

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	01/09/2018 11:32
Date Of Accident	31/08/2018 10:50
Exact Location Of Accident	PIE (CHANGI) BEFORE ENG NEO AVE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA6775J
Insured/Policyholder	
Name Of Registered Owner	RIVERLI
Co Reg No	53358656M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90288480
Alternative Phone No	OFFICE-90288480

Vehicle Particulars

Manufacturer	HONDA
Model	AIRWAVE 1.5M A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095819163
Cover Note Number	

Driver

Name of Driver	LUI AI MEI
NRIC No	S6974370F
Date Of Birth	20/03/1969
Occupation	INDOOR
Date Of Driving Pass	24/12/2009
Driving Experience	8 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94550928
Fax Number	
Contact Number	OFFICE-94550928
Email Address	NOEMAIL

Address	BLK 370 BUKIT BATOK STREET 31 #08-221
Postcode	650370
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	YES
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	HONG KAH NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 370 BUKIT BATOK STREET 31 , POSTCODE: 650370 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5679999 - FAX NO: 65652508
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180831/2122.

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?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX6269J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM GUO DONG
NRIC/Passport Number	
Contact Number	90227344
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name LUI AI MEI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJA6775J

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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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.

RIVERLY
53358650M
Policyholder's Signature
Date & Time:

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

10:50 AM
31/8/18

Reporting Centre Personnel Signature
Name:
NRIC/FIN No:

Accident Sketch Plan

(A) SJA 6775 J
(B) SLX 6269 J

SKETCH PLAN



Rt towards Changi before Eng Neo Exit.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving Veh A on the above mentioned lane in time. The veh in front slow down as I slow down. A few second later I felt an impact on the rear causing my veh A to swivel & hit the railing.

Refer To Police Report

No: T/20180831/2122.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

RIVERLY
53358656M
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 Report



**SINGAPORE
POLICE FORCE**



T/20180831/2122

1 of 3

Report No. T/20180831/2122

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
31/08/2018 18:05

Vide Report No.:

Station Diary No.:
34

Informant's Particulars

Name of Informant: LUI AI MEI		Address: APT BLK 370 BUKIT BATOK STREET 31 #08-221 SINGAPORE 650370	
ID Type / ID No.: NRIC NO / S6974370F		Contact No.:	Mobile: 94550928
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 49	Date of Birth: 20/03/1969	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SALES EXECUTIVE		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 31/08/2018 10:50	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY ALONG PIE TOWARD CHANGI NEAR ENG NEO AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJA6775J	Car	HONDA	AIRWAVE		Seriously Damaged	0
SLX6269J	Car	HONDA	CIVIC		Seriously Damaged	0

Details of Person Involved

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

Police Report



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370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999



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Report No. T/20180831/2122

CONTINUATION OF REPORT

Driver			
Name	LUI AI MEI	ID No.	S6974370F
Related Vehicle	SJA6775J (Car)	Contact No.	94550928
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	31/08/2018	Date Discharge	31/08/2018
No. of Days granted Medical Leave	06	Degree of Injury	Serious
Driver			
Name	LIM GUO DONG	ID No.	S9115212F
Related Vehicle	SLX6269J (Car)	Contact No.	90227344
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 the above mentioned date, time and location. I was driving my car, V1) SJA6775J at lane 1. Suddenly, a car, V2) SLX6269J collided onto the rear of my car causing the front of my car to hit the guard rail. At that moment, I felt pain at my chest, left shoulder and arm. I then alighted my car and exchange particulars with V2's driver. My husband came to scene and checked with V2's driver and he informed that he was changing lane and did not notice my car slowed down thus collided onto my car.

I wished to state that I did not slow down and I had in car camera in my car and had given it to the traffic police. I was then conveyed to Ng Teng Fong hospital and was given 6 days of MC

Police Report



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Hong Kah North NPP
370 Bukit Batok Street 31 #01-201
SINGAPORE 650370
Tel No: 1800-5679999



T/20180831/2122

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Report No. T/20180831/2122

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 2 TAN HUAY HOCK

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SING CHWEE THENG

Contact No.: 65476397

Authentication Stamp

NP168

Singapore Police Force

Signature Of Informant:

Date/Time:

31/08/2018 18:05

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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