

## 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	21/08/2018 16:44
Date Of Accident	20/08/2018 19:30
Exact Location Of Accident	PIE EXITING TO SIMS AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ4855U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	STARS RENTAL & LEASING
Co Reg No	53312317L
Email Address	STARSRENTLEASE@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-84083559
<b>Vehicle Particulars</b>	
Manufacturer	BMW
Model	520I-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5085942280-01
Cover Note Number	
<b>Driver</b>	
Name of Driver	LIM KOK CHUAN (LIN GUOCHUAN)
NRIC No	S7330486E
Date Of Birth	09/03/1973
Occupation	OUTDOOR
Date Of Driving Pass	21/09/1999
Driving Experience	18 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84083559
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 764 WOODLANDS CIRCLE #11-318  
SINGAPORE  
Postcode 730764  
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 -  
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) 1

### Details of Police Action

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name BOON TECK NEIGHBOURHOOD POLICE POST  
Police Station Address ROAD: BLK 207 TOA PAYOH NORTH, POSTCODE: 310207, COUNTRY: SINGAPORE  
Police Station Contact TEL NO: 1800-2549999 - FAX NO: 63554310  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

### Circumstances of Accident

REFER ATTACHED

### 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 SJR8042M  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver CHADRAW S/O POEN  
NRIC/Passport Number S1292815G  
Contact Number 81803520  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LIM KOK CHUAN (LIN GUOCHUAN)

Approximate Age

Injuries Sustain

REFER POLICE REPORT

Injured person in which vehicle?

SLZ4855U

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

**SKETCH PLAN**

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**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.

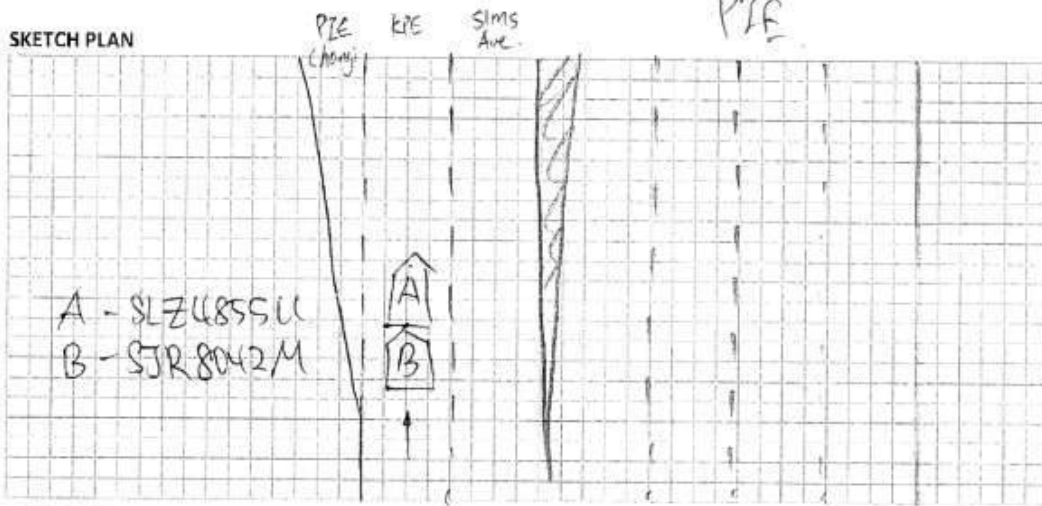
Policyholder's Signature  
Date & Time:

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

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

# Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report.

## 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.:

Q341004 Sketch Plan #2 Pg. 1

**Accident Sketch Plan Pg. 1**



**SINGAPORE  
POLICE FORCE**



T/20180821/2094

2 of 3

Police Station Of Origin:  
Boon Teck NPP  
207 Toa Payoh North #01-1231 SINGAPORE  
310207  
Tel No: 1800-2549999

Report No. T/20180821/2094

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	CHADRAW S/O POCEN	ID No.	S1292815G
Related Vehicle	SJR8042M (Car)	Contact No.	81803520
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
<b>Driver</b>			
Name	LIM KOK CHUAN	ID No.	S7330486E
Related Vehicle	SLZ4855U (Car)	Contact No.	84083559
Hospital/Clinic	HORIZON MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	21/08/2018	Date Discharge	21/08/2018
No. of Days granted Medical Leave	05	Degree of Injury	NIL

**Brief Details.**

On the 20/08/2018 at about 1930hrs, I was driving my vehicle no: SLZ 4855U along PIE, exit towards Sim Avenue on the left lane. At that point of time, my vehicle was stationary.

Suddenly, I felt an impact from the rear portion of my vehicle. I realized that a vehicle no: SJR 8042M collided with my vehicle from the rear. My vehicle sustained dents and scratches. Thereafter, I went to seek medical attention at Horizon Medical Pte Ltd and a total of 5 days MC was given to me.

I am lodging this report as instructed by my company.

Accident Sketch Plan Pg. 1



SINGAPORE  
POLICE FORCE



T/20180821/2094

Police Station Of Origin:  
Boon Teck NPP  
207 Toa Payoh North #01-1231 SINGAPORE  
310207  
Tel No: 1800-2549999

3 of 3

Report No. T/20180821/2094

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 1 LAM WENG HONG, ANDREW

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI KASIMAWATI TE SAMIAN

Contact No. 85477779

SN 002

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

21/08/2018 14:42

Classification Of Case: