

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 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	12/02/2018 15:08
Date Of Accident	05/02/2018 19:30
Exact Location Of Accident	HOUGANG AVE 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR3941B
Insured/Policyholder	
Name Of Registered Owner	CANSHA LIM
Co Reg No	53350501A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93801876

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096453696
Cover Note Number	-

Driver

Name of Driver	LIM SAY HEE
NRIC No	S8715610I
Date Of Birth	05/06/1987
Occupation	OUTDOOR
Date Of Driving Pass	27/05/2006
Driving Experience	11 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93801876
Fax Number	
Contact Number	OFFICE-82000123
Email Address	NOEMAIL

Address	BLK 468C FERNVALE LINK #19-555
Postcode	793468
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - BOSS
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	2
Passenger 1	NAME: : GUO KAI GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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 Witness 1

Name	GUO KAI
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SG5105L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	HO CHEW LONG

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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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/encl 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.

CANSHA LIM

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

AN 30R 30412
BY 26-51051
UN 1010125
Vehicle

7

CANSHA 11M

[Signature]

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

7

ref. to Traffic Police Ref No -
F/20180206/2060
HD 06.02.2018 @ 1230

CANSHA 11M

[Signature]

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:

[Signature]
Reporting Centre Personnel's Signature
Name:
NRIC/PIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



F/20180206/2060

1 of 2

POLICE REPORT (NP299)

Report No. F/20180206/2060

Police Station Of Origin
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Date/Time Report Made 06/02/2018 12:30	Vide Report No.	Station Diary No. 51
Name Of Informant LIM SAY HEE	Address APT BLK 468C FERNVALE LINK #19-555 SINGAPORE 793468	
ID Type / ID No. NRIC NO / S8715810I	Contact No. Home/Office	Mobile 93801876
Nationality SINGAPORE CITIZEN	Email Address	
Occupation OPERATION PLANNER	Sex Male	Age 30
Institution/School Name	Date of Birth 05/06/1987	Race Chinese
Date/Time Of Incident 05/02/2018 19:30	Location Of Incident HOUGANG AVENUE 10 SINGAPORE Along Hougang Avenue 10	

Brief details.

On 05/02/2018 at about 1930hrs, I was driving along Hougang Avenue 10 in my vehicle (SJR3941B) on second lane of the two lane road. As I drove past the bus stop outside Hougang ActiveSG Swimming Complex, a bus (SG5105L) was travelling behind me on the same lane. I then stopped my vehicle waiting to turn left into Hougang Avenue 4.

Subsequently, the bus signaled right and proceeded to change to the first lane. However, during the

Signature Of Officer Recording The Report:

F / Sgt 2 TAN KAI JUN, CHRISTIAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
06/02/2018 12:30

Officer In-Charge Of Case:
F / Hougang N.P.C /
Sr Staff Sgt HO ZI CAI
Contact No.: 64890999

Classification Of Case:

Authentication Stamp



POLICE REPORT



**SINGAPORE
POLICE FORCE**



F/20180206/2060

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180206/2060

attempt, the side of the bus swipe onto my vehicle, resulting in the puncture of the right rear tire and several scratches on the right side bottom bumper.

Both myself and the bus driver (S2739149D, Ho Chew Long, residing at Blk 555 Hougang Street 51 #04-326, Company: Go-Ahead Singapore, Staff ID: 10535) then alighted from our vehicles to make a check and he informed me to report the matter to his company for follow up. After which, both of us left the incident location.

I am lodging this report for insurance claiming. I also wish to inform that a witness (Guo Kai, HP: 96677361) was present during the occurrence of the incident.

