SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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	24/04/2018 16:19
Date Of Accident	20/04/2018 17:15
Exact Location Of Accident	SLIP RD FROM SELETAR WEST LINK GOING TWDS CTE-CITY
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGL7704K
Insured/Policyholder	
Name Of Registered Owner	MR LIM KUN DE
NRIC No	S8036730I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96942729
Alternative Phone No	OFFICE-96942729
Vehicle Particulars	
Manufacturer	HONDA
Model	AIRWAVE 1.5 A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MV008475-R01
Cover Note Number	-
Driver	
Name of Driver	MR LIM KUN DE
NRIC No	S8036730I
Date Of Birth	20/11/1980
Occupation	INDOOR
Date Of Driving Pass	09/09/1999
Driving Experience	18 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96942729
Fax Number	

OFFICE-96942729

NOEMAIL

Address BLK 335 SERANGOON AVE 3 #06-333

Postcode 550335

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 - CHANGE/CROSS LANE

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?

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)

Passenger 1

NO

2

NAME: : LIM SZE KANG

: MALE

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

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

NO

NO

XD9033R

GENDER:

Police Station Address 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.

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver SOH JOO CHAI NRIC/Passport Number S1388789F

Contact Number

Address Postcode

Page 2 of 22

Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
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- 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:
 - 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:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

TCH PLAN	A)	
NATION OF THE PROPERTY OF THE		
	A (4)	DOA: 20/4/18 A: SGL 7704 F B: XD 9033R
SCRIBE CIRCUMSTANCES	Pelice Report	
DECLARATION		1,
We declare the foregoing par	ticulars are true in every respect.	Reporting Centre Personnel's Signature





2000

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 4 Report No. T/20180421/7006

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 18 12:58	Made:	Vide Report No.: F/20180421/7007	Station Diary No.:	
Informa	nt's Partice	ulars			
Name of LIM KUN	Informant: NDE		Address: APT BLK 335 SERANGOON SINGAPORE 550335	AVENUE 3 #06-333	
	/ ID No.: D / S80367:	301	Contact No.; Home/Office: Mobile: 96942729		
National	ity: ORE CITIZ	EN	Email: Markviper@kungle.net		
Sex: Male	Age:	Date of Birth: 20/11/1980	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English	Institution / School Name:	
Occupat			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 20/04/2018 17:15	Type of Location. Flyover
	n Seletar West Link go coord 123'38.5"N 1035			
		Road Surface:	F	Donal Conned Limite
		Wet		Road Speed Limit:
Weather: Raining Traffic Flow: One Way			-	Fraffic Volume:

Details of V	ehicle Involv	ed				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
OTHERS (Not Accurate)						0
SGL7704K	Car	HONDA	Airwave	Black	Slightly Damaged	2

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

POLICE REPORT





T/20180421/7006

2 of 4

Report No. T/20180421/7006

ce Station Of Origin: affic Police Division HQ 0 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

	Insurance Company TOKIO MARINE INSURANCE SINGAPORE LTD.	Insurance No 17-MV008475-R01	Life	Expiry Date 26/09/2018
Any Pedest	Person Involved rian Involved: No petrians Injured: NIL	Use of Pedestrian Cro	ossing: NA	

etails of Person	Involved		0	na: NA	
Dodostrian Inv	olved. No	Use of Pedes	strian Crossi	THE CONTRACT OF THE PARTY OF TH	
to, of Pedestrians	Injured; NIL			S0052678I	
assenger	THE RESERVE TO SERVE THE PARTY OF THE PARTY	11	D No.	0000	
Vame	LIM SZE KANG		a test No	96363947	
272175A	are (Corl)		Contact No.		
Related Vehicle	SGL7704K (Car)			Class: NIL	
			Class of	Date of Expiry: NIL	
Hospital/Clinic	NIL		Driving Licence &		
145745		1	Expiry Date		
			4.114		
	NIL	Date Disch Degree of	CHINO		
Date Treatment	nted Medical Leave NIL	Degree of	injury		
No. of Days grai	led most		ID No.	S8036730I	
Vehicle Owner	LIM KUN DE		10		
Mama	LIWITO		Contact No	96942729	
Name			P.O. LINES		
	SGI 7704K (Car)				
Related Vehicle	SGL7704K (Car)		Class of	Class: 3	
Related Vehicle			Class of Driving	Class: 3 Date of Expiry: NIL	
	SGL7704K (Car)		Driving Licence &	Date of Expiry: NIL	
Related Vehicle			Driving Licence & Expiry Da	Date of Expiry: NIL	
Related Vehicle		Date Dis	Driving Licence & Expiry Da	Date of Expiry: NIL te	

I am the owner of vehicle SGL7704K and was driving along lane 4 from Seletar West Link going towards CTE-City at 5.15pm on 20 April 2018.

