

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	27/11/2018 17:39
Date Of Accident	26/11/2018 19:25
Exact Location Of Accident	TIONG BAHRU RD TWDS SENG POH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ5748Z
Insured/Policyholder	
Name Of Registered Owner	LIM,JUN KIAT
NRIC No	S1382700A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96261885
Alternative Phone No	OTHERS-96261885

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 6
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00346855/01
Cover Note Number	

Driver

Name of Driver	LIM,JUN KIAT
NRIC No	S1382700A
Date Of Birth	24/02/1958
Occupation	OUTDOOR
Date Of Driving Pass	19/09/1979
Driving Experience	39 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96261885
Fax Number	
Contact Number	OTHERS-96261885
Email Address	NOEMAIL

Address	BLK 141 SIMEI STREET 2 #04-82
Postcode	520141
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	
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	THOMSON NPP 25 SIN MING ROAD
Police Station Address	ROAD: 25 SIN MING ROAD #01-180 , POSTCODE: 570025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20181127/2041

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKR2899K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KALAI MOHGAN MUNIANDY
NRIC/Passport Number	G7315451R
Contact Number	82878706
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	LIM,JUN KIAT
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	SKQ5748Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan


SKETCH PLAN

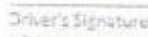
IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
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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. 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:

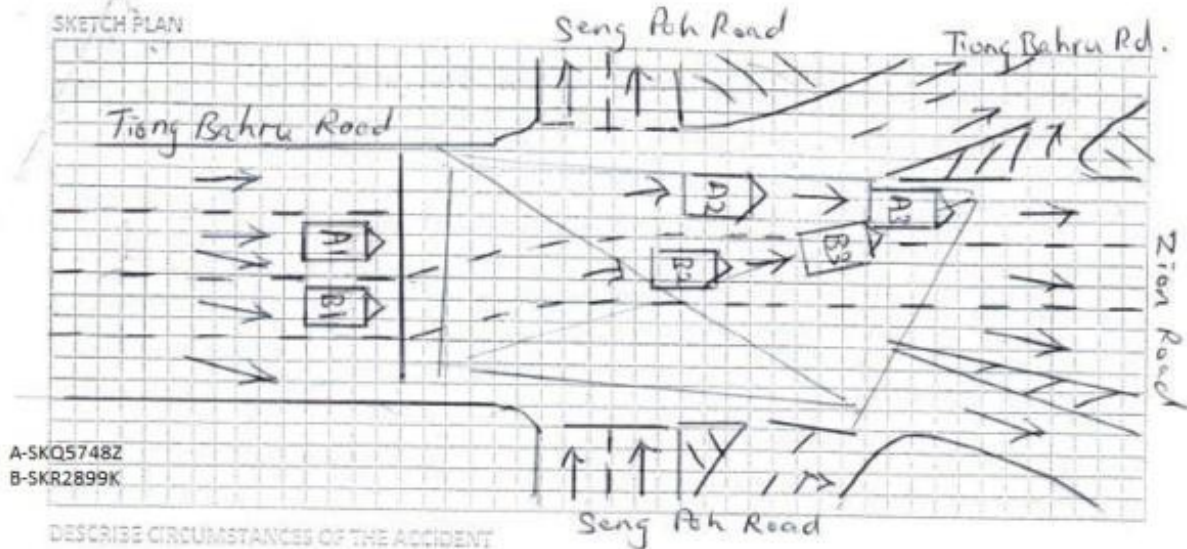
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan



Refer to TP Report

Report No:- T/20181127/2041

[Handwritten signature]

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

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

[Handwritten signature]
Policyholder's Signature
Date & Time:

[Handwritten signature]
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

DATE: 27/11/18

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20181127/2041

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Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Report No. T/20181127/2041

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKQ5748Z	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/00346855/02	10/12/2016	09/12/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LIM JUN KIAT		ID No.	S1382700A
Related Vehicle	SKQ5748Z (Car)		Contact No.	96261885
Hospital/Clinic	SIN MIN CLINIC		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	27/11/2018		Date Discharge	NIL
No. of Days granted Medical Leave	07		Degree of Injury	Slight
Driver				
Name	KALAI MOHGAN MUNIANDY		ID No.	G7315451R
Related Vehicle	SKR2899K (Car)		Contact No.	82878706
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 26/11/2018 at about 1925hrs, I was driving my vehicle (SKQ5748Z) on the 3rd left lane along Tiong Bahru Road towards Seng Poh Road.

