

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	18/06/2018 13:55
Date Of Accident	16/06/2018 11:40
Exact Location Of Accident	ALONG JLN SULTAN JUNC OF BEACH RD & JAVA RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB9665U
Insured/Policyholder	
Name Of Registered Owner	LIM CHIEW CHYE
NRIC No	S8241005H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91733445
Alternative Phone No	OFFICE-91733445

Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00468887
Cover Note Number	-

Driver

Name of Driver	LIM CHIEW CHYE
NRIC No	S8241005H
Date Of Birth	05/12/1982
Occupation	INDOOR
Date Of Driving Pass	30/04/2007
Driving Experience	11 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91733445
Fax Number	
Contact Number	OFFICE-91733445
EEmail Address	NOEMAIL

Address	BLK 113D MCNAIR ROAD #25-240
Postcode	325113
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 - CROSS JUNCTION
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)	2
Passenger 1	NAME: : FU LIHUA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WHAMPOA NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 29 JALAN BAHAGIA , POSTCODE: 320029 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2507999 - FAX NO: 63554314
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLV4603B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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 LIM CHIEW CHYE

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLB9665U

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name FU LIHUA

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLB9665U

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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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.

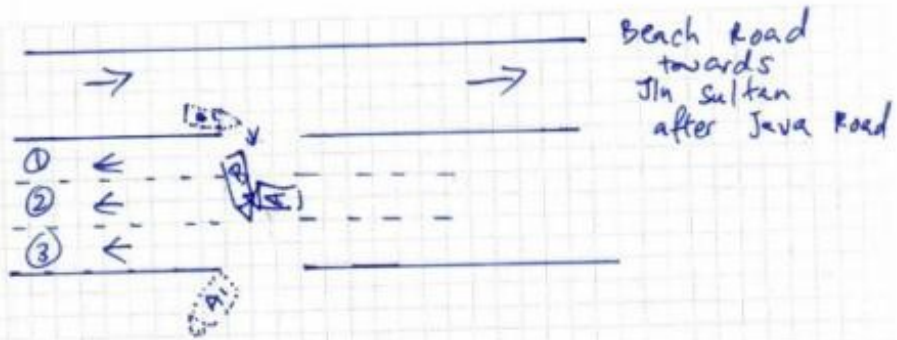
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



A - SLB 96654
B - SLV 4603B


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Beach Road at the stated time and date. I was on lane 2 of the 3 lane road heading towards Jln Sultan. Upon reaching the traffic light which was green, I proceed straight. Suddenly a vehicle SLV 4603B turn right from the opposite direction and hit onto my front right. Due to my the strong impact my car was landed on the pavement of the road. My front airbags and windscreen were damaged and my front left tyre was damaged. My wife was conveyed to the hospital.

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



**SINGAPORE
POLICE FORCE**



T/20180617/2057

1 of 4

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

Report No. T/20180617/2057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/06/2018 17:35	Vide Report No.: A/20180616/0097	Station Diary No.: 25
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Informant's Particulars			
Name of Informant: LIM CHIEW CHYE		Address: APT BLK 113D MCNAIR ROAD #25-240 SINGAPORE 325113	
ID Type / ID No.: NRIC NO / S8241005H		Contact No.: Home/Office: Mobile: 91733445	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 35	Date of Birth: 05/12/1982	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: TRAINING REPRESENTATIVE		Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/06/2018 11:40	Type of Location: MAJOR ROAD WITH ADDITIONAL JUNCTION:
Location: Along Road 1 JALAN SULTAN				
ALONG JALAN SULTAN, JUNCTION OF BEACH ROAD AND JAVA ROAD				
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 Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLB9665U	Car	KIA	FORTE K3 1.6A SX	White	Seriously Damaged	1
SLV4603B	Car	OTHERS	BLUE SG	White	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

POLICE REPORT



**SINGAPORE
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T/20180617/2057

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Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

Report No. T/20180617/2057

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLB9665U	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/00468887	28/04/2018	27/04/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LIM CHIEW CHYE		ID No.	S8241005H
Related Vehicle	SLB9665U (Car)		Contact No.	91733445
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	16/06/2018		Date Discharge	16/06/2018
No. of Days granted Medical Leave	07	Degree of Injury	NIL	
Passenger				
Name	FU LIHUA		ID No.	S8313083J
Related Vehicle	SLB9665U (Car)		Contact No.	96833445
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	16/06/2018		Date Discharge	16/06/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL	

Brief Details.

On 16/06/18 at around 1140hrs, I was driving along Jalan Sultan in my car (plate registration: SLB9665U, Kia K3, white) in the middle lane. At that point of time, my wife was seated in the front left passenger seat.

While driving suddenly, the left side of a car hit onto the front of mine. The car bore plate registration: SLV4603B, Blue SG, white. I would like to state that it was a green light near the junction I was driving along. That other car was trying to turn right from Beach Road, into Java Road, however ended up colliding with my car as the road conditions were not in her favour at that material time. My car skidded on the nearby pavement due to the hard impact. Our airbags had activated during the incident.

My car's front bumper was seriously damaged, while both sides are quite bad as well. The other car's front left side is damaged. That car also had one passenger in the front passenger seat during the accident. I was unable to get any of their particulars.

I immediately called for the ambulance, which then came down to the scene. Both my wife and I were

POLICE REPORT



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Report No. T/20180617/2057

CONTINUATION OF REPORT

feeling pain. After which, Traffic Police also came down (via incident number A/20180616/0097), and spoke to everybody. Ambulance conveyed my wife to Tan Tock Seng Hospital thereafter. She received a 3-day medical leave. For myself, I went down to Mount Alvernia Hospital and received a 7-day medical leave.

Traffic Police had advised me to lodge a report for their follow up. Thus I am I am now lodging this report for my insurance company, my records, and also for Traffic Police for their follow up. My in-vehicle CCTV

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180617/2057

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Tel No: 1800-2507999

Report No. T/20180617/2057

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 3 S SUVINRAJ PILLAI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Insp TAN CHIN YONG
Contact No.: 65476178

Signature Of Informant:

Date/Time:
17/06/2018 17:35

Classification Of Case:

Authentication Stamp
NP168 SINGAPORE
POLICE FORCE

SN 072

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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