

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 liability.
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	20/10/2018 11:32
Date Of Accident	19/10/2018 06:20
Exact Location Of Accident	BKE TWDS PIE B4 EXIT 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGG8761P
Insured/Policyholder	
Name Of Registered Owner	ALOYSIUS LIM MUN HENG
NRIC No	F1913019M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87194690
Alternative Phone No	OFFICE-87194690

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5100090314
Cover Note Number	-

Driver

Name of Driver	ALOYSIUS LIM MUN HENG
NRIC No	F1913019M
Date Of Birth	08/04/1992
Occupation	OUTDOOR
Date Of Driving Pass	09/03/2017
Driving Experience	1 YEAR AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87194690
Fax Number	
Contact Number	OFFICE-87194690
Email Address	NOEMAIL

Address	BLK 7 MARSILING DR #03-60
Postcode	730007
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	
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: : LIM KIM LOOI
	GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS WEST NPC
Police Station Address	ROAD: 9 MARSILING LANE , POSTCODE: 739146 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT

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	FBJ4156G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	ALOYSIUS LIM MUN HENG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGG8761P
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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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.:

Accident Sketch Plan

SKETCH PLAN

A = SGG 8761 P
B = FBJ 4156 G.

BKE towards PIE B4 Exit 1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLARATION

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

Policyholder's Signature
Date & Time:

Form 1000 (Rev. 10/2018)

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/20181019/2046

1 of 4

Police Station Of Origin:
Woodlands West N.P.C.
9 Marsiling Lane SINGAPORE 739146
Tel No: 1800-363 9999

Report No. T/20181019/2046

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/10/2018 10:58	Vide Report No.: J/20181019/0068	Station Diary No.: 42
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Informant's Particulars

Name of Informant: ALOYSIUS LIM MUN HENG			Address: APT BLK 7 MARSILING DRIVE #03-60 SINGAPORE 730007	
ID Type / ID No.: NRIC NO / S9212644G			Contact No.: Home/Office: Mobile: 87194690	
Nationality: MALAYSIAN			Email:	
Sex: Male	Age: 26	Date of Birth: 08/04/1992	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: ENGINEER			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/10/2018 06:20	Type of Location: Straight Road
Location: Along Road 1 BUKIT TIMAH EXPRESSWAY				
ALONG BKE TOWARDS PIE BEFORE EXIT 1				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ4156G	Motorcycle				Slightly Damaged	0
SGG8761P	Car				Slightly Damaged	1

Details of Person Involved

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

POLICE REPORT



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T/20181019/2046

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Report No. T/20181019/2046

CONTINUATION OF REPORT

Rider			
Name	Unknown Rider		ID No. NIL
Related Vehicle	FBJ4156G (Motorcycle)		Contact No. 91387637
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	ALOYSIUS LIM MUN HENG		ID No. S9212644G
Related Vehicle	SGG8761P (Car)		Contact No. 87194690
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
Passenger			
Name	LIM KIM LOOI		ID No. S0670205H
Related Vehicle	SGG8761P (Car)		Contact No. 85355858
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 19/10/2018 at about 1820hrs, I was driving my vehicle bearing registration plate number SGG8761P on the 1st lane of the 3 lane road along BKE towards PIE before Exit 1. There is an accident on the 2nd lane. Suddenly, the Singapore vehicle in front of me applied Emergency brake. I then applied Emergency brake also to prevent from colliding into his vehicle. I then felt an impact onto the left side of my vehicle and I saw a Singapore motorcycle bearing registration plate number FBJ4156G fell on the ground beside the front side of my vehicle in between lane 1 and lane 2. There is another motorcycle collided onto the said motorcycle however I did not get his particulars. The Singapore vehicle in front of me left the scene and did not stop to assist. I do not know why he applied emergency brake. I and my father namely: Lim Kim Looi then alighted from our vehicle and checked the vehicle for damages. The left rear side of the vehicle suffered scratches and left front bumper dropped off. The motorcyclist then shifted his motorcycle to the road shoulder. Ambulance and traffic police attended to the scene. The motorcyclist was being

POLICE REPORT



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POLICE FORCE**



T/20181019/2046

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Report No. T/20181019/2046

CONTINUATION OF REPORT

conveyed to hospital and I only got his handphone number. I am lodging this for insurance purpose. No government property was damaged. I do not have any in-car camera however there is CCTV in the vicinity. Traffic police then advised me to lodge a police report vide J/20181019/0068 with TP IO in charge IO Tan Chin Yong Contact: 65476178.

A handwritten signature in black ink, appearing to be a stylized 'A' or similar character.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20181019/2046

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Report No. T/20181019/2046

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.

SN 127

Signature Of Officer Recording The Report:

J/

Sgt 2 JOHNSON SONG ZHI HONG

Signature:

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

19/10/2018 10:58

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN

SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476394

Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo



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