As the junction traffic light was red, I stopped my vehicle before the stop line. Later as the junction turns green, I proceeded to drive my vehicle. Suddenly, I felt an impact on the rear right side of my vehicle. I then made a check and discovered that a vehicle (SKR2899K) which was on the right lane collided onto my vehicle. We then exchanged particulars and he admitted that it was his fault for hitting onto me. I wish to inform that I have both front and back CCTV in my vehicle. Due to the collision, my rear right bumper was damaged.

On the next day, I felt pain on my neck and back therefore, I went to see a doctor. I was then given a 7 days MC. I am lodging this report for insurance and medical claims.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



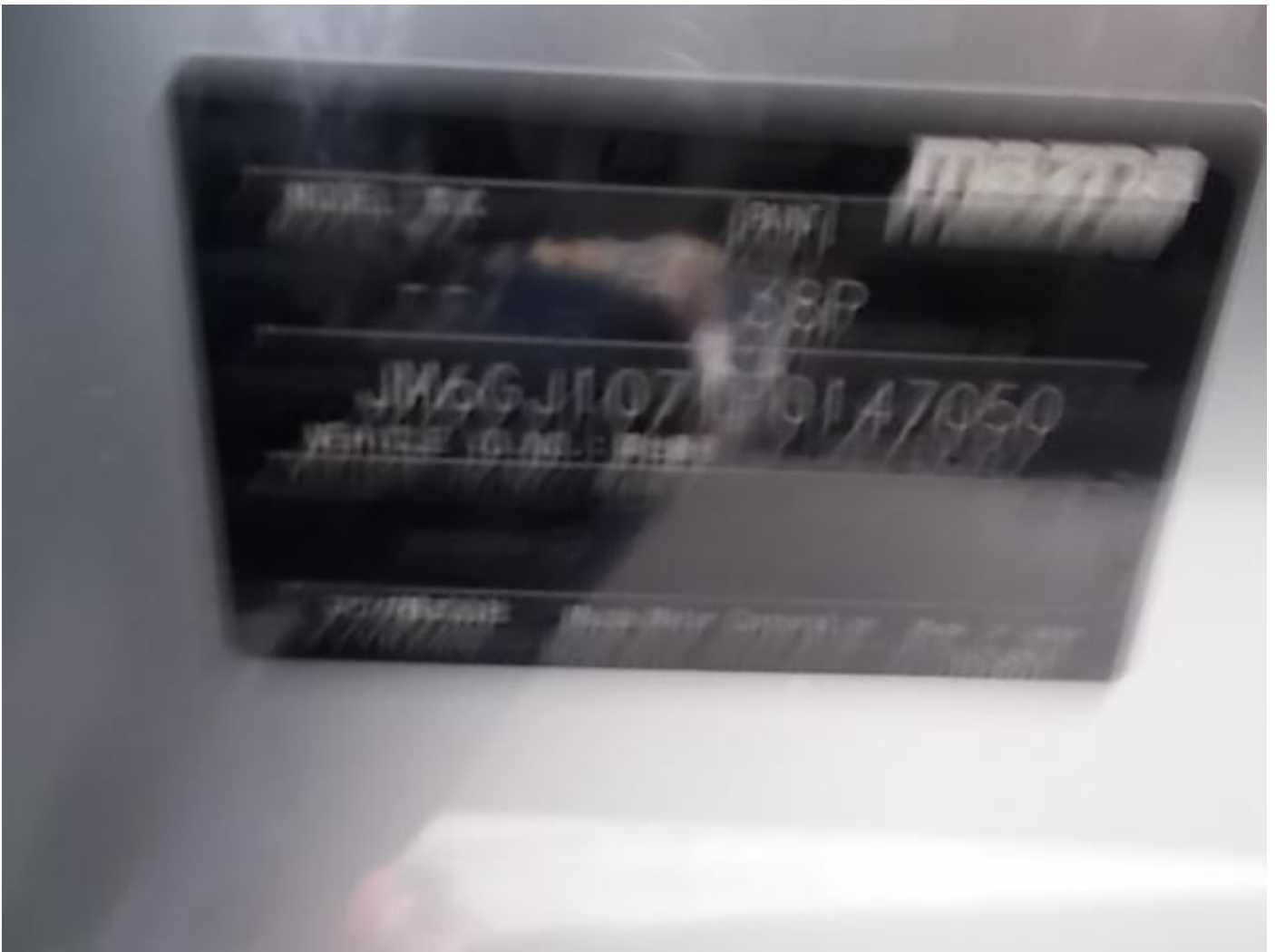
Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



