

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	01/06/2018 14:32
Date Of Accident	31/05/2018 17:00
Exact Location Of Accident	JUNCTION OF BOUNDARY ROAD/UPPER PAYA LEBAR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH1137Y
Insured/Policyholder	
Name Of Registered Owner	RUDI MASLI BIN HADI LIM
NRIC No	S7609403I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88189775
Alternative Phone No	OTHERS-88189775

Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA-1.5 R AWD (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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092755224
Cover Note Number	

Driver

Name of Driver	RUDI MASLI BIN HADI LIM
NRIC No	S7609403I
Date Of Birth	28/03/1976
Occupation	OUTDOOR
Date Of Driving Pass	04/07/2017
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88189775
Fax Number	
Contact Number	OTHERS-88189775
Email Address	NOEMAIL

Address	BLK 633 HOUGANG AVENUE 8 #02-11
Postcode	530633
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLRASE REFER TO POLICE REPORT T/20180531/2177

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	SLG9778B
Vehicle Make/Model/Colour	MERCEDES C180
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH MOH CHUAN
NRIC/Passport Number	S0179867G
Contact Number	92377182
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)	2
Passenger 1	NAME: :
	GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBE1101K
Vehicle Make/Model/Colour	HYUNDAI H1 STAREX BUS 2.5
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GOH CHEN KWANG
NRIC/Passport Number	G6870467M
Contact Number	82233622
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	RUDI MASLI BIN HADI LIM
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJH1137Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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

(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.

Reporting Centre Personnel's Signature
Name: Paul Moore
NRIC/FIN No.: 9201 1234 5678

Accident Sketch Plan

SKETCH PLAN

upper serangoon

upper paya Lebar Road towards boundary road

A => SJH 1137Y
B => SLG 9778B
C => GBE 1101K


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer To Police Report. T/20180531/2177

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:

 01/06/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180531/2177

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20180531/2177

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/05/2018 21:54	Vide Report No.:	Station Diary No.: 170
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Informant's Particulars

Name of Informant: RUDI MASLI BIN HADI LIM			Address: APT BLK 633 HOUGANG AVENUE 8 #02-11 SINGAPORE 530633		
ID Type / ID No.: NRIC NO / S7609403I			Contact No.: Home/Office: Mobile: 88189775		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 42	Date of Birth: 28/03/1976	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: OPERATION EXECUTIVE			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/05/2018 17:05	Type of Location: X-Junction
Location: Along Road 1 UPPER PAYA LEBAR ROAD BOUNDARY ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE1101K	Van	HYUNDAI	H1 STAREX BUS 2.5	White		0
SJH1137Y	Car	SUBARU	IMPREZA 5D 1.5R AWD AT	Blue	Slightly Damaged	0
SLG9778B	Car	MERCEDES BENZ	C 180 BLUEEFFICI ENCY	Silver		1

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Tel No: 1800-5529999

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Report No. T/20180531/2177

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJH1137Y	NTUC Income Insurance Co-Operative Limited	5092755224	21/07/2017	25/07/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Name	GOH CHEN KWANG		ID No.	G6870467M
Related Vehicle	GBE1101K (Van)		Contact No.	82233622
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
Driver				
Name	RUDI MASLI BIN HADI LIM		ID No.	S7609403I
Related Vehicle	SJH1137Y (Car)		Contact No.	88189775
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC		Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	31/05/2018		Date Discharge	31/05/2018
No. of Days granted Medical Leave		05	Degree of Injury	NIL
Name	GOH MOH CHUAN		ID No.	S0179867G
Related Vehicle	SLG9778B (Car)		Contact No.	92377182
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

POLICE REPORT



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POLICE FORCE**



T/20180531/2177

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Report No. T/20180531/2177

CONTINUATION OF REPORT

Brief Details.

On 31/5/2018 at about 5.03pm, I was driving along junction of Upper Paya Lebar Road. As the traffic light was red, I was in stationary position on the 5th lane of the 6 lane road. I also notice the vehicle behind me SLG9778B stops. When suddenly, I felt a hard impact coming from the rear. I made a check and realized that there is a van, GBE1101K failed to stopped and hit onto the vehicle, SLG9778B behind me.

There is no traffic police or ambulance at scene. No one was injured badly at the point time. I do not have any passenger with me. However, vehicle, SLG9778B was with one female passenger. All the drivers, exchange particulars and left scene.

