

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	10/08/2018 14:05
Date Of Accident	08/08/2018 12:15
Exact Location Of Accident	ALONG JALAN BAHAR FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK2806D
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Insured/Policyholder

Name Of Registered Owner	PHUA CHAY LEE
NRIC No	S1802021A
Email Address	JNA0125@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91548885
Alternative Phone No	OFFICE-85220125

Vehicle Particulars

Manufacturer	HYUNDAI
Model	TUCSON-2.0 GLS (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	5087631600-01
Cover Note Number	

Driver

Name of Driver	LIM MENG KIAT (LIN MINGJI)
NRIC No	S8323930A
Date Of Birth	12/08/1983
Occupation	INDOOR
Date Of Driving Pass	17/05/2008
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91548885
Fax Number	
Contact Number	OFFICE-85220125
Email Address	JNA0125@HOTMAIL.COM

Address	BLK 138B YUAN CHING ROAD #13-131
Postcode	612138
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - COUSIN
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?	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)	2
Passenger 1	NAME: : LIM JIA AN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG POLICE DIVISIONAL HQ ('J' DIVISION)
Police Station Address	ROAD: NO. 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7910000 - FAX NO: 68965649
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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	SHA2540U
Vehicle Make/Model/Colour	HYUNDAI I40
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM KOK KAH
NRIC/Passport Number	S1461399D
Contact Number	97878183
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LIM MENG KIAT (LIN MINGJI)

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SLK2806D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name LIM JIA AN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SLK2806D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

Veh A: SLK 2806 D

Veh B: SHA 2540 U

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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:

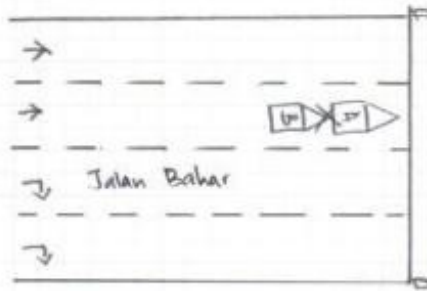
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

Accident Sketch Plan

SKETCH PLAN

Veh A: SLK 2806 D

Veh B: SHA 2540 U



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police Report No. T/20180808/2167.

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:

10/08/18
1135

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180808/2167

1 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No: T/20180808/2167

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/08/2018 21:45	Vide Report No.:	Station Diary No.: 218
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Informant's Particulars

Name of Informant: LIM MENG KIAT			Address: APT BLK 138B YUAN CHING ROAD #13-131 SINGAPORE 612138	
ID Type / ID No.: NRIC NO / S8323930A			Contact No.:	Mobile: 85220125
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 34	Date of Birth: 12/08/1983	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/08/2018 12:15	Type of Location: Flyover
Location: Along Road 1 JALAN BAHAR				
Jalan Bahar Flyover				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA2540U	Car	HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR	Blue	Slightly Damaged	0
SLK2806D	Car	HYUNDAI	TL TUCSON 2.0 GLS AT 2WD	Blue	Slightly Damaged	1

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180808/2167

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 3
Report No: T/20180808/2167

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Lim Kok Kah	ID No.	S1461399D
Related Vehicle	SHA2540U (Car)	Contact No.	97878183
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	LIM MENG KIAT	ID No.	S8323930A
Related Vehicle	SLK2806D (Car)	Contact No.	85220125
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/08/2018	Date Discharge	08/08/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 8/8/2018 at about 1215hrs, I was driving my car bearing plate number SLK2806D and I was travelling along Jalan Bahar Flyover heading towards Lim Chu Kang. I was on the first lane and I was a traffic light junction. At that point of time, the traffic light showed red and thus I stopped my car. I then made a check and I saw that there was one taxi bearing plate number SHA2540U who had also stopped behind me. Suddenly, the taxi started moving forward and it hit the rear portion of my car.

I then stopped my car and went out to exchanged particulars with him. I am unsure if there was any passengers inside his taxi. After that, I just left the scene.

On the same day, I went to see the doctor and received three days MC.

I do have a working CCTV installed inside my car. At that point of time, I was with my son and both of us was not injured. My car sustained damages on the rear portion, below the mudguard area and I am unsure of the total cost of damages.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180808/2167

3 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20180808/2167

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: J / Sgt 1 NURAQILAH BINTE ABDUL HAMID	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/08/2018 21:45
Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTE BOHARI Contact No.: 65476219	Classification Of Case:
Authentication Stamp NP168	SN 126
 Signature : Singapore Police Force	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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