1/20181127/2041

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

1 of 4

Report No: 7/20181127/2041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/11/2018 12:25	Video Report No.:	Station Diary No. 9
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Informant's Particulars				
Name of Informant: LIM JUN KIAT		Address: APT. BLK 141 SIMEI STREET 2 #04-82 SINGAPORE 520141		
ID Type / ID No.: NRIC NO / S1362700A		Contact No.: Home/Office: Mobile: 96261885		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 60	Date of Birth: 24/02/1958	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Odd Job Staff		Driving Licence Information: Class: 2B,2A 2,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/11/2018 19:25	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 TIONG BAHRU ROAD SENG POH ROAD				
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: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKQ5748Z	Car	MAZDA	MAZDA6 4-DOOR SEDAN 2.0L SP,6EAT	Silver	Slightly Damaged	0
SKR2899K	Car				Slightly Damaged	0

Details of Vehicle Insurance

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



**SINGAPORE
POLICE FORCE**



T/2018/1127/2041

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Police Station Of Origin:

Thomson NPP

25 Sin Ming Road #01-180 SINGAPORE

570025

Tel No. 1800-4529999

Report No. T/2018/1127/2041

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SKQ5748Z	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/00348855/02	10/12/2016	09/12/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LIM JUN KIAT		ID No.	S1382700A
Related Vehicle	SKQ5748Z (Car)		Contact No.	96251885
Hospital/Clinic	SIN MIN CLINIC		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	27/11/2018		Date Discharge	NIL
No. of Days granted Medical Leave	07		Degree of Injury	Slight
Driver				
Name	KALAI MOHGAN MUNIANDY		ID No.	G7315451R
Related Vehicle	SKR2899K (Car)		Contact No.	82678706
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 26/11/2018 at about 1825hrs, I was driving my vehicle (SKQ5748Z) on the 3rd left lane along Tiong Bahru Road towards Seng Poh Road.

As the junction traffic light was red, I stopped my vehicle before the stop line. Later as the junction turns green, I proceeded to drive my vehicle. Suddenly, I felt an impact on the rear right side of my vehicle. I then made a check and discovered that a vehicle (SKR2899K) which was on the right lane collided onto my vehicle. We then exchanged particulars and he admitted that it was his fault for hitting onto me. I wish to inform that I have both front and back CCTV in my vehicle. Due to the collision, my rear right bumper was damaged.

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Police Report



**SINGAPORE
POLICE FORCE**



T/20181127/2041

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

3 of 4

Report No: T/20181127/2041

CONTINUATION OF REPORT

Police Report



**SINGAPORE
POLICE FORCE**



T/2018/1127/2041

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

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Report No. T/2018/1127/2041

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 RANG XIU KANG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/11/2018 12:25
Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTE BOHARI Contact No: 65476219	Classification Of Case:
Authentication Stamp 14P/168	CH 070
 SIGNATURE	

Identification Card

OWNER Y. JIAH
SND 57422

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1382700A



NAME
LIM JON KIAM

林俊保

RACE
CHINESE

DATE OF BIRTH
24-03-1956

SEX
M

COUNTRY OF BIRTH
SINGAPORE



Driving License

Driver's License

5142 51482

