

## 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	30/05/2018 12:55
Date Of Accident	30/05/2018 09:00
Exact Location Of Accident	SIMS AVENUE B4 LOR 13 GEYLANG RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS4420B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ACCURATE LEASING PTE LTD
Co Reg No	201727451M
Email Address	JOSHUA.LIM@LIVE.COM.SG
Mobile Phone No	(LOCAL) +65-92323523
Alternative Phone No	OFFICE-92323523

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5094921806
Cover Note Number	

### Driver

Name of Driver	JOSHUA LIM SHANE HUI
NRIC No	S9620455H
Date Of Birth	08/06/1996
Occupation	INDOOR
Date Of Driving Pass	26/02/2015
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92323523
Fax Number	
Contact Number	OTHERS-92323523
Email Address	JOSHUA.LIM@LIVE.COM.SG

Address	BLK 122 GEYLANG EAST CENTRAL #12-70
Postcode	380122
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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)	2
Passenger 1	NAME: : JEANEVE GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGM6546B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PANG KOK LING
NRIC/Passport Number	S1451560G
Contact Number	98808022
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	JOSHUA LIM SHANE HUI
Approximate Age	
Injuries Sustain	BACK PAIN
Injured person in which vehicle?	SJS4420B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
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)

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:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Sketch Plan #2

### SKETCH PLAN

A - 5J544203  
B - 5GM  
65463

Sims Ave

A

B

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was travelling along Jim Ave @ around 90km/h; vehicle A was going straight. Vehicle B

pls Refer to the Police Report  
T/20180530/2169

## DECLARATION

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



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.:

31/5/2018



### Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180530/2169

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

2 of 4

Report No. T/20180530/2169

#### CONTINUATION OF REPORT

<b>Driver</b>			
Name	JOSHUA LIM SHANE HUI		ID No. S9620455H
Related Vehicle	SJS4420B (Car)		Contact No. 92323523
Hospital/Clinic	CHUAH CLINIC & SURGERY PTE LTD		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	30/05/2018	Date Discharge	30/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	PANG KOK LING		ID No. S1451560G
Related Vehicle	NIL		Contact No. 98808022
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

#### **Brief Details.**

On 30/05/2018 at about 0900hrs, I was driving my vehicle (SJS4420B) with one passenger along Sims Avenue heading towards Paya Lebar Rd. At the point of time, traffic volume was moderate. At that point of time, I was driving on Lane 2 of Sims Ave and I then spotted a stationary lorry (XD6571Z) on lane 3 for construction work. There were also guide cones with arrows to divert traffic to the left.

I continued on driving normally as I have the right of way. As I was creeping forward, suddenly one vehicle (SGM6546B) hit on to my rear right portion of my vehicle. Subsequently, I tried to open my door however I could not as the said vehicle had impacted near to my door not allowing me to open the door fully. As such, I pointed to the said driver to move forward to empty parking spaces ahead in front of Lor 13 Geylang to avoid causing a traffic jam.

I then met up with the driver of the said vehicle to exchange particulars however he was reluctant and wanted to leave the scene. I managed to persuade him not to leave and phoned up my leasing company (Blaze Motoring; Mervin) who spoke to the said driver and managed to persuade him to exchange particulars with me. Following that, we took photos of our respective vehicle damages.

