#### 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 <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

aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	12/06/2018 15:44
Date Of Accident	12/06/2018 15:15
Exact Location Of Accident	SLIP RD CTE TWDS UPPER SERANGOON RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLX1100U
Insured/Policyholder	
Name Of Registered Owner	LIM CHEE KOON
NRIC No	S8400768D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91250921
Alternative Phone No	OFFICE-91250921
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA AD 1.6 GLS AT (AMS)
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5099449569

Cover Note Number

**Driver** 

Name of Driver LIM CHEE KOON (LIN QIKUN)

NRIC No S8400768D

Date Of Birth 08/01/1984

Occupation INDOOR

Date Of Driving Pass 16/06/2006

Driving Experience 11 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91250921

Fax Number

Contact Number OFFICE-91250921

EMail Address NOEMAIL

**BLK 466 CRAWFORD LANE** Address

#14-04 190466

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** 

COLLISION - CHANGE/CROSS LANE Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number JRV6997 (COMMERCIAL VEHICLE)

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES

NO

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) 1

**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 - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

**SINGAPORE** 

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

REFER TO POLICE REPORT - T/20180612/2128.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number JRV6997

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE Name of Driver NORDIN BIN KHASSIM

NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

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#### **Accident Sketch Plan**

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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 Pers Name: NRIC/FIN No.: nnel's Signature

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# **Accident Sketch Plan**

ETCH PLAN		
	SE AB	A: SEX1100V B: JRV6997
	5 5 5	
estilikensis i isase a saati matta	CES OF THE ACCIDENT	
Refer to	police report- 7/201806	12 328.
	/	
CLARATION e declare the foregoing p	particulars are true in every respect.	Am
cyholder's Signature e & Time:	Driver's Signature (If driver is not the policyholder Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

# Police Report





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20180612/2128

# REPORT OF A TRAFFIC ACCIDENT

	ne Report N 018 17:22	Made:	Vide Report No.:	Station Diary No.
Informa	nt's Partic	ulars		
	Informant: EE KOON		Address: APT BLK 466 CRAWFORD KALLANG/WHAMPOA/NO	D LN #14-04 HDB- VENA SINGAPORE 190466
	/ ID No.: O / S840070	58D	Contact No.: Home/Office:	Mobile: 91250921
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age:	Date of Birth: 08/01/1984	Type of Informant: Driver	
Race:			Language:	Institution / School Name:
Occupat TEACH		IDARY SCHOOL)	Driving Licence Information Class: 3	Date of Expiry:

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive; No	Date/Time of Accident: 12/06/2018 15:15	Type of Location Straight Road
	EXPRESSWAY (JALA			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume:
Dual Carriage	Way	Not Controlled		Moderate

Details of V	ehicle Involv	ved	DOMESTIC AND ADDRESS OF THE PARTY OF THE PAR	X2 5 2 6		
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
JRV6997	TRUCK					0
SLX1100U	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT (AMS)	Silver	Slightly Damaged	0

No Effective	e Expiry Date
	No Effectiv



**Details of Vehicle Insurance** 

Vehicle No. Insurance Company

T/20180612/2128

Effective

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20180612/2128

**Expiry Date** 

#### CONTINUATION OF REPORT

Insurance No

SLX1100U	100000000000000000000000000000000000000	JC Income Insurance Co-Operative ited	509944	49569		16/03/2018	15/03/2019
Details of Po	ersor	n Involved			155		
Any Pedestri	ian In	volved: No					
No. of Pedes	strian	s Injured: NIL	Use of Pe	destriar	Cross	sing: NA	
Driver							
Name		NORDIN BIN KHASSIM		ID No		650327015	293
Related Veh	icle	JRV6997 (TRUCK)		Conta	ct No.	012723631 NUMBER)	1 (BOSS
Hospital/Clin	nic	NIL		Class Drivin Licen Expin	g	Class: NIL Date of Exp	oiry: NIL
Date Treatm	ent	NIL	Date Disc	charge	NIL		
No. of Days	grant	ed Medical Leave NIL	Degree o	The second second	NIL		
Driver	-						
Name		LIM CHEE KOON		ID No	١.	S8400768E	)
Related Veh	icle	SLX1100U (Car)		Conta	ect No.	91250921	
Hospital/Clin	nic	NIL		Class Drivin Licen Expin	g	Class; 3 Date of Exp	piry: NIL
Date Treatm	ent	NIL	Date Disc		NIL		

## Brief Details.

No. of Days granted Medical Leave

ON THE ABOVE MENTIONED TIME, DATE AND LOCATION.

I WAS DRIVING ALONG JALAN TOA PAYOH ON THE LEFT MOST LANE. THIS TRUCK WAS ON MY RIGHT, IT WANTED TO SWITCH LANES. I THINK HE COULD NOT SEE ME AND ENDED UP COLLIDING INTO THE RIGHT SIDE OF MY CAR. AFTERWARDS, WE STOPPED OUR VEHICLES, GOT OUT TO ACCESS THE DAMAGE. I TOOK SOME PHOTOS AND TOOK DOWN HIS PARTICULARS. AFTERWARDS, WE LEFT THE SCENE.

