself from the injured postured.

I alighted and we both exchanged information.

The information of the driver who hit into the rear of my car:

- 1) Name: LEX LIM ZHI WEI
- 2) NRIC: S9122858J
- 3) APT BLK 630 WOODLANDS RING ROAD #08-234 S(730630)

A police Inspector Officer came forward to ask about the accident and I told him that I have exchanged

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/01/2018 14:15
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20180111/7004

information with the driver.

I need to rush off to send my girl to her P.D. doctor immediately at Novena Medical Center to have a check on her. I am very worried and concerned over her health than mine.

Initially, I wanted to send my daughter for flu and diarrhoea. But now her physical health too!

Doctor advised me to observe her for the next few days for bruises, her focus and any sign of vomiting.

My daughter was given 3 days M.C. from 10 - 12 Jan 2018.

I went to SGH, after medical examination, I was given 3 days M.C. I need to follow up with Specialists on 29 Jan 2018.

The video files are too big, please give me an email to email those large files.

Yours Truly,
DAVID LIM

Subjects Involved	
Victim	

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Person Name	DAVID LIM HENG LUNG		
ID Type	NRIC NO	ID No	S7601660G
Gender	Male	Age	41
Race	Chinese	Language	English
Occupation	Managing Director	Address Type	
Address	APT BLK 259 BUKIT PANJANG RING ROAD #04-16 SINGAPORE 671259	Mobile No	98511227
Is Informant A Victim?	Yes		
Person Name	LIN YINZHI CLARISSA		
ID Type	NRIC NO	ID No	T1531158J
Gender	Female	Age	2-3
Race	Chinese	Language	English
Address	#04-16 SINGAPORE 671259	Mobile No	98511227
Relation To Informant	DAUGHTER		
Person Name	TAN SIEW HUH		
ID Type	NRIC NO	ID No	S0995149J
Gender	Female	Age	64-65
Race	Chinese	Language	Chinese
Occupation	Housewife	Address	#04-16 SINGAPORE 671259
Mobile No	98511227	Relation To Informant	MOTHER

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

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

Date/Time:
11/01/2018 14:15

Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



E/20180111/7004

5 of 5

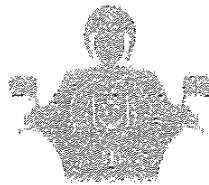
POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20180111/7004

Person Name	DAVID LIM HENG LUNG (Informant)
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Signature Of Interpreter: Not applicable	Date/Time: 11/01/2018 14:15
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TRAFFIC POLICE
AMENDMENT

Traffic Police Department
Charge Office
10 Ubi Avenue 3
Singapore 408865

NP 168 No: E/20080111/7004 Name: David Lim Heng Lung
 Occident Date/Time: 10/11/2007 at 15:04hrs Address: BK 209 Bukit Panjang Ring Rd
 Vehicle(s) involved: SGV 156K (Landoll) 153CWS # 04-16 SC6712597
 NRIC No: S76016604
SJD 469IP (Delendant) Tel No: 92511227
 Date: 12/1/13

Dear Sir / Madam

I wish to amend as follows :

Refer to Page 2 of 5 of E/20080111/7004. The add on will be as follows:

After I alighted, then I realised, there was a ^{chain} collision behind. SJD 469IP estimated four to five vehicles in total. But from the ~~the~~ rear camera video, I could only see SJD 469IP hit into my rear. How the chain collision happened, I am unaware.

above the last sentence: "A police inspector officer ... etc."

KRETA AYER NIP
 55 North Canal Road
 Singapore 050282
 Central Division

SD: G1
 7004/160913

S.S. Tao Ngiam Keng

Yours faithfully