

## 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	08/06/2018 15:06
Date Of Accident	08/06/2018 11:30
Exact Location Of Accident	CHANGI AIRPORT TERMINAL 2 BLVD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU9200L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM KIM CHEONG
NRIC No	S2626384J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92704595
Alternative Phone No	OFFICE-92704595

### Vehicle Particulars

Manufacturer	TOYOTA
Model	RUSH 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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100730466
Cover Note Number	

### Driver

Name of Driver	LIM KIM CHEONG
NRIC No	S2626384J
Date Of Birth	04/11/1961
Occupation	INDOOR
Date Of Driving Pass	09/03/1992
Driving Experience	26 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	+65-92704595
Fax Number	
Contact Number	OFFICE-92704595
EMail Address	NOEMAIL

Address	APT BLK 111 RIVERVALE WALK #07-11
Postcode	540111
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?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	3
Passenger 1	NAME: : PANG AI PENG GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN 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

REFER TO ATTACHED

### 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	SHA4890X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name PANG AI PENG  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SGU9200L  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? YES  
Address APT BLK 111 RIVERVALE WALK #07-11  
Postcode 540111

**DETAILS OF INJURED PERSON 2**

Name PASSENGER 2  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SGU9200L  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

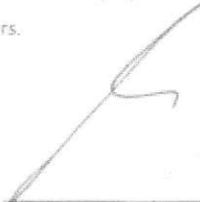
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded 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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I front was a traffic junction and it is going to turn red.  
I slowing down my car. Suddenly CAR B hit into my rear  
side.

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.:

POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180608/2130

1 of 4

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

Report No. T/20180608/2130

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/06/2018 17:39	Vide Report No.:	Station Diary No.: 43
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**Informant's Particulars**

Name of Informant: LIM KIM CHEONG		Address: APT BLK 111 RIVERVALE WALK #07-11 SINGAPORE 540111	
ID Type / ID No.: NRIC NO / S2626384J		Contact No.:	Mobile: 92704595
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 56	Date of Birth: 04/11/1961	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SALESMAN		Driving Licence Information: Class: 2B,3,4      Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/06/2018 11:20	Type of Location: Straight Road
Location: Along Road 1 AIRPORT BOULEVARD OUTSIDE OF TERMINAL 2				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One 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
SGU9200L	Car	TOYOTA	RUSH 1.5 A	Black	Slightly Damaged	2
SHA4890X	Car				Slightly Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGU9200L	NTUC Income Insurance Co-Operative Limited	5100730466	29/05/2018	28/05/2019



**SINGAPORE  
POLICE FORCE**



T/20180608/2130

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

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Report No. T/20180608/2130

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	HANG AI PENG	ID No.	S1717320J
Related Vehicle	SGU9200L (Car)	Contact No.	96561512
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/06/2018	Date Discharge	08/06/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver:			
Name	LIM KIM CHEONG	ID No.	S2626384J
Related Vehicle	NIL	Contact No.	92704595
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

I picked up a passenger as a Grab hitch booking from Blk 9F Yuan Ching Road and was headed to Changi Airport. While I was driving my car along Airport Boulevard just outside Terminal 2, My wife, Hang Ai Peng sat in the front passenger while my other passenger sat behind. The traffic light turned red just outside terminal 2, I was on the most right lane and stopped my car just before the white line. After which I felt an impact from the rear. A taxi collided into my rear. After the accident I got out to make a check and exchanged particulars. My passenger went to Changi Airport to catch her flight, at that point of that time she felt giddy.

The taxi driver claimed that I jammed my brakes suddenly however I was stationary for quite awhile as the traffic light was red. An ambulance came and conveyed my wife to the hospital.

Particulars of my passenger:  
Tanprasert Watcharaphon  
S7489139Z  
Blk 9F Yuan Ching Road # 08-64

Particulars of the taxi driver:  
Abdul Mohamed S/O T H Abdul Rahim  
S6898081Z



**SINGAPORE  
POLICE FORCE**



T/20180608/2130

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
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Report No. T/20180608/2130

CONTINUATION OF REPORT



SINGAPORE  
POLICE FORCE



T/20180608/2130

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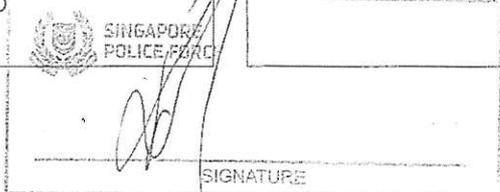
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Report No. T/20180608/2130

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 2 RANDY RONALD MINJOOT	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 08/06/2018 17:39
Officer In Charge Of Case: TP / GIT / SI NORASHIKIN BINTE DAUD Contact No.: 65476439	Classification Of Case:
Authentication Stamp NP168	 <p>SINGAPORE POLICE FORCE</p> <p>SIGNATURE</p>