

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	22/02/2019 11:39
Date Of Accident	16/02/2019 15:40
Exact Location Of Accident	ALONG PIE(TUAS)EXITED INTO BENDEMEER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ6093M
Insured/Policyholder	
Name Of Registered Owner	LIM MUI KIM
NRIC No	S1593424G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82226620
Alternative Phone No	OTHERS-82226620

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM 1.8L AT SUNROOF
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102607808
Cover Note Number	

Driver

Name of Driver	SNG GUOXIONG
NRIC No	S8528414B
Date Of Birth	22/09/1985
Occupation	INDOOR
Date Of Driving Pass	13/04/2007
Driving Experience	11 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82226620
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 658 JALAN TENAGA #09-150
Postcode	410658
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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 (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	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20190216/2136;

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	GBC7799T
Vehicle Make/Model/Colour	NISSAN CABSTAR 3.0 5M/T ABS 2DR 2WD
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	RAMASAMY VELMURUGAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	SNG GUOXIONG
Approximate Age	33
Injuries Sustain	
Injured person in which vehicle?	SLZ8093M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	658 JALAN TENAGA #09-150
Postcode	41658

SKETCH PLAN

IMPORTANT NOTICE

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

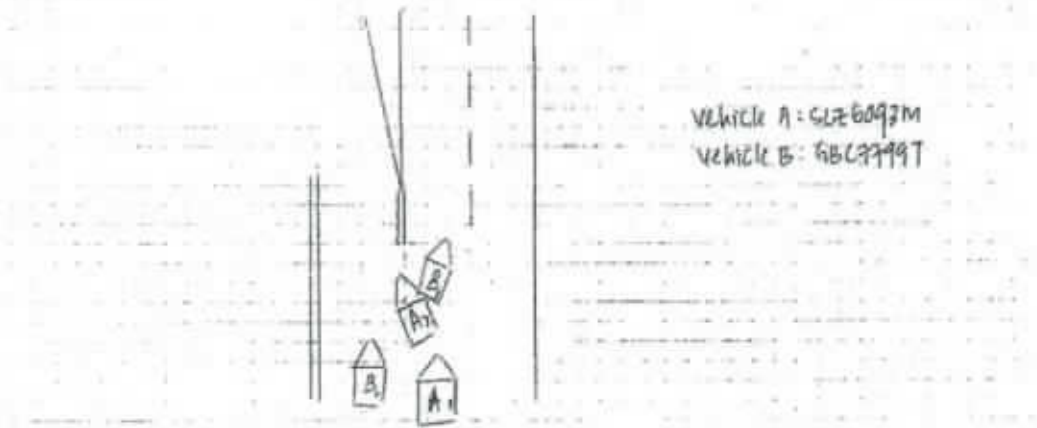
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

22 FEB 2019
IDAC KAKI BUKIT (VAC)
23 KAKI BUKIT AVE 4
Singapore 415933
Reporting Centre's Signature
Name: Tel: 67416697
NRIC/FIN No. Fax: 67492305
Email: vackb@singnet.com.sg

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Report

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:

22 FEB 2013

IDAC KAKI BUKIT (VAC)
23 KAKI BUKIT AVE 4
Singapore 415933

Reporting Centre
Name: IDAC KAKI BUKIT (VAC)
Tel: 67418891
Fax: 67492305
Email: vacb@singnet.com.sg

IDAC KAKI BUKIT (VAC)



**SINGAPORE
POLICE FORCE**



1201902162136

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Report No. 1201902162136

Police Station Of Origin:
Toa Payoh N.P.C.
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319104
Tel No. 1800-2510000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
15/02/2019 20:47

Video Report No.:

Station Diary No.
166

Informant's Particulars

Name of Informant: SNG GUOXIONG			Address: APT BLK #58 JALAN TENAGA #09-150 SINGAPORE 410658		
ID Type / ID No: NRIC NO / S55284148			Contact No: Home/Office: Mobile: 82226620		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 33	Date of Birth: 22/09/1985	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF-EMPLOYED			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: 15/02/2019 15:40	Type of Location: Straight Road
Location: Along Road 1 BENDEMEER ROAD				
Along Bendemeer Road after exiting from PJR (Tua)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
GB07799T	Lorry	NISSAN	CABSTAR 3.0 5M/T ASS 2DR 2WD	Gold	Slightly Damaged	0
SL28093M	Car	HONDA	STREAM 1.8L AT SUNROOF	White	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Toa Payoh N.P.C
83 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 310194 CONTINUATION OF REPORT
Tel No. 1800-3519990



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Report No. T/20190215/2136

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver Name	RAMASAMY VELMURAGAN	ID No	G6833801N
Related Vehicle	GBC7799T (Lorry)	Contact No	81208889
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	SNG GUOXIONG	ID No	S85294148
Related Vehicle	SLZ6093M (Car)	Contact No	82226620
Hospital/Clinic	UNIHEALTH 24-HR CLINIC (TOA PAYOH)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	16/02/2019	Date Discharge	16/02/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details

On 16/02/2019, at about 1640hrs, I was driving my white Honda (SLZ6093M) along PIE (Tuas) and I exited into Bendemeer Road. Along this stretch of road, there were two lanes and I was on the right lane. There was a gold Nissan lorry (GBC7799T) in front of me and was on the left lane. Up ahead, these two lanes are merging into a single lane. Suddenly, the lorry signaled right and then made a sudden swerve towards the right. The action took place too quickly for me to safely stop and as a result, I also swerved towards the left in order to avoid the lorry however, my front right bumper still hit onto the left rear bumper of the lorry. If I were to swerve to the right, my vehicle would end up on the kerb.

Both vehicles then came to a stop and I came out to make a check. As a result of the accident, the front right bumper of my vehicle was seriously damaged as it suffered heavy dents. I made a check with the lorry driver who was a foreign worker who was unable to speak good English, as such, it was difficult to communicate with him. He then informed me to talk to his boss on the phone. The lorry driver was not injured, no Police or ambulance came down to scene and no government property was damaged. We exchanged particulars and took photos of the accident and he then drove off after we agreed to file a police report afterwards. Both vehicles were not installed with any camera and I do not observe any CTVs installed around the vicinity.

I then arranged for towing services for my vehicle and got my friend to fetch me. As a result of the accident, I felt some pain on my back. I then went to Unihealth 24-hr clinic at Blk 178 Toa Payoh Central 01-218 and was certified a 3-day MC (Ref: 0000045816) from 16/02/2019 to 18/02/2019 due to



SINGAPORE
POLICE FORCE

Police Station Of Origin
Toa Payoh N.P.C

80 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 310194
Tel No. 1800-2519899



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CONTINUATION OF REPORT

musculoskeletal pain. I am lodging this report to facilitate my insurance claims.



SINGAPORE
POLICE FORCE



T2019021802136

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Report No: T2019021802136

Police Station Of Origin
Toa Payoh N.P.C
82 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

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 LIM HUAN JING

Signature Of Informant

Signature Of Interpreter

Not applicable

Date/Time

18/02/2019 20:47

Officer In Charge Of Case

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID

Contact No: 65476172

Authentication Stamp

NP153

Classification Of Case



SINGAPORE
POLICE

SN 3403

SIGNATURE