

## 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	10/01/2019 18:09
Date Of Accident	09/01/2019 20:00
Exact Location Of Accident	CHOA CHU KANG RD TWDS BUKIT TIMAH RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP7624B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MS LIM HUEI CHANG
NRIC No	S2553146I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94875715
Alternative Phone No	OFFICE-94875715

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MU002161-R01
Cover Note Number	

### Driver

Name of Driver	LIM HUEI CHANG
NRIC No	S2553146I
Date Of Birth	06/06/1959
Occupation	INDOOR
Date Of Driving Pass	21/07/1987
Driving Experience	31 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94875715
Fax Number	
Contact Number	OFFICE-94875715
Email Address	NOEMAIL

Address	BLK 427 BUKIT PANJANG RING ROAD #12-697
Postcode	670427
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	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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	BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 42 FAJAR ROAD , <b>POSTCODE:</b> 679005 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8929999 - <b>FAX NO:</b> 67673650
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190109/2209.

#### 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	SHC5185G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
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)	

### DETAILS OF INJURED PERSON 1

Name	LIM HUEI CHANG
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SJP7624B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

# Accident Sketch Plan

## SKETCH FORM

### 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 reports 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.



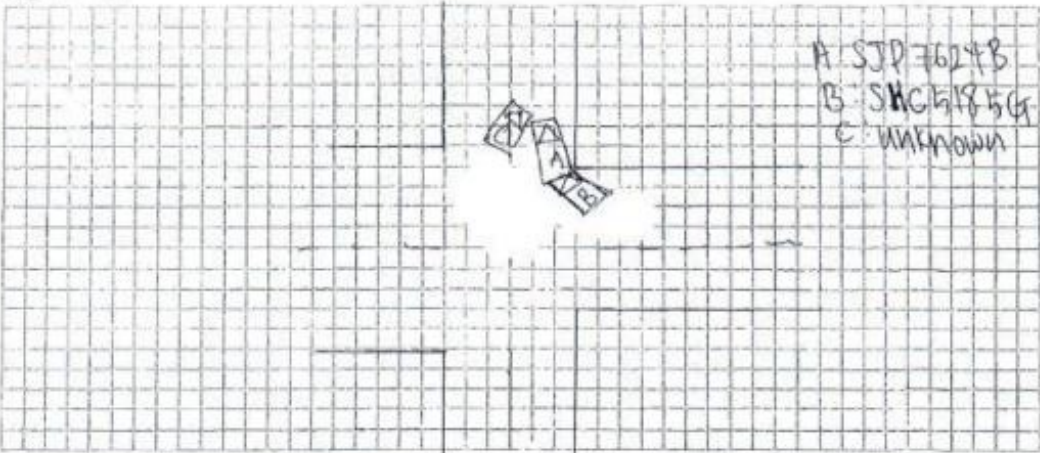
Policyholder's Signature  
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



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/20190109/2208

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

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Report No. T/20190109/2209

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/01/2019 23:08		Vide Report No.:	Station Diary No.: 188
<b>Informant's Particulars</b>			
Name of Informant: LIM HUEI CHANG		Address: APT BLK 427 BUKIT PANJANG RING ROAD #12-697 SINGAPORE 670427	
ID Type / ID No.: NRIC NO / S25531461		Contact No.:	Mobile: 92209981
Nationality: MALAYSIAN		Email:	
Sex: Female	Age: 59	Date of Birth: 06/06/1959	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: ACCOUNT SERVICING OFFICER		Driving Licence Information: Class: 3	Date of Expiry:

<b>General information of the Accident</b>				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 09/01/2019 20:00	Type of Location: T-Junction
Location: Along Road 1 CHOA CHU KANG ROAD  Along Choa Chu Kang Road toward Upper Bukit Timah Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 20 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC5185G	Car				Slightly Damaged	0
SJP7624B	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Silver	Seriously Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20190109/2209

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

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Report No. T/20190109/2209

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SJP7624B	TOKIO MARINE INSURANCE SINGAPORE LTD.	MU002161	14/02/2017	06/04/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Name	Unknown	ID No.	NIL	
Related Vehicle	SHC5185G (Car)	Contact No.	NIL	
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 HUEI CHANG	ID No.	S25531461	
Related Vehicle	SJP7624B (Car)	Contact No.	92209981	
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 9 January 2018 at about 2000hrs, I was driving my car(SJP7624B) along Choa Chu Kang Road towards Upper Bukit Timah Road. Beside me was a black car(Unknown plate number). We were near T junction and making a right turn towards Upper Bukit Timah Road. During the turn, the black car side swipe my left front bumper area and then immediately went off and the taxi(SHC5185G) from behind did not managed to break on time and also hit my rear bumper. As a result, my car had damages to the front bumper left area(dented and light broken) and also rear bumper damaged(Dented and scratches). However, no one was injured in this hit and run accident. The taxi stayed behind to exchange particulars while the black car driver just went off. I also wish to state that I do not have any inbuilt video recorder. There is no TP at scene.

Police Report



SINGAPORE  
POLICE FORCE



T/20190109/2209

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Seger Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

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Report No. T/20190109/2209

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/ Staff Sgt NIAZ MOHAMED GHAZALI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 09/01/2019 23:08
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt TAN JEOK LENG Contact No.: 65476144	Classification Of Case:
Authentication Stamp NP168  Singapore Police Force	



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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**TOYOTA MOTOR CORPORATION**  
MODEL ZZE141R-GEPEKT  
ENGINE 3ZZ-FE 1598 mL  
FRAME No. MR053ZEE106142755  
COLOR 1F8 TRIM FA40 PLANT Z35 GVM(kg) -  
TM/A/BUILT U341E -02A MAR 09  
MFD. BY: TOYOTA MOTOR THAILAND CO., LTD. MADE IN THAILAND