

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 15:52
Date Of Accident	16/09/2018 15:30
Exact Location Of Accident	SCOTTS ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS6346U
Insured/Policyholder	
Name Of Registered Owner	5M PARTNERS PTE LTD
Co Reg No	201811126M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98560609

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5100184044
Cover Note Number	

Driver

Name of Driver	LIM QUEE SENG
NRIC No	S7228450Z
Date Of Birth	02/08/1972
Occupation	OUTDOOR
Date Of Driving Pass	21/10/1992
Driving Experience	25 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82299665
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 353 KANG CHING ROAD #09-45
Postcode	610353
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?	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)	2
Passenger 1	NAME: : UMA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
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	SHD8560G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NG YONG CHYE
NRIC/Passport Number	S1510460J
Contact Number	96693370
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

UMA

Approximate Age

Injuries Sustain

REFER [POLICE REPORT

Injured person in which vehicle?

SJS6346U

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

LIM QUEE SENG

Approximate Age

Injuries Sustain

REFER POLICE REPORT

Injured person in which vehicle?

SJS6346U

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN

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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.

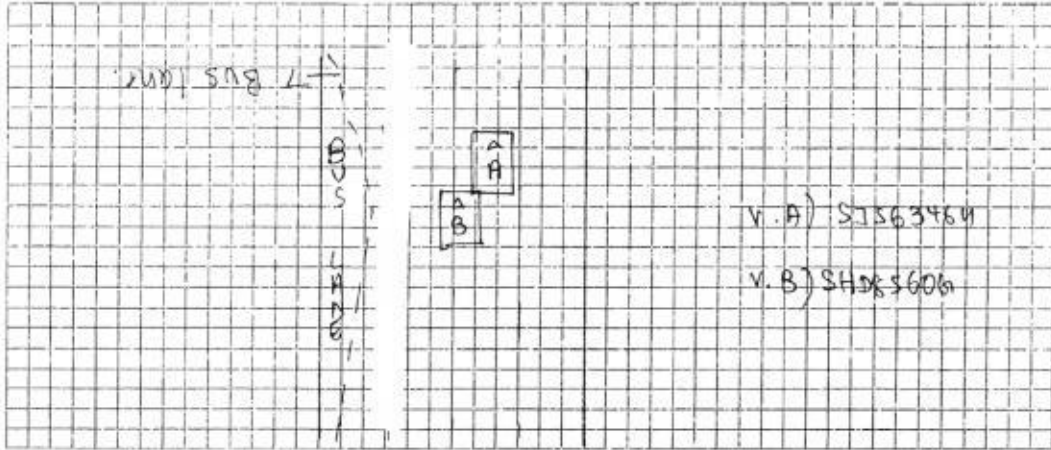


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to
police report -

Passenger 1 = Grab (female).

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.:



**SINGAPORE
POLICE FORCE**



T/20180916/2085

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 3

Report No. T/20180916/2085

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/09/2018 18:53	Vide Report No.:	Station Diary No.: 124
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Informant's Particulars

Name of Informant: LIM QUEE SENG			Address: APT BLK 353 KANG CHING ROAD #09-45 SINGAPORE 610353	
ID Type / ID No.: NRIC NO / S7228450Z			Contact No.: Home/Office:	Mobile: 82299665
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 46	Date of Birth: 02/08/1972	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: GRAB DRIVER			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: 16/09/2018 15:35	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 SCOTTS ROAD THOMSON ROAD SCOTTS ROAD TOWARDS THOMSON ROAD ROUNDABOUT, INFRONT OF SHERATON TOWER				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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
SHD8560G	Car					0
SJS6346U	Car				Slightly Damaged	1

Details of Person Involved

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



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Tel No: 1800-5529999

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Report No. T/20180916/2085

CONTINUATION OF REPORT

Name	Ng Yong Chye		ID No.	S1510460J
Related Vehicle	SHD8560G (Car)		Contact No.	96693370
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	LIM QUEE SENG		ID No.	S7228450Z
Related Vehicle	SJS6346U (Car)		Contact No.	82299665
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	16/09/2018	Date Discharge	16/09/2018	
No. of Days granted Medical Leave	07	Degree of Injury	NIL	

Brief Details.

On 16/9/2018 at about 3.35pm, I was driving my vehicle (SJS6346U) along Scotts road towards Thomson road roundabout, in front of Sheraton tower. The traffic was very heavy and as the traffic light turned red, I stopped before the traffic light. While waiting for the traffic light to turn green, suddenly one taxi (SHD8560G) from behind collided head-to-rear into my vehicle (SJS6346U). The impact pushes my vehicle to the front however, I did not hit to any vehicle in front. At that point of time, there was one passenger in my vehicle. I suffered pain on my neck and head pain. My passenger suffered pain on her neck and head area.

The accident caused great damages to my vehicle rear left bumper, boot, and wheel area.

I have no in car CCTV in the vehicle.

Subsequently, I was conveyed to Tan Tock Seng Hospital and transferred to Mount Alvernia Hospital to see the doctor. I was granted with 7 days of medical leave.

I am lodging report for insurance claims. Traffic police was also at scene.



SINGAPORE
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T/20180916/2085

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Tel No: 1800-5529999

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Report No. T/20180916/2085

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 2 LIM LI CHENG

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

16/09/2018 18:53

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOR FAIZAL BIN YAHYA

Contact No.: 65476202

Classification Of Case:

Authentication Stamp

NP168

