

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	23/08/2018 16:07
Date Of Accident	21/08/2018 10:30
Exact Location Of Accident	NICOLL HIGHWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS1127U
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Insured/Policyholder

Name Of Registered Owner	GD CARZ
Co Reg No	53122597J
Email Address	JOLIM8735@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90014242
Alternative Phone No	OFFICE-90014242

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL HYBRID 1.5X AUTO
Exact Purpose for which vehicle was being used at time of accident	WORK
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	NO
Policy Number	5083196477-02
Cover Note Number	

Driver

Name of Driver	JOIE GABRIELLE LIM (JOIE GABRIELLE LIM)
NRIC No	S7301734C
Date Of Birth	12/01/1973
Occupation	OUTDOOR
Date Of Driving Pass	01/12/1997
Driving Experience	20 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90014242
Fax Number	
Contact Number	OTHERS-90014242
EEmail Address	JOLIM8735@GMAIL.COM

Address	BLK 821 YISHUN STREET 81 #03-632
Postcode	760821
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	
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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

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	SH9367R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LOH HONG WAI
NRIC/Passport Number	S0827472Z
Contact Number	96222218
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	JOIE GABRIELLE LIM (JOIE GABRIELLE LIM)
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Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

SLS1127U

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
6. 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.
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:

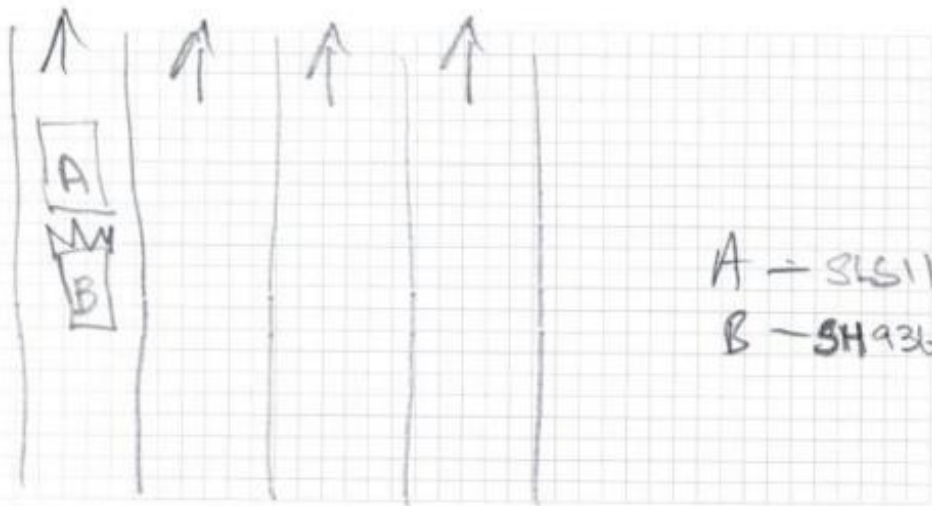
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

Sketch Plan #2

SKETCH PLAN

Nicoll
highway



A - SLS1127 U
B - SH9367R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21st Aug. I was driving along nicoll highway.
The weather was clear. SH 9367R bang into my
car & my rear portion was damage.

Pls Refer to the Police Report -
T/20180823/2083

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:

Day

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

24/8/2018

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180823/2083

2 of 3

Report No. T/20180823/2083

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

CONTINUATION OF REPORT

Driver			
Name	LOH HONG WAI	ID No.	S0827472Z
Related Vehicle	SH9367R (TAXI)	Contact No.	NIL
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	JOIE GABRIELLE LIM	ID No.	S7301734C
Related Vehicle	SLS1127U (Car)	Contact No.	90014242
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	23/08/2018	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On 21/8/2018 at about 1030 hrs, I was driving my vehicle along Nicoll Highway. I was stationery in my vehicle waiting for the traffic to move. While stationery, I heard a loud bang sound coming from the rear of my vehicle.

Subsequently, I discovered taxi (SH9367R) collided with my vehicle causing the rear portion to be damaged. We took photos and exchanged particulars and left.

