

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	17/09/2018 10:50
Date Of Accident	14/09/2018 14:00
Exact Location Of Accident	CLEMENTI AVE 2 SLIP ROAD TO CLEMENTI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG3679L
Insured/Policyholder	
Name Of Registered Owner	NEW PIONEER AUTO PTE LTD
Co Reg No	201319665W
Email Address	NEWPIONEER@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96158550
Alternative Phone No	OFFICE-96158550

Vehicle Particulars

Manufacturer	FIAT
Model	DOBLO
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093021898-01
Cover Note Number	

Driver

Name of Driver	LIM CHUAN SENG
NRIC No	S1226146B
Date Of Birth	20/05/1957
Occupation	OUTDOOR
Date Of Driving Pass	19/12/1979
Driving Experience	38 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82920601
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 835 JURONG WEST STREET 81 #11-37
Postcode	640835
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NPC
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FS4321B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD MUZAMIL BIN ABDUL RAHIM
NRIC/Passport Number	S9140499J
Contact Number	92365755
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD MUZAMIL BIN ABDUL RAHIM
Approximate Age	
Injuries Sustain	MINOR ABRASIONS
Injured person in which vehicle?	FS4321B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

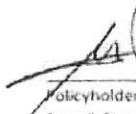
SKETCH PLAN


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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)


Reporting Centre Personnel's Signature
Name

17/9/18


* 2004-2005 年 1-12 月 数据

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT *Clementine Ave*

Refer police report T/20180915/2074

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

DECLARATION
I/We declare the foregoing



Policyholder's Signature

Driver's Signature _____

Reporting Officer's Personal Signature



**SINGAPORE
POLICE FORCE**



T/20180915/2074

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20180915/2074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/09/2018 14:17	Vide Report No.:	Station Diary No.: 121
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Informant's Particulars

Name of Informant: LIM CHUAN SENG	Address: APT BLK 835 JURONG WEST STREET 81 #11-37 SINGAPORE 640835		
ID Type / ID No.: NRIC NO / S1226146B	Contact No.: Home/Office: Mobile: 82920601		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 61	Date of Birth: 20/05/1957	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: Cleaning supervisor	Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/09/2018 14:00	Type of Location: Straight Road
Location: Along Road 1 CLEMENTI AVENUE 2				
SLIP ROAD TO CLEMENTI ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light
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
FS4321B	Motorcycle				Slightly Damaged	0
GBG3679L	Car				Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180915/2074

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 3

Report No. T/20180915/2074

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD MUZAMIL BIN ABDUL RAHIM	ID No.	S9140499J
Related Vehicle	FS4321B (Motorcycle)	Contact No.	92365755
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	Slight
Driver			
Name	LIM CHUAN SENG	ID No.	S1226146B
Related Vehicle	GBG3679L (Car)	Contact No.	82920601
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

Brief Details.

On the 14/09/2018 at about 1400hrs, I was travelling with my company rented vehicle (GBG3679L) along Clementi Avenue 2. As I was approaching the slip road junction towards Clementi Road, I then stopped my vehicle and check for the oncoming traffic.

I then slowly move out after the traffic was cleared. As I slowly inched forward, suddenly I heard a loud noise which came from the rear side of my vehicle. I then stopped at the nearby bus stop and discovered that there were some damages on the rear bumper of my vehicle. I have then discovered that there was a motorcyclist who had fall down at the said junction and approached me after he had recovered.

The said rider has then apologized to me and wish to have a private settlement, however my rental company has rejected and advised him to lodge a police report. He has suffered from minor injury during the said accident. There was in-car camera installed in my vehicle and was operating during the accident.



**SINGAPORE
POLICE FORCE**



T/20180915/2074

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No. T/20180915/2074

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 PERRY P NG WEE PHONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID

SN 125

Contact No: 65476172

Authentication Stamp

NP168



Singapore Police Force

Signature Of Informant:

Date/Time:

15/09/2018 14:17

Classification Of Case: