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

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	ACCIDENT STATEMENT	
Date Of Report	21/06/2018 15:32	
Date Of Accident	20/06/2018 17:40	
Exact Location Of Accident	ALONG BUANGKOK EAST DR	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKP3888X	
Insured/Policyholder		
Name Of Registered Owner	SEOW KHIM POLYTHELENE CO PTE LTD	
Co Reg No	199308593E	
Email Address	NOEMAIL	
Mobile Phone No		

Alternative Phone No Vehicle Particulars

Manufacturer HYUNDAI

Model HD AVANTE 1.6 A

Exact Purpose for which vehicle was being used at

time of accident

WORKING

OFFICE-89999999

Are you claiming under your own insurance policy

for repair to your vehicle?

YES

If No, Please state action to be taken

Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company UNITED OVERSEAS INSURANCE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number DHOM110089880909

Cover Note Number

Driver

Name of Driver LIM GUEK NGOH
NRIC No S1536464E

Date Of Birth 31/01/1962
Occupation INDOOR
Date Of Driving Pass 05/01/1982

Driving Experience 36 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98335989

Fax Number

Contact Number OFFICE-98335989

EMail Address NOEMAIL

Address BLK 174A EDGEDALE PLAINS

#09-155

Postcode 821174

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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 DRIZZLING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2
Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

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 PUNGGOL N.P.C

Police Station Address ROAD: 21A TEBING LANE, POSTCODE: 828837, COUNTRY:

SINGAPORE

NO

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180620/2171.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH TRAFFIC POLICE

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKV317R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number 82281091

Address Postcode

Insurance Company Name

Accident Sketch Plan

SKETCH PLAN

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- 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;
 - (li) 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:

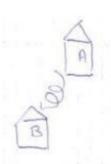
Reporting Centre Personne's Name:

Signature

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DOA: 30 6 18 A: SKP 3888X B: SKV 317 R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	to	Police	Report		
			- 1		
					- 12 - 22 - 23 - 24
6					

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 Station Of Origin:

Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

T/20180620/2171 /1 of 3

Report No. T/20180620/2171

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/06/2018 20:45		Made:	Vide Report No.: G/20180620/0190	Station Diary No.: 99		
Informan	t's Partic	ulars	2000年 科技能够 2000年			
Name of Informant:			Address:			
LIM GUEK NGOH			APT BLK 174A EDGEDALE PLAINS #09-155 SINGAPORE 821174			
ID Type / ID No.:		Total I	Contact No.:			
NRIC NO / S1536464E		64E	Home/Office: Mobile: 98335989			
Nationality SINGAPO	y: ORE CITIZ	EN	Email:			
Sex: Age: Date of Birth: Female 56 31/01/1962		CONTRACTOR OF CONTRACTOR OF CO.	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Business development manager		ent manager	Driving Licence Information: Class: 3,4	Date of Expiry:		

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/06/2018 17:40	Type of Location Bend
	EAST DRIVE	exit from KPE exit Road Surface Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
One Way		1401 Controlled		

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKP3888X	Car	HYUNDAI		Gold	Seriously Damaged	
SKV317R	Car	AUDI		White		0

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



T/20180620/2171

Police Station Of Origin: Punggol N.P.C

2 of 3 Report No. T/20180620/2171

21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

CONTINUATION OF REPORT

Name	LIM GUEK NGOH			ID No	7	S1536464E
Related Vehicle	SKP3888X (Car)			Conta	ct No.	98335989
Hospital/Clinic	NIL			Class Drivin Licen Expiry	g	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	(C. P.	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

On 20/06/2018 at about 1740hrs, I was alone driving my car (gold colour Hyundai bearing plate no. SKP3888X) along Buangkok East Drive towards Sengkangn on the left most lane. At that point it was drizzling and the floor was wet. As I was driving along Buangkok East Drive at the bend after the KPE exit 9B, my car suddenly skidded towards the left and I lost control of the car. My car then hit on to the left side a white colour Audi bearing plate number SKV317R and my car subsequently it stopped on the most right lane of the road. I do not remember if my car had hit any other thing other than the white Audi car.

I then went down from my car to make a check with the Audi driver if he is fine and I then called my company to inform of the accident as the car belongs to my company. There was no reported injuries at the scene. After a while, LTA came over and they called for Traffic Police. Subsequently Traffic Police arrived. As I have a in-car camera installed in my car, the officer requested for my camera SD card and I handed it over. I was then told to proceed to the nearest police station to lodge a traffic accident report.

I wish to state that that the front bumper of my car had fell off and there are dents and scratches and the front right side of the car. My car was towed away at scene by a towing company. I did not take down the Audi driver's particulars and only have his contact number 82281091. This is the first time such incident had happened.





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999 3 of 3 Report No. T/20180620/2171

CONTINUATION OF REPORT

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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: F / Staff Sgt ANG PEI YING, AGNES	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/06/2018 20:45
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No.: 65476213	Classification Of Case:
Authentication Stamp	



SINGAPORE POLICE FORCE

ACKNOWLEDGEMENT SLIP

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