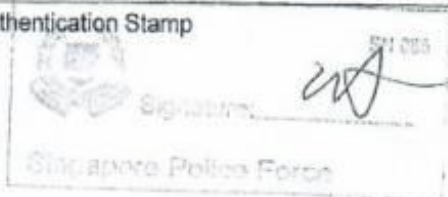
Signature Of Officer Recording The Report:

F / Sgt 2 TAN KAI JUN, CHRISTIAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Hougang N.P.C /
Sr Staff Sgt HO ZI CAI
Contact No.: 64890999

Authentication Stamp



Signature Of Informant:

Date/Time:
06/02/2018 12:30

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



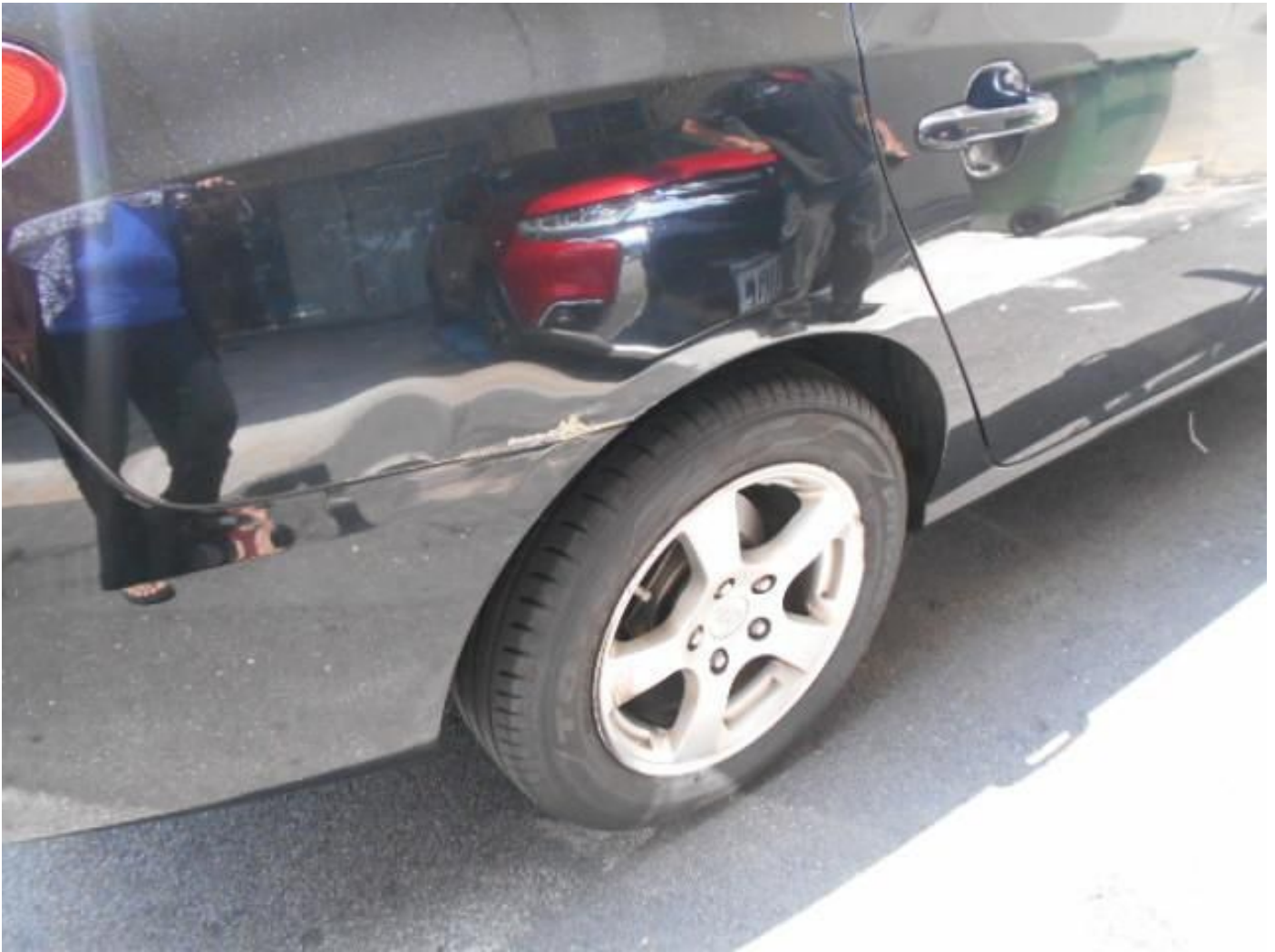
Accident Photo



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