

## 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 15:39
Date Of Accident	10/08/2018 09:05
Exact Location Of Accident	COMMONWEALTH AVE WEST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS7436L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GEMINI LEASING PTE LTD
Co Reg No	201736431H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-86689494
<b>Vehicle Particulars</b>	
Manufacturer	KIA
Model	CARENS-1.7 D DCT 5DR FWD (A)
Exact Purpose for which vehicle was being used at time of accident	
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5097388330
Cover Note Number	

### Driver

Name of Driver	LIM TUCK KEONG
NRIC No	S7528088B
Date Of Birth	19/09/1975
Occupation	OUTDOOR
Date Of Driving Pass	04/02/1998
Driving Experience	20 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87521196
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	26 SIN MING LANE #08-126 MIDVIEW CITY
Postcode	573971
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	2
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: : PANG YUEN XIN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TECK GHEE NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 321 ANG MO KIO STREET 31 , POSTCODE: 560321 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4599999 - FAX NO: 64574478
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER POLICE REPORT No.T/20180810/2059

#### 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	SKR744L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

ERGO INSURANCE PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

LIM TUCK KEONG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SJS7436L

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

**DETAILS OF INJURED PERSON 2**

Name

•PANG YUEN XIN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SJS7436L

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode



I/We                      foregoing particulars are true in every respect.



Date &amp; Time:

Driver's Signature \_\_\_\_\_  
(If driver is not the policyholder)

Date &amp; Time:

**IDAC KAKI BUKIT (VAC)**  
Reporting: 23 KAKI BUKIT AVE 4  
Name: Singapore 415933  
NRIC/FIN No.: Tel: 67416697  
Fax: 67492305  
Email: vackb@singnet.com.sg

# Accident Sketch Plan Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180810/2059

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

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Report No. T/20180810/2059

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/08/2018 13:26		Vide Report No.: D/20180810/0039		Station Diary No.: 14	
<b>Informant's Particulars</b>					
Name of Informant: LIM TUCK KEONG			Address: APT BLK 81 REDHILL LANE #06-51 SINGAPORE 150081		
ID Type / ID No.: NRIC NO / S7528088B			Contact No.: Home/Office: Mobile: 87521196		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 42	Date of Birth: 19/09/1975	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Food Delivery			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/08/2018 09:05	Type of Location: Straight Road
Location: Along Road 1 COMMONWEALTH AVENUE WEST BOON LAY WAY Lamp Post Number: 65				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SJS7436L	Car				Seriously Damaged	1
SKR744L	Car				Seriously Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

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Report No. T/20180810/2059

## CONTINUATION OF REPORT

<b>Driver 1</b>			
Name	LIM TUCK KEONG		ID No. S7528088B
Related Vehicle	SJS7436L (Car)		Contact No. 87521196
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver 2</b>			
Name	LIM SEE WEE		ID No. S7528023H
Related Vehicle	SKR744L (Car)		Contact No. 91444143
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

### Brief Details.

On 10/8/18 at about 0905hrs, I was working as a GrabHitch driver and stopped along Commonwealth Avenue West near Lamp Post 65 to prepare to alight my female passenger. Suddenly, I felt a big impact and realized that a car had banged into the rear of my car. I alighted and discovered that a grey Mercedes had banged into my car and the driver apologized to me. I checked with my female passenger and she complained of neck pain and was crying. I then called for ambulance and police. Ambulance conveyed my passenger to NUH and I was given a case card by the Traffic Police ref D/20180810/0039.

I also went to see a doctor and was diagnosed to have a strain/sprain of my upper back, right hand, right knee, and abrasion of my left knee. I was given 3 days MC.

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T/20180810/2059

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Report No. T/20180810/2059

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: F / Sgt 3 ONG KOK CHUAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 10/08/2018 13:26
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.: 65476365	Classification Of Case: BN 02 
Authentication Stamp NP168	