

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	03/05/2018 10:52
Date Of Accident	02/05/2018 07:15
Exact Location Of Accident	SEBBAWANG RD JUST SLIGHTLY B/F SEBBAWANG CAMP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP9581C
Insured/Policyholder	
Name Of Registered Owner	LIM JIEW NGIM
NRIC No	S1303132J
Email Address	RICKYLJN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90018664
Alternative Phone No	OTHERS-90018664

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING TO OFFICE
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	5097925306
Cover Note Number	

Driver

Name of Driver	LIM JIEW NGIM
NRIC No	S1303132J
Date Of Birth	25/02/1958
Occupation	INDOOR
Date Of Driving Pass	14/05/1977
Driving Experience	40 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90018664
Fax Number	
Contact Number	OTHERS-90018664
Email Address	RICKYLJN@GMAIL.COM

Address	BLK 604 YISHUN STREET 61 #08-333
Postcode	760604
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JMK9298 (PRIVATE CAR)
Number of vehicles involved in the accident	2
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180502/2152

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	JMK9298
Vehicle Make/Model/Colour	TOYOTA INNOVA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	IVAN CHAN CHEE HONG
NRIC/Passport Number	900303-43-5161
Contact Number	60165623792
Address	NO.9 JALAN ANGGERIK 6 TAMAN JOHOR JAYA ,JOHOR BAHRU
Postcode	81100

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

DETAILS OF INJURED PERSON 1

Name LIM JIEW NGIM

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SJP9581C

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

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6. 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.
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)**

(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:

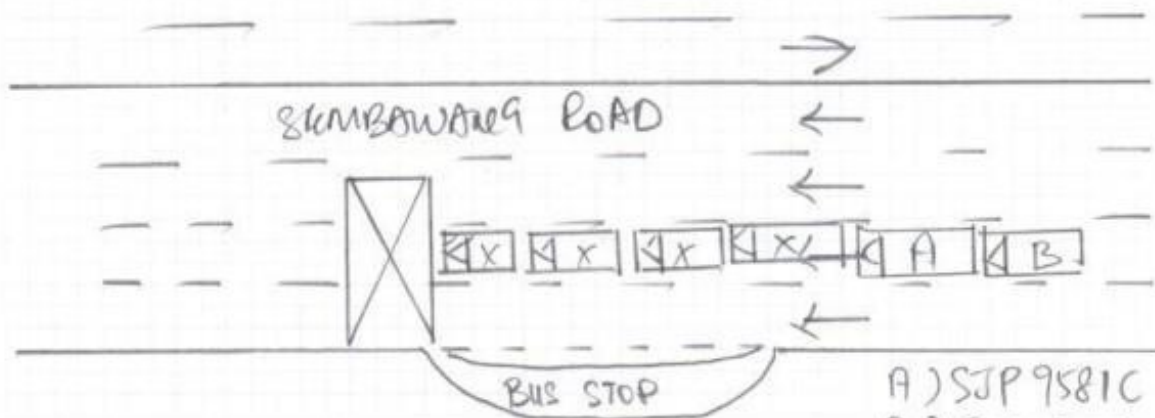
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
- (ii) for complying with requirements under any regulations, laws or court orders.

Date & Time: 3rd May 2018

Reporting Centre Personnel's Signature
Name: Rosli W. A. O. B.
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
1/20180502/2152

DECLARATION

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

Policyholder's Signature

Date & Time: 3 May 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180502/2152

1 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No: T/20180502/2152

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/05/2018 17:46	Vide Report No.:	Station Diary No.: 58
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Informant's Particulars

Name of Informant: LIM JIEW NGIM			Address: APT BLK 604 YISHUN STREET 61 #08-333 SINGAPORE 760604		
ID Type / ID No.: NRIC NO / S1303132J			Contact No.: Home/Office:		Mobile: 90018664
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 25/02/1958	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: ASSISTANT WORKSHOP MANAGER			Driving Licence Information: Class: 2B,2A,2,3,4,5		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 02/05/2018 07:15	Type of Location: T-Junction
Location: Along Road 1 SEMBAWANG ROAD				
Just slightly before Sembawang Camp, behind the yellow box at the traffic junction				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working		Traffic Volume: Heavy	
Type of Collision: Moving vehicle against stopped vehicle - head to rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JMK9298	Car	TOYOTA	Innova	Silver	Slightly Damaged	1
SJP9581C	Car	TOYOTA	VIOS E AUTO	Gold	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJP9581C	NTUC Income Insurance Co-Operative Limited	5097925306	13/02/2018	19/04/2019

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180502/2152

2 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20180502/2152

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM JIEW NGIM	ID No.	S1303132J
Related Vehicle	SJP9581C (Car)	Contact No.	90018664
Hospital/Clinic	NATIONAL HEALTHCARE GROUP POLYCLINICS (YISHUN)	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	02/05/2018	Date Discharge	02/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 02/05/2018 at about 0715hrs, I was driving my vehicle (vehicle registration plate no: SJP9581C) on the second lane out of the four lanes along Sembawang Road towards Upper Thomson, but turning right towards Mandai Avenue. At the traffic light junction, just slightly before Sembawang Camp, I stopped my vehicle as the traffic light showed red.
There were 3 other vehicles in front of me which stopped before the yellow box.

Suddenly, another vehicle (vehicle registration number: JMK9298) collided into the rear of my vehicle. I came out of my vehicle to make a check and asked the other driver why did he knock into me but he said that he does not know and he did not see my vehicle stop.

Due to the collision, my vehicle's back bumper and boot are damaged and dented in due to collision impact. I also suffered back pain and went to National Healthcare Group Polyclinics at Yishun where I received treatment and is given 3 days of medical leave from 02/05/2018 to 04/05/2018.

I do not have any in-vehicle camera in my vehicle. The other driver and I exchanged particulars after the incident.

The other vehicle driver particulars are as follows:

Ivan Chan Chee hong
900303-43-5161
No. 9 Jalan Anggerik 6 Taman Johor Jaya 81100 Johor Bahru
HP: +60165623792

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180502/2152

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 3

Report No: T/20180502/2152

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:

F /

Sgt 2 TAN PRE SINDY

Sindy

Signature Of Informant:

[Signature]

Signature Of Interpreter:

Not applicable

Date/Time:

02/05/2018 17:46

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt TANG SIEW PING

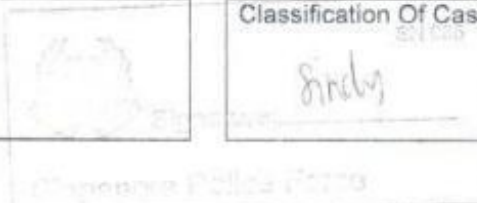
Contact No.: 65476430

Classification Of Case:

Sindy

Authentication Stamp

NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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