On 23/8/2018, I felt discomfort and went to seek medical treatment and was given 5 days of MC.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



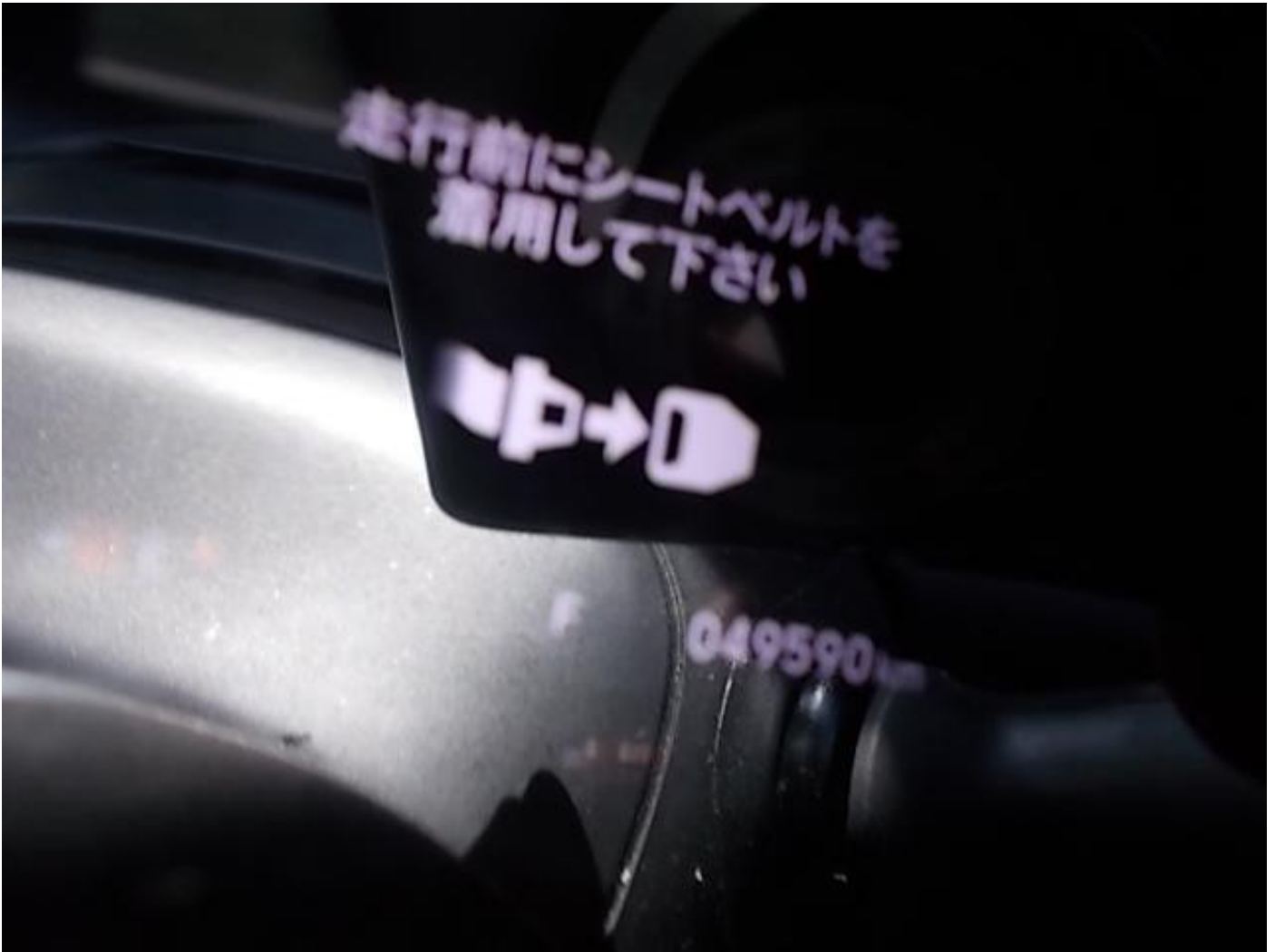
Accident Photo



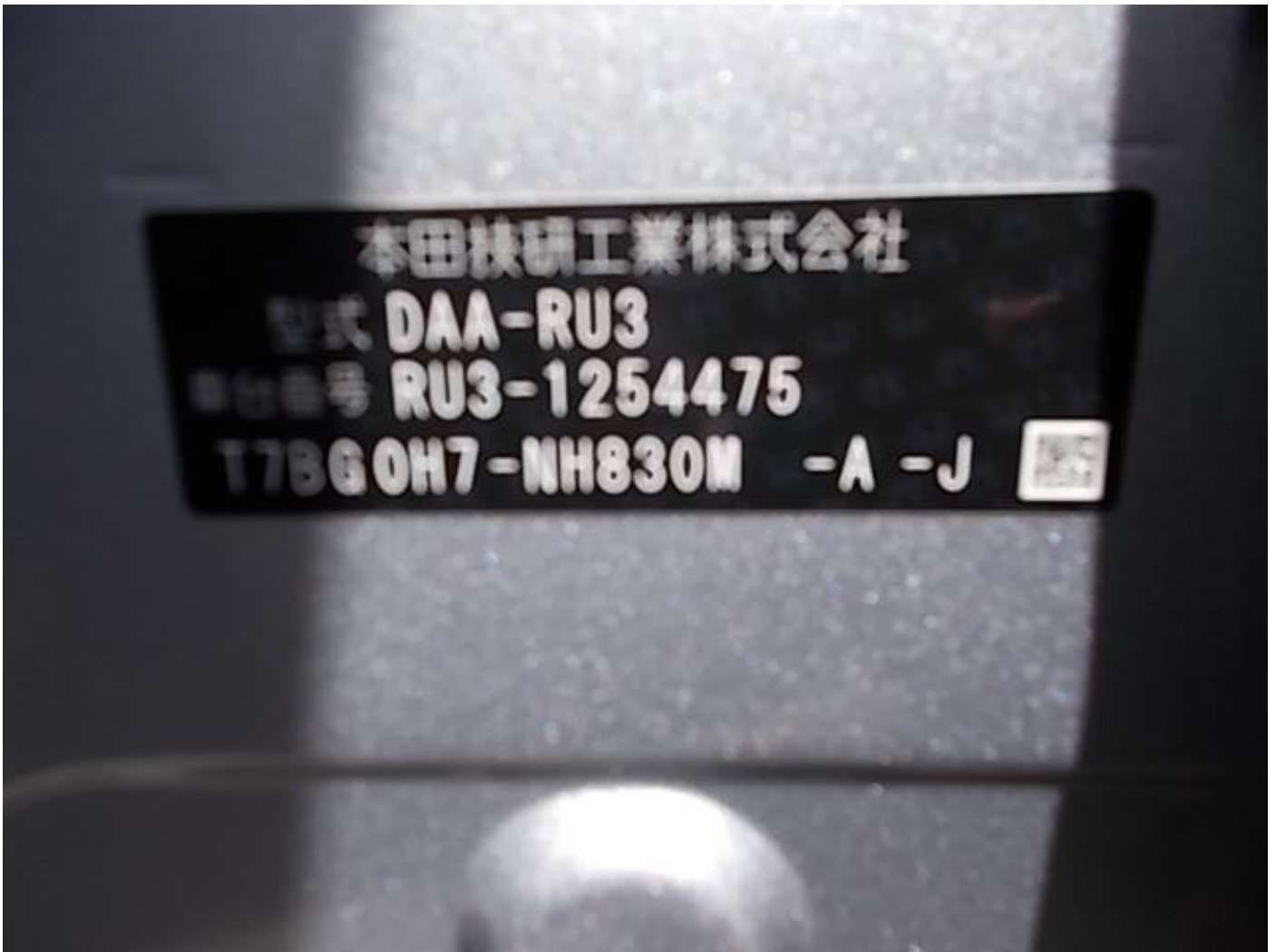
Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180823/2083

1 of 3

Report No: T/20180823/2083

Police Station Of Origin:
Tampines North NPP
481 Tampines Street 44 #01-56 SINGAPORE
520481
Tel No: 1800-7818999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/08/2018 15:05	Vide Report No.:	Station Diary No.: 28
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Informant's Particulars

Name of Informant: JOIE GABRIELLE LIM			Address: APT BLK 821 YISHUN STREET 81 #03-632 SINGAPORE 760821		
ID Type / ID No.: NRIC NO / S7301734C			Contact No.: Home/Office: Mobile: 90014242		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 45	Date of Birth: 12/01/1973	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 21/08/2018 10:30	Type of Location: Straight Road
Location: Along Road 1 NICOLL HIGHWAY				
Weather:		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH9367R	TAXI					0
SLS1127U	Car				Slightly Damaged	0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180823/2083

2 of 3

Report No. T/20180823/2083

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

CONTINUATION OF REPORT

Driver:			
Name	LOH HONG WAI	ID No.	S0827472Z
Related Vehicle	SH9367R (TAXI)	Contact No.	NIL
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	JOIE GABRIELLE LIM	ID No.	S7301734C
Related Vehicle	SLS1127U (Car)	Contact No.	90014242
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	23/08/2018	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On 21/8/2018 at about 1030 hrs, I was driving my vehicle along Nicoll Highway. I was stationery in my vehicle waiting for the traffic to move. While stationery, I heard a loud bang sound coming from the rear of my vehicle.

Subsequently, I discovered taxi (SH9367R) collided with my vehicle causing the rear portion to be damaged. We took photos and exchanged particulars and left.

On 23/8/2018, I felt discomfort and went to seek medical treatment and was given 5 days of MC.

Police Report



SINGAPORE
POLICE FORCE



T/20180823/2083

3 of 3

Report No. T/20180823/2083

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

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:

G/

Staff Sgt WONG JIANYONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/08/2018 15:05

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151



Classification Of Case:

Authentication Stamp

NP168

SIGNATURE