As I was not feeling unwell after the accident, I consult medical assistance and was issued 5 days MC.

I wish to add that there is a crack and scratches on my rear bumper, cause by the impact.

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POLICE FORCE**



T/20180531/2177

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Tel No: 1800-5529999

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Report No. T/20180531/2177

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:

E /

Sgt 2 SITI NUR 'AFINA BINTE ROSLAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

31/05/2018 21:54

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Classification Of Case:

Authentication Stamp

NP158



SINGAPORE
POLICE FORCE

SN 05

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo

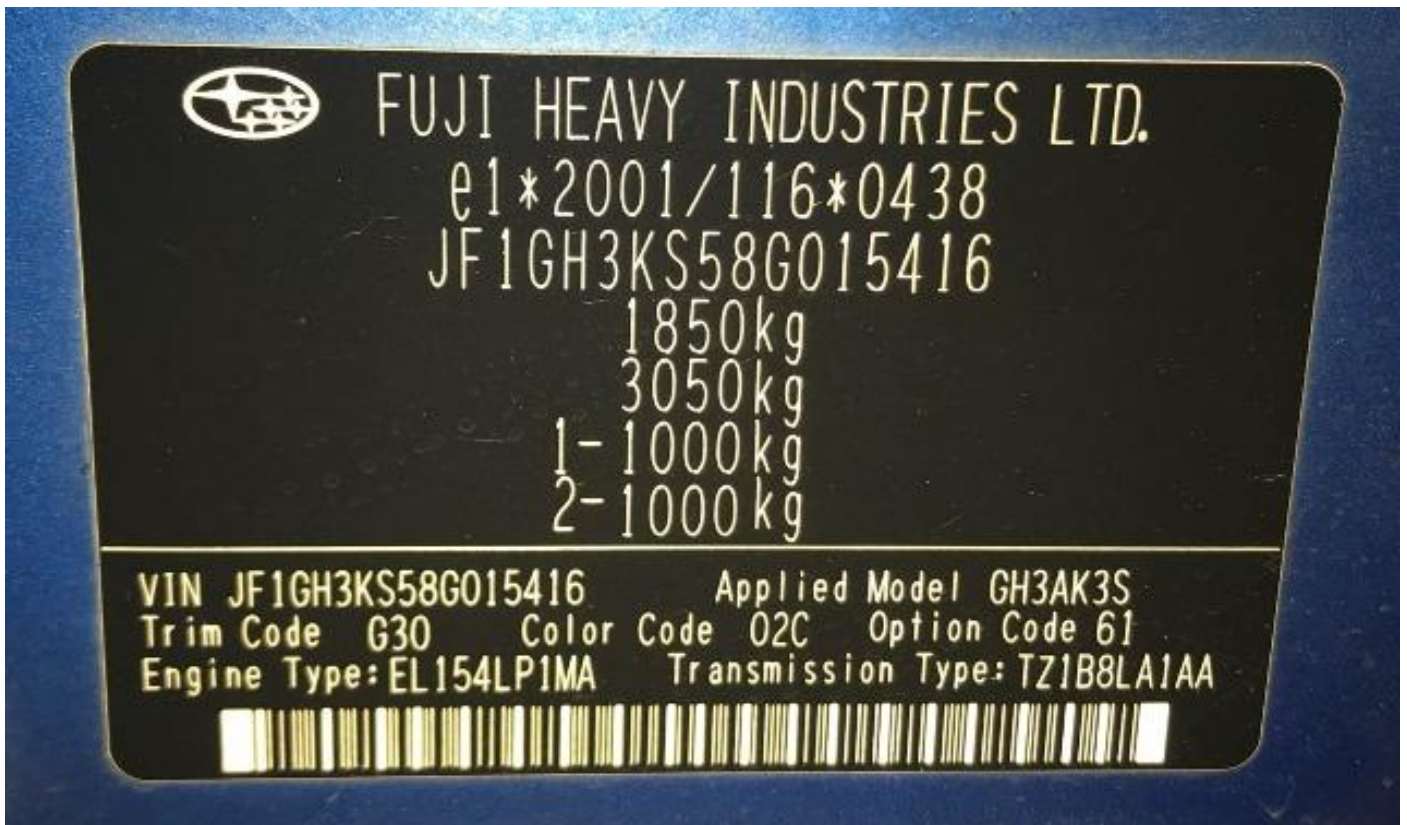


Accident Photo



Accident Photo





Accident Photo

