

### 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	14/09/2018 14:09
Date Of Accident	12/09/2018 12:10
Exact Location Of Accident	BLK 43 TELOK BLANGAH RISE OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE893H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM HANG TONG
NRIC No	S0183938A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98525238
Alternative Phone No	OFFICE-98525238

#### Vehicle Particulars

Manufacturer	AUDI
Model	A4 1.8 TFSI MU (EU6)
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	5103138231
Cover Note Number	

#### Driver

Name of Driver	LIM HANG TONG
NRIC No	S0183938A
Date Of Birth	08/12/1953
Occupation	OUTDOOR
Date Of Driving Pass	18/08/1972
Driving Experience	46 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98525238
Fax Number	
Contact Number	OFFICE-98525238
EMail Address	NOEMAIL

Address	BLK 311 HOUGANG AVENUE 5
	#09-181
Postcode	530311
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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: : LEE AHPEE
	GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180913/2135.

#### 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	GBB9287X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	THAVENDRA NAVARATNAM
NRIC/Passport Number	S1768668B
Contact Number	93763389
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name LIM HANG TONG

Approximate Age

Injuries Sustain NECK & WRIST

Injured person in which vehicle? SKE893H

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**DETAILS OF INJURED PERSON 2**

Name LEE AHPEE

Approximate Age

Injuries Sustain NECK & WRIST

Injured person in which vehicle? SKE893H

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

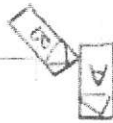
Address

Postcode

# Accident Sketch Plan

## SKETCH PLAN

BLK 43 Telok Ayer St  
open space car park



A: JKE89314

B: 6EE9287X

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/20180413/2135.

## DECLARATION

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

Tong  
Policyholder's Signature  
Date & Time:

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

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

## Accident Sketch Plan


### SKETCH PLAN

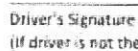
#### IMPORTANT NOTICE


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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.:

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180913/2135

Police Station Of Origin  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

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Report No. T/20180913/2135

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	THAVENDRA NAVARATNAM	ID No.	S1768668B
Related Vehicle	GBB9287X (Van)	Contact No.	93763389
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 HANG TONG	ID No.	S0183938A
Related Vehicle	SKE893H (Car)	Contact No.	98525238
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/09/2018	Date Discharge	13/09/2018
No. of Days granted Medical Leave	05	Degree of Injury	NIL

**Brief Details.**

On 13/9/18 at around 1210hrs, as I was driving out from the carpark with one of my colleague who was seated on my left near to lot 147. I suddenly felt a very huge impact coming on my right. I took a quick glance and realized that one vehicle(GBB9287X) has collided onto my rear right and the driver was holding a phone on the line with his right hand. When he alighted the vehicle, he was still holding onto the phone and was on the line with someone. After which we exchange particulars, agreed on claiming insurance and we left the scene. After a short while, both me and my colleague felt pain on my neck and my waist area. I then proceed to Mount Alvernia Hospital for a check up and was given 5 days of MC. I wish to state that there was no in car camera installed in my vehicle. I also wish to further state that GBB9287X came out from lot 146.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180913/2135

1 of 3

Police Station Of Origin:  
Geylang N P C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

Report No. T/20180913/2135

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/09/2018 16:45	Vide Report No.:	Station Diary No.: 109
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## Informant's Particulars

Name of Informant: LIM HANG TONG			Address: APT BLK 311 HOUGANG AVENUE 5 #09-181 SINGAPORE 530311		
ID Type / ID No.: NRIC NO / S0183938A			Contact No.: Home/Office: Mobile: 98525238		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 08/12/1953	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: FURNITURE			Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 13/09/2018 12:10	Type of Location: Car Park
Location: Along Road 1 TELOK BLANGAH RISE				
Blk 42, 43 carpark				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB9287X	Van					0
SKE893H	Car	AUDI	A4 1.8 TFSI MU (EU6)	White		1

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKE893H	NTUC Income Insurance Co-Operative Limited	5103138231	21/08/2018	08/09/2019

Police Report



SINGAPORE  
POLICE FORCE



T/20180913/2135

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

3 of 3

Report No. T/20180913/2135

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 /  
Sgt 2 ONG JIN HONG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
13/09/2018 16:45

Officer In Charge Of Case  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No: 65476151

Classification Of Case:

Authentication Stamp  
NP168