

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	29/01/2019 14:51
Date Of Accident	26/01/2019 03:20
Exact Location Of Accident	JUNC OF LENTOR AVE & YIO CHU KANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY39A
Insured/Policyholder	
Name Of Registered Owner	WENG SOON AUTO & LEASING
Co Reg No	53227794E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92727979

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5085190811-02
Cover Note Number	-

Driver

Name of Driver	LIM GUANGXIAN (LIN GUANGXIAN)
NRIC No	S8132512Z
Date Of Birth	26/10/1981
Occupation	OUTDOOR
Date Of Driving Pass	01/04/2016
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94886857
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 350A CANBERRA RD #10-327
Postcode	751350
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 - 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	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
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - 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	SLX6556E
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 GUANGXIAN (LIN GUANGXIAN)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GY39A
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.



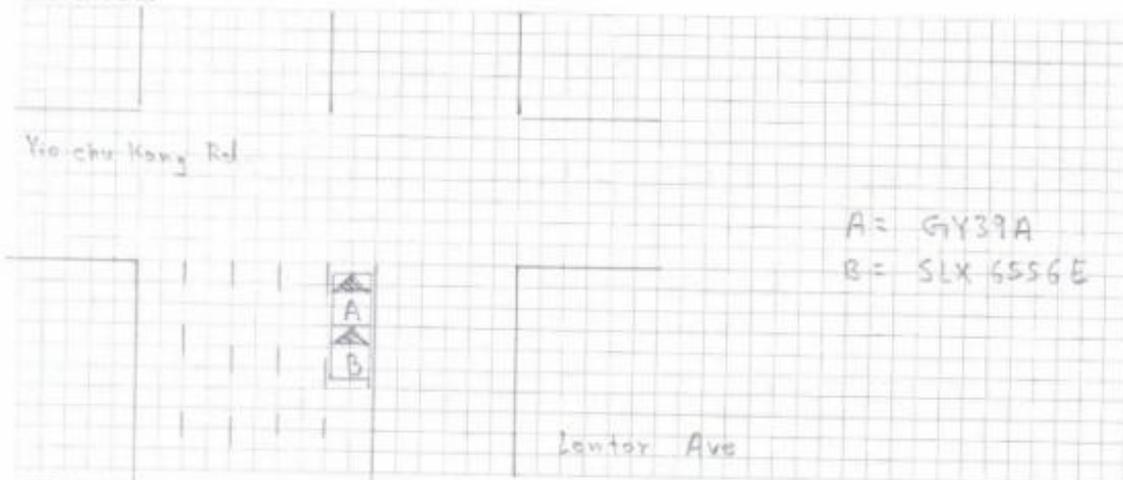
Policyholder's Signature
Date & Time:

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



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/20190128/2122

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

1 of 3
Report No. T/20190128/2122

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/01/2019 17:04	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LIM GUANGXIAN		Address: APT BLK 3 JALAN AMPAS #08-02 BIRCHWOOD MANSIONS SINGAPORE 329504	
ID Type / ID No.: NRIC NO / S8132512Z		Contact No.: Home/Office: Mobile: 94886857	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 37	Date of Birth: 26/10/1981	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: DELIVERY MAN		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/01/2019 03:20	Type of Location: X-Junction
Location: LENTOR AVENUE ALONG LENTOR AVENUE TURNING RIGHT TO YIO CHU KANG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: No Traffic	
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
GY39A	Van	TOYOTA	TOYOTA HIACE VAN TURBO 5 DR MANUAL	White		0
SLX6556E	Car	HONDA	HONDA CIVIC 1.8L 5AT	Black		0

POLICE REPORT



**SINGAPORE
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T/20190128/2122

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

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Report No. T/20190128/2122

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM GUANGXIAN	ID No.	S8132512Z
Related Vehicle	GY39A (Van)	Contact No.	94886857
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	26/01/2019	Date Discharge	27/01/2019
No. of Days granted Medical Leave	09	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION, I WAS DRIVING OF (GY39A) AT THE SAID LOCATION. THERE WAS 4 LANES. I WAS AT THE THE RIGHT MOST LANE. TRAFFIC LIGHT FOR TURNING RIGHT TURN AMBER, SO UPON REACHING THE JUNCTION, I WAS SLOWING DOWN AND MAKE A COMPLETE STOP AT THE JUNCTION. AFTER 1-2 SECONDS FROM THE POINT OF STOP, I HEARD A HORN FROM MY REAR AFTER THAT A COLLISION FROM THE REAR. A VEHICLE OF (SLX6556E) COLLIDED ONTO MY REAR VEHICLE. THE IMPACT WAS SO STRONG THAT MY VEHICLE SURGE FORWARD. DUE TO THE IMPACT I WAS UNCONSCIOUS FOR AWHILE. WHEN I WAS CONSCIOUS BACK , I STRAIGHAWAY PULL THE HANDBRAKE AND RELEASE THE GEAR. SO I CAME OUT FROM MY VEHICLE, AND THEN TURNED OFF MY ENGINE AND WAS BLUR AT THAT PART OF TIME. THE DRIVER OF (SLX6556E) KEEP TELLING ME TO MOVE OFF AND SETTLE AT OTHER SIDE ROAD OF YIO CHU KANG ROAD. SO FROM THERE WE COME OUT FROM OUR VEHICLE AND WE STARTED TO TALK AND THE DRIVER KEEP TELLING THAT ITS MY FAULTS FOR STOPPING. AND I EXPLAINED TO THEM THAT THE TURNING ARROW WAS AMBER SO I SLOW DOWN AND STOP. BUT THEY INSIST AND SAYING ITS MY FAULT. I NEVER SAY MUCH AND STAY FIRM AND SAY WE GO THROUGH BY INSURANCE. WE EXCHANGE PARTICULAR AFTER THAT THE OTHER PARTY LEFT THE SCENE. I REST FOR AWHILE AND THEN CONTINUE MY JOURNEY TO SEND MY DELIVERIES TO ANG MO KIO WET MARKET > KOVAN WET MARKET > PIE KIO WET MARKET > EMPRESS WET MARKET. WHEN I AT PIE KIO MARKET I FELT ALL THE PAIN FROM MY LOWER BACK AND CHEST. THE PART THAT WAS THAT I CANNOT CONCENTRATE DUE TO THE CONCUSSION, AFTER I DONE MY DELIVERIES FROM EMPRESS WET MARKET, I STRAIGHTAWAY GO TAN TOCK SENG HOSPITAL A&E. THAT'S ALL

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190128/2122

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Tel No: 65470000

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Report No. T/20190128/2122

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: TP / MUHAMMAD HAZIQ BIN SAIFUDDIN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 28/01/2019 17:04
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case: 
Authentication Stamp NP168	Signature: 

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

CHASSIS NO : JTFHT02P400205655
U.L.W. : 1740 KG
M.L.W. : 2800 KG
PASS.CAP : 02
TYRE SIZE : F.195R15C 8PR LT
: R.195R 15C 8PR LT (S)