A white petrol tanker hit the right side of my vehicle

This caused my vehicle to skid from lane 4 to lane 1.

The driver of the petrol tanker did not stop and just continued moving on.

It was raining heavily, the in-car camera was unable to capture the petrol tanker's plate number.

Video Footage from my in-car camera

https://drive.google.com/open?id=1txzUPGb9_GiD_vnW1g3BsL3iDZpr4mNg

http://www.santa.com.sg/contact_us.aspx - Logo similar to this company's after viewing video footage

POLICE REPORT



ce Station Of Origin: affic Police Division HQ 0 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



3 of 4 Report No. T/20180421/7006

CONTINUATION OF REPORT

POLICE REPORT





T/20180421/7006

4 of 4

Report No. T/20180421/7006

ce Station Of Origin: affic Police Division HQ 0 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable

Signature Of Interpreter: Not applicable

Officer In Charge Of Case:

TAN LEE HWANG DAWN TAN TECKLENS Contact No.: 65476215

65476144

Classification Of Case:

Signature Of Informant:

required.

Date/Time:

21/04/2018 12:58

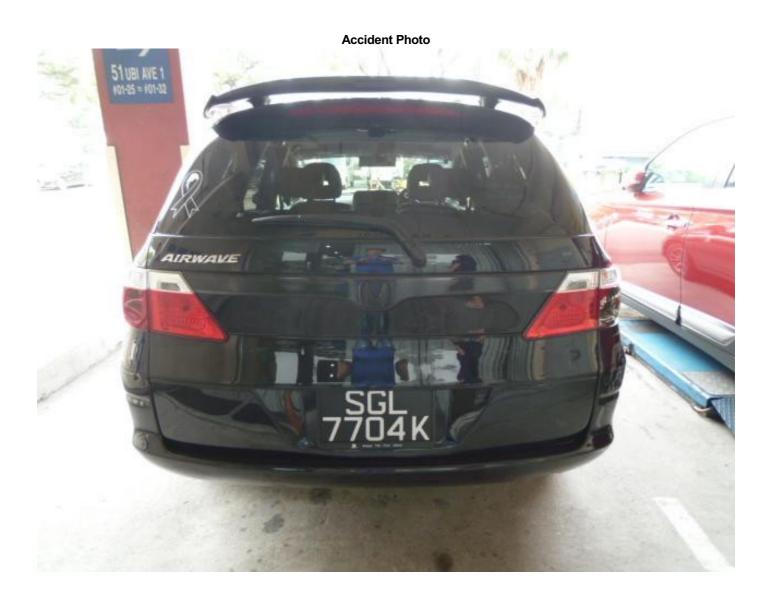
The identity of the person making this report has

