

## 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	19/09/2018 16:24
Date Of Accident	18/09/2018 15:20
Exact Location Of Accident	SLIP RD CAVENAGH RD TWDS BUKIT TIMAH RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM7954P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM TECK HOW
NRIC No	S1115140Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96349085
Alternative Phone No	OFFICE-96349085

### Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY 1.5 4AT
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097166227
Cover Note Number	

### Driver

Name of Driver	LIM TECK HOW
NRIC No	S1115140Z
Date Of Birth	11/12/1955
Occupation	INDOOR
Date Of Driving Pass	11/07/1975
Driving Experience	43 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96349085
Fax Number	
Contact Number	OFFICE-96349085
Email Address	NOEMAIL

Address	BLK 925 HOUGANG STREET 91 #13-43
Postcode	530925
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	WET

#### 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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180918/7010.

#### 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	S4252TE
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)	2
Passenger 1	NAME:       :
	GENDER:     :

DETAILS OF INJURED PERSON 1	
Name	LIM TECK HOW
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJM7954P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
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.

  
Policyholder's Signature  
Date & Time:

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

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

### Accident Sketch Plan

### SKETCH PLAN

Bukit Timah Road

Vehicle A: SJM 7954P

Vehicle B: S 4252TE

Pondicherry Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to 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.: \_\_\_\_\_

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180918/7010

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20180918/7010

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/09/2018 18:11	Vide Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: LIM TECK HOW			Address: APT BLK 925 HOUGANG STREET 91 #13-43 SINGAPORE 530925		
ID Type / ID No.: NRIC NO / S1115140Z			Contact No.: Home/Office: Mobile: 96349085		
Nationality: SINGAPORE CITIZEN			Email: freddielim90@yahoo.com.sg		
Sex: Male	Age: 62	Date of Birth: 11/12/1955	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Self-Employed			Driving Licence Information: Class:		

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/09/2018 15:20	Type of Location: Bend
Location:  CAVENAGH ROAD				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
S4252TE (Not Accurate)	Car				Seriously Damaged	2
SJM7954P	Car	NISSAN	SYLPHY 1.5 4AT	Grey	Seriously Damaged	1

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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## Police Report



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T/20180918/7010

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20180918/7010

### CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJM7954P	NTUC Income Insurance Co-Operative Limited	5097166227	16/01/2018	15/01/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM TECK HOW	ID No.	S1115140Z
Related Vehicle	SJM7954P (Car)	Contact No.	96349085
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/09/2018	Date Discharge	18/09/2018
No. of Days granted Medical Leave	05	Degree of Injury	Serious

#### Brief Details.

ON 18/09/2018, AT ABOUT 3:20PM, I WAS DRIVING ALONG CAVENAGH ROAD TOWARDS BUKIT TIMAH ROAD. AS I APPROACHED THE GIVE-WAY LINE, I STOPPED MY VEHICLE TO CHECK ON ON-COMING VEHICLE BEFORE PROCEEDING. ABOUT 2-3 SECONDS LATER, VEHICLE NUMBER - S4252TE, HIT ONTO MY STATIONARY VEHICLE'S REAR PORTION.

POLICE THEN ATTENDED THE SCENE. THEREAFTER, I CONSULTED MEDICAL ATTENTION AT INTEMEDICAL 24HR CLINIC, AND WAS GIVEN 5 DAYS MC.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180918/7010

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20180918/7010

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
YAN MINGSHENG DANIEL  
Contact No.: 65476252

Authentication Stamp  
NP168

#### Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:  
18/09/2018 18:11

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

