SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number
Contact Number

EMail Address

Gender

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

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	ACCIDENT STATEMENT
Date Of Report	15/02/2018 12:50
Date Of Accident	15/02/2018 11:00
Exact Location Of Accident	ALONG BUKIT PANJANG ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKS3052A
Insured/Policyholder	
Name Of Registered Owner	BRYAN LIM WEI MING
NRIC No	S8242359A
Email Address	SENGZAI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96251188
Alternative Phone No	OTHERS-96251188
Vehicle Particulars	
Manufacturer	VOLVO
Model	V40-2.0 CROSS COUNTRY T4 SR (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING TO UNCLE PLACE
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	5093658500
Cover Note Number	
Driver	
Name of Driver	BRYAN LIM WEI MING
NRIC No	S8242359A
Date Of Birth	09/12/1982
Occupation	INDOOR
Date Of Driving Pass	18/07/2005

12 YEARS AND 6 MONTHS

(LOCAL) +65-96251188

SENGZAI@GMAIL.COM

OTHERS-96251188

MALE

Address BLK 607 SENJA ROAD

#17-06 670607

Was driver an employee of the Insured's Company NO

was driver an employee of the modred's company inc

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

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Insurance Company of Driver's Own Vehicle

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General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident 1
Was any body injured in the Accident? YES
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.

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 TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

Police Station Address ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180221/7008

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH OWNER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBG6022L

Vehicle Make/Model/Colour TOYOTA DYNA

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver TEO CHENG HUA

NRIC/Passport Number S1499155G Contact Number 96696417

Address Postcode

Insurance Company Name

DETAILS OF INJURED PERSON 1

BRYAN LIM WEI MING Name

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

SKS3052A

YES

NO

SKETCH PLAN

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.
- 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 liability.
- 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.
- 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.
- 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 :
 - 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:

NRIC/FIN No.:

SKETCH PLAN	Anomer	BUKIT DONJON	us Roo	n
		WY COLE		
		B Lovey	V.	A) SKS 3052A B) GBG 6002L
DESCRIBE CIRCUMST	ANCES OF THE ACCIDI	ENT		
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			6	pol 1
		X	Je V	/
		Do	la Service	
		P	1200	
	/4	M 3807	/	
	640	1/20	/	
	00			
		/		
DECLARATION I/We declare the foregoin	ng particulars are true in e	every respect.		/ 2/01/2018
Policyholder's Signature Date & Time:	Driver's Sig (If driver is Date & Tin	not the policyholder)	Reportin Name: NRIC/FIN	g Centre Personnel's Signature





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865

1 of 3 Report No. T/20180221/7008

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Tir 21/02/20	Date/Time Report Made: 21/02/2018 14:23		Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars		PERMIT	
Name of LIM WE	Informant: IMING		Address: APT BLK 607 SENJA ROAD	#17-06 SINGAPORE 670607	
ID Type NRIC N	/ ID No.: D / S82423	59A	Contact No.: Home/Office:	Mobile: 96251188	
National SINGAP	ity: ORE CITIZ	EN	Email: sengzai@gmail.com		
Sex: Male	Age: 35	Date of Birth: 09/12/1982	Type of Informant:		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: IT ENGINEER			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/02/2018 11:00	Type of Location Straight Road
		Panjang Ring Road junc	tion	
Weather: Clear		Road Surface: Dry	R	oad Speed Limit:
THE RESERVE OF THE PARTY OF THE		the state of the s		
Traffic Flow: One Way Type of Collis		Traffic Control: Not Controlled		affic Volume:

Vehicle No.	Type	Make	Model	Color	Condition	No of December 1
GBG6022L	-	TOTAL CO.	Model	COIG	Condition	No of Passenger
GBG0022L	Lorry					0
SKS3052A	Car	VOLVO	V40 T4 CC	Dive	_	
	0.01	VOLVO	V40 14 CC	Blue		0

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





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20180221/7008

CONTINUATION OF REPORT

Driver		To and the	ALIEN TO THE REAL PROPERTY.	F - 0.0		
Name	LIM WEI MING			ID No		S8242359A
Related Vehicle	SKS3052A (Car)			Conta	ct No.	96251188
Hospital/Clinic	SHALOM CLINIC & SURGERY			Class Drivin Licent Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	15/02/2018 Date			harge	NIL	
No. of Days granted Medical Leave 05			Degree of			
Driver		105724				
Name	Teo Cheng Hua		ID No	E	S1499155G	
Related Vehicle	NIL			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	100000-	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Degree of Injury NIL		

Brief Details.

My Car SKS3052A was stopped at the traffic light when the Lorry GBG6022L crash onto my vehicle rear.



Sketch Plan

Authentication Stamp

NP168



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

Informant is not able to provide sketch plan

3 of 3 Report No. T/20180221/7008

CONTINUATION OF REPORT

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: 21/02/2018 14:23
Officer In Charge Of Case:	Classification Of Case:





























