

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	14/01/2019 19:29
Date Of Accident	12/01/2019 02:00
Exact Location Of Accident	BEDOK NORTH RD JUNC WITH BEDOK RESERVOIR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR2240Y
Insured/Policyholder	
Name Of Registered Owner	H & H RENTAL & LEASING PTE. LTD.
Co Reg No	201703965Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97234411

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	5090735902-01
Cover Note Number	-

Driver

Name of Driver	LIM CHONG HWEE RICHARD (LIN ZONGHUI)
NRIC No	S7237672B
Date Of Birth	16/10/1972
Occupation	OUTDOOR
Date Of Driving Pass	12/12/2003
Driving Experience	15 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91550371
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 977 JURONG WEST ST 93 #09-357
Postcode	640977
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 - CROSS JUNCTION
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	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)	2
Passenger 1	NAME: : WEIJIAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINE PARADE NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4428999 - FAX NO: 62447678
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	SJN3167R
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 CHONG HWEE RICHARD (LIN ZONGHUI)
Approximate Age	
Injuries Sustain	SHOULDER
Injured person in which vehicle?	SJR2240Y
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

Bedok Reservoir Rd

A = SJR 2240Y
B = SIN 3167R

Bedok North Rd

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:

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/20190113/2027

1 of 4

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

Report No. T/20190113/2027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/01/2019 10:36	Vide Report No.:	Station Diary No.: 31
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Informant's Particulars			
Name of Informant: LIM CHONG HWEE RICHARD		Address: APT BLK 977 JURONG WEST ST 93 #09-357 SINGAPORE 640977	
ID Type / ID No.: NRIC NO / S7237672B		Contact No.: Home/Office: Mobile: 91550371	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 46	Date of Birth: 16/10/1972	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: PRIVATE HIRE DRIVER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/01/2019 02:00	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 BEDOK NORTH ROAD BEDOK RESERVOIR ROAD Along Bedok North Road at junction of Bedok Reservoir Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJN3167R	Car	HYUNDAI		Black		0
SJR2240Y	Car	TOYOTA	Wish	Black		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/20190113/2027

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

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Report No. T/20190113/2027

CONTINUATION OF REPORT

Driver			
Name	MOHAMED ISWANDI BIN MOHAMED KAMARUDDIN		ID No. S9247373B
Related Vehicle	SJN3167R (Car)		Contact No. 92352586
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 CHONG HWEE RICHARD		ID No. S7237672B
Related Vehicle	SJR2240Y (Car)		Contact No. 91550371
Hospital/Clinic	C & K FAMILY CLINIC PTE LTD		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	13/01/2019	Date Discharge	13/01/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Passenger			
Name	WEIJIAN		ID No. NIL
Related Vehicle	SJR2240Y (Car)		Contact No. 81637510
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.

I am currently working as a Go-Jek driver and on the 12/01/2019 at about 0200hrs, I was travelling along Bedok North Road with a passenger inside my car. When I was approaching the junction of Bedok Reservoir Road, the traffic light showed green so I proceeded to drive ahead across the junction. However, when I was at the junction, another car from the opposite direction turned right to turn into Bedok Reservoir Road and it collided into the rear right side of my car.

My passenger and I were fine at that time and the other driver was not injured also. The rear right door of my car was dented as a result. We exchanged particulars and left the location. Today on the 13/01/2018, after I woke up from sleep, I felt pain from my shoulder so I went to see the doctor and he gave me 7 days of MC due to the accident.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190113/2027

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T/20190113/2027

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Report No. T/20190113/2027

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:

G /

Staff Sgt SYED FAIZ BIN SYED SHAMSHUDIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/01/2019 10:36

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt MOHAMAD ZULFAZDLI BIN
ABDULLAH

Contact No.: 65476204

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



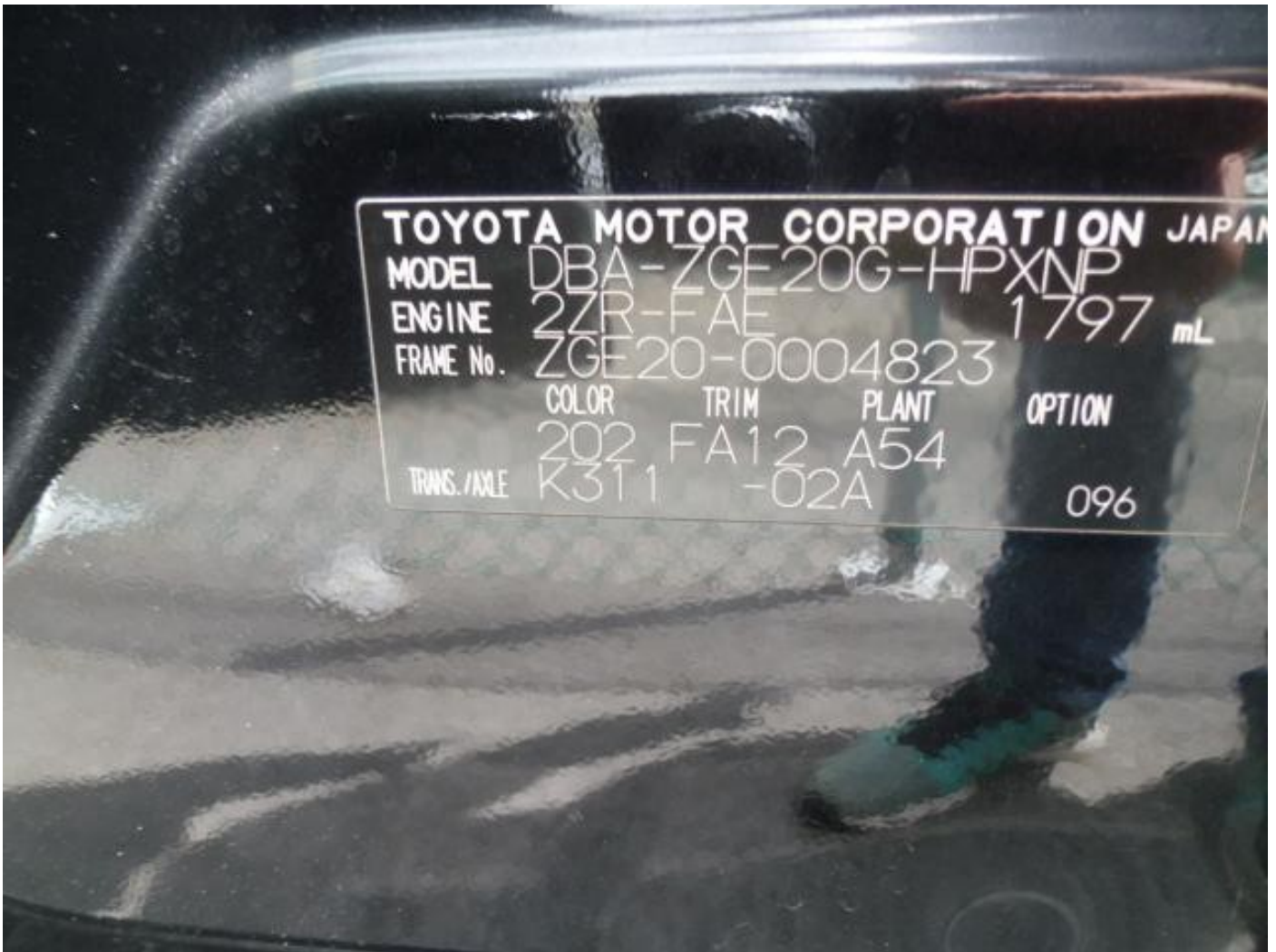
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