been authenticated by SingPass. No signature is

Authentication Stamp

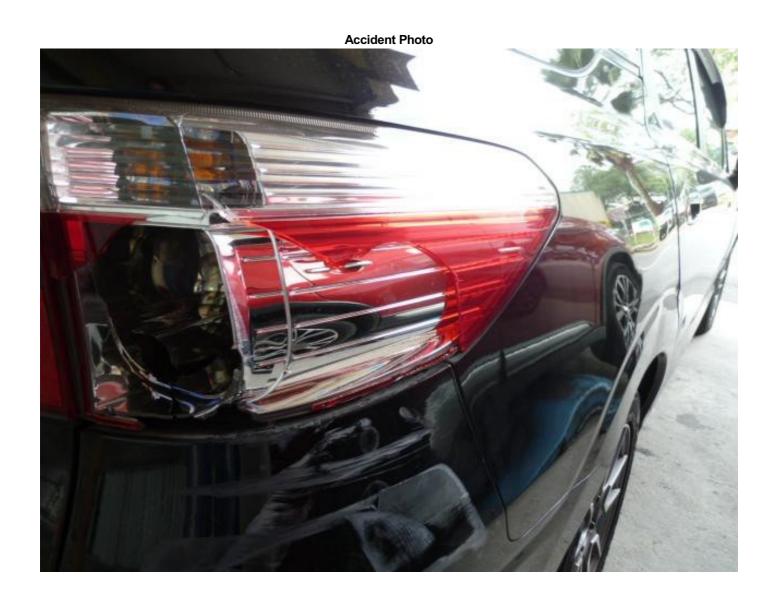
NP168

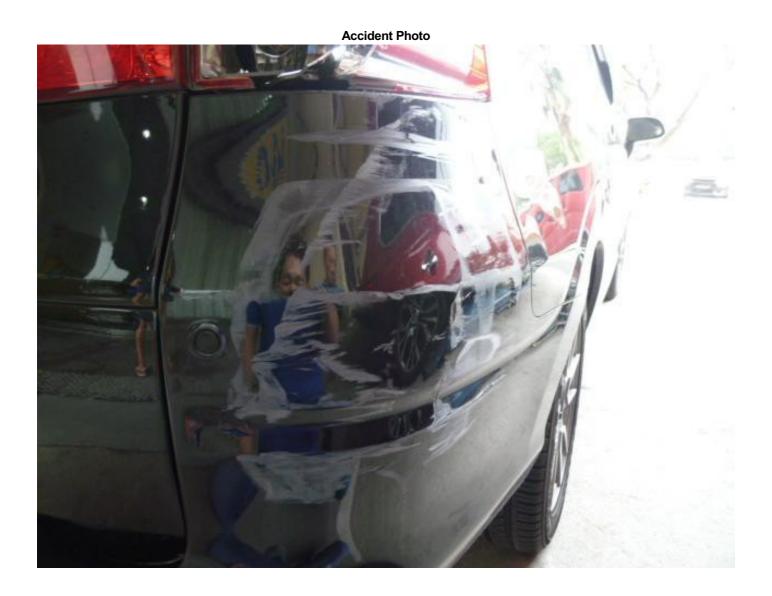
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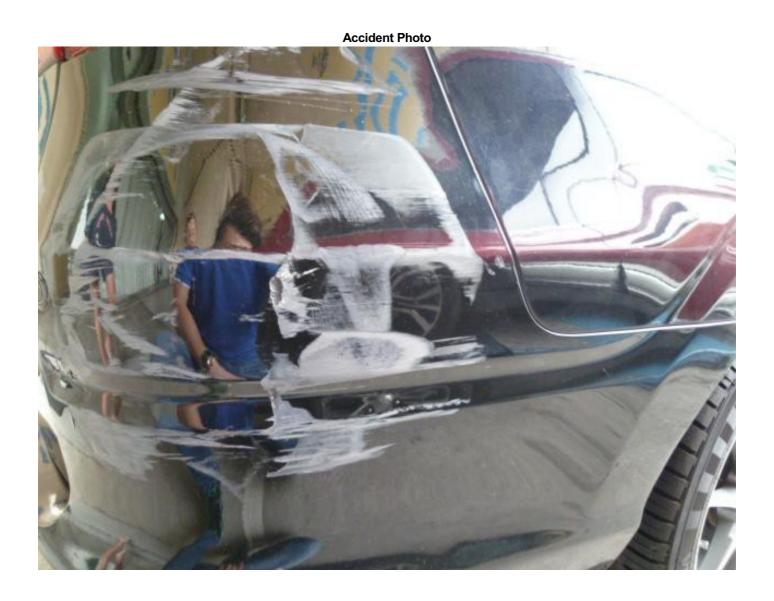






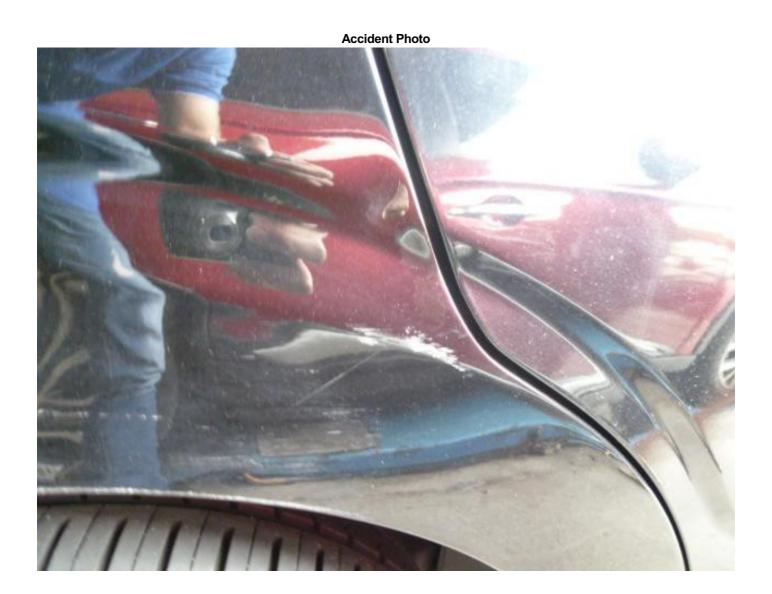












Accident Photo