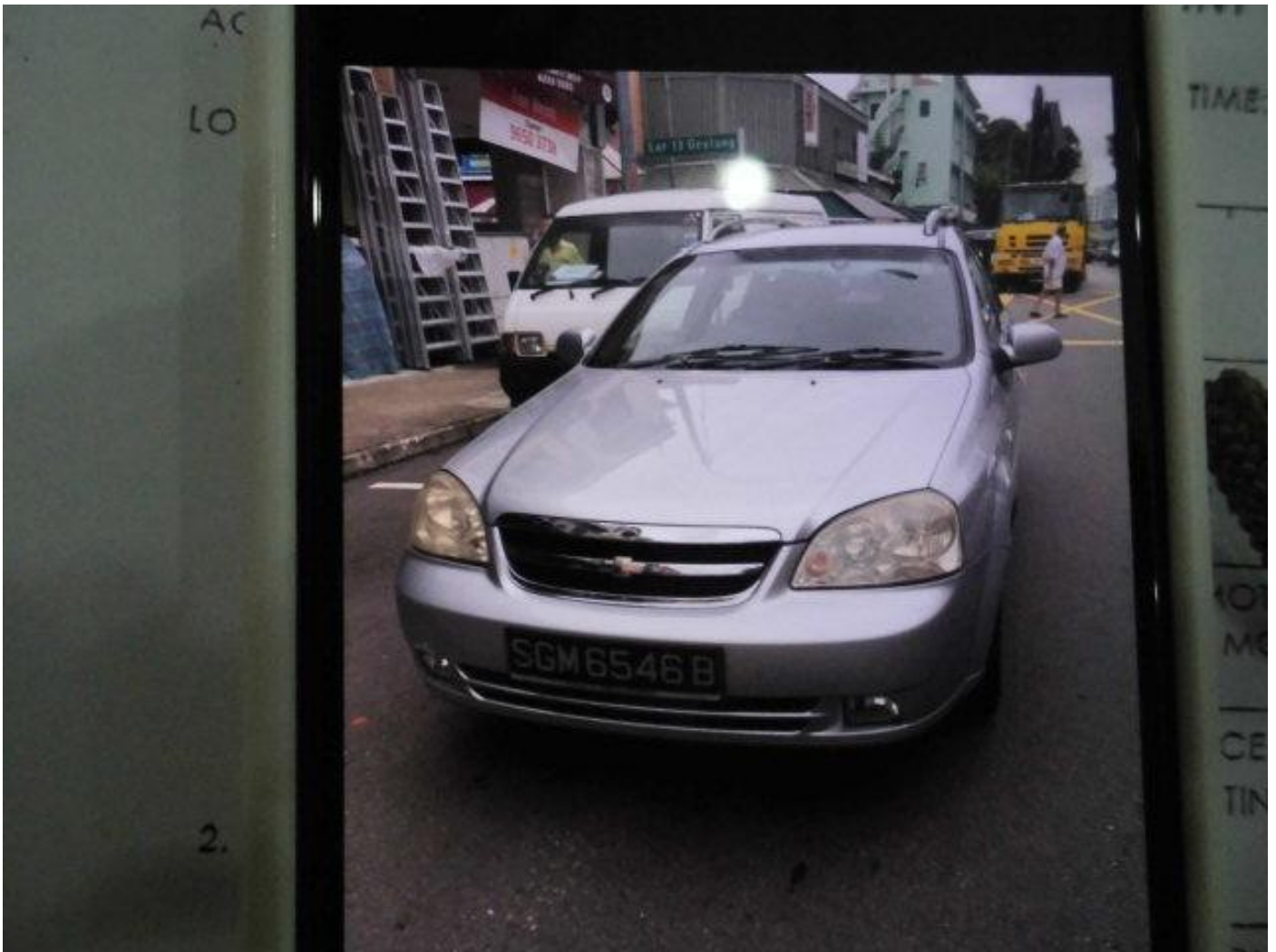
My vehicle suffered scratches from the mid to the rear door of my vehicle. The other vehicle suffered scratches on front left fender. I then proceeded on with my journey to drop off my passenger (Jeaneve Hp: 81120435) at 53 Ubi Avenue 3.

At about 1400hrs, I then went to IDAC to lodge an accident report. Subsequently, I went back to rest however when I woke up, I felt strain on my neck and went to a nearby clinic, Chuah Clinic & Surgery Pte Ltd. I was dispensed with some medication and given 3 days of medical leave.

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



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Accident Photo



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Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180530/2169

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

1 of 4

Report No. T/20180530/2169

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/05/2018 21:10		Vide Report No.:	Station Diary No.: 33
<b>Informant's Particulars</b>			
Name of Informant: JOSHUA LIM SHANE HUI		Address: APT BLK 122 GEYLANG EAST CENTRAL #12-70 SINGAPORE 380122	
ID Type / ID No.: NRIC NO / S9620455H		Contact No.: Home/Office: Mobile: 92323523	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 21	Date of Birth: 08/06/1996	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name: SINGAPORE INSTITUTE OF MANAGEMENT
Occupation: Student		Driving Licence Information: Class: 3 Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/05/2018 09:00	Type of Location: Straight Road
Location: Along Road 1 SIMS AVENUE SIMS AVENUE BEF LOR 13 GEYLANG RD				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by Ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGM6546B	Car				Slightly Damaged	0
SJS4420B	Car				Slightly Damaged	1

## Details of Person Involved

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



# Police Report



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POLICE FORCE**



T/20180530/2169

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Report No. T/20180530/2169

## CONTINUATION OF REPORT

<b>Driver</b>			
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No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	PANG KOK LING		ID No. S1451560G
Related Vehicle	NIL		Contact No. 98808022
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

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At about 1400hrs, I then went to IDAC to lodge an accident report. Subsequently, I went back to rest however when I woke up, I felt strain on my neck and went to a nearby clinic, Chuah Clinic & Surgery Pte Ltd. I was dispensed with some medication and given 3 days of medical leave.



## Police Report



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POLICE FORCE**



T/20180530/2169

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3 of 4

Report No. T/20180530/2169

CONTINUATION OF REPORT

Police Report



SINGAPORE  
POLICE FORCE

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400009  
Tel No: 1800-7479999



T/20180530/2169

4 of 4

Report No. T/20180530/2169

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:

G /

Sgt 3 SYAFIQ RIDHWAN BIN HASSAN

Signature Of Informant:

*Signature*

Signature Of Interpreter:  
Not applicable

Date/Time:  
30/05/2018 21:10

Officer In Charge Of Case:  
TP / AEIT /  
SSI 2 SITIMARSITA BINTE BOHARI  
Contact No.: 65476219

Classification Of Case:

Authentication Stamp  
NP168

*Signature*