Degree of Injury NIL

NIL

# **Police Report**





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20180612/2128

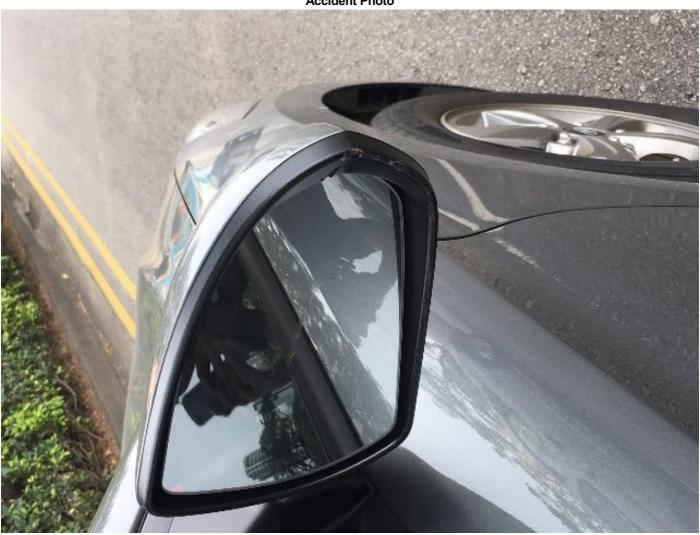
CONTINUATION OF REPORT

#### 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: TP / KHALED AMR HASSAN MOHSSEN	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	12/06/2018 17:22
Officer In Charge Of Case:	Classification Of Case:
TP / AEIT / SSI 2 YEO GEAK ENG CECILIA	
Contact No.: 65476404	
Authentication Stamp	V





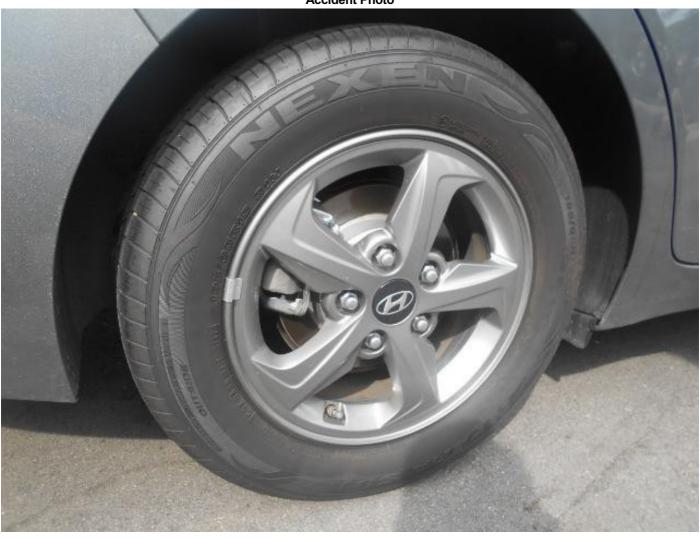






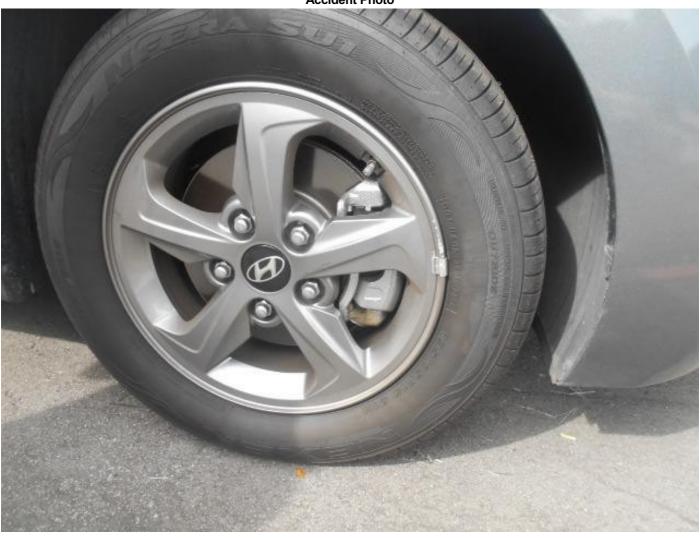
























#### **Addendum Sheet**



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: \$66850020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

			ADD	ENDUM			
(A)	PARTICULARS OF PERS	ONMAKIN	GTHEAMEND	MENTS:			
	Original Report No :_	MHANSO	76281	Veh	icle Registratio	n No:	LXIIOOU
	Name(as shownin NRIC) : _	tim thee	roon (L	in alkinki	) C/FIN/Passport	No :	584207682
	(*Vehicle Driver/-Vehi						
	Address :_	B11c 466	crawford	Lane Al	4-04		_Singapore(  9 046L)
	Contact (Tel) :_			Mol	bile No.: 9125	0921	
	Email Address :_						
	Date of Accident :_	12/6/18		Time	e of Accident :	5:15	
	Place of Accident :_	Stip Rd	cte tud	s upper	Grangion	Rd	
	Insurance Company: _	MUC					
	F. Amend date		ving pass	(16/6)	2=96)		
					/		
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				/			-
			-/				
			/				
		/	8				
						7	10
	Policyholder / Driver's S Date:	ignature	_	N	eporting Centre ame: RIC/FIN No.:	Person	el's Signature

#### **Addendum Sheet**



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS00206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

	AD	DENDUM
(A)	(A) PARTICULARS OF PERSON MAKING THE AMEN	NDMENTS:
	Original Report No : MHA 118076281 .	Vehicle Registration No: SLX 1120 U
	Name as shown in NRICH: Lim Chee Koof (1	in ailun NRIC/FIN/Passport No : 58 4 007680
	(*Vehicle Driver / Vehicle Owner) (*) Please de	elete as appropriate
	Address : Tilk 466 (194	ford Lane \$14-04 Singapore(190466)
	Contact (Tel)	Mobile No.: 91350921
	Email Address :	
	Date of Accident : 12/6/18	Time of Accident :
	Place of Accident : Sta 14 CTS tw	ds upper Strangpon Rd.
	Insurance Company: N70 C	9
	the left and mainted	to the Karb causing damage of
	my vehicle above the le	At rear soften whee 1.
		It rear sites whee 1.