

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	01/03/2019 16:09
Date Of Accident	01/03/2019 09:15
Exact Location Of Accident	JUNC RIVER VALLEY RD & JLN MUTIARA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP7115P
Insured/Policyholder	
Name Of Registered Owner	VS CARZ PTE LTD
Co Reg No	201831371G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS 1.5E A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5104132822
Cover Note Number	

Driver

Name of Driver	LIM PENG KIAT
NRIC No	S1703566E
Date Of Birth	18/04/1965
Occupation	OUTDOOR
Date Of Driving Pass	27/03/1985
Driving Experience	33 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90673739
Fax Number	
Contact Number	OFFICE-90673739
Email Address	NOEMAIL

Address	BLK 512B YISHUN STREET 51 #04-483
Postcode	762512
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 - CHANGE/CROSS LANE
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?	YES
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 - SINGAPORE CITY
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

REFER TO POLICE REPORT - T/20190301/7003.

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	SJW3838K
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)

2

Passenger 1

NAME: :

GENDER: :

DETAILS OF INJURED PERSON 1

Name

LIM PENG KIAT

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SGP7115P

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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2. 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.

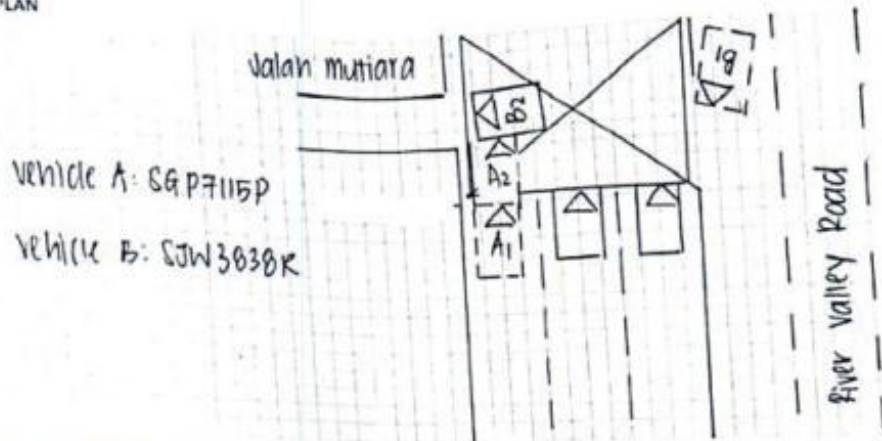
Policyholder's Signature
Date & Time:

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.:

Scanned by CamScanner

Police Report



**SINGAPORE
POLICE FORCE**



T/20190301/7003

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

1 of 3

Report No. T/20190301/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/03/2019 13:37	Vide Report No.: E/20190301/0062	Station Diary No.:
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Informant's Particulars			
Name of Informant: LIM PENG KIAT		Address: APT BLK 512B YISHUN STREET 51 #04-483 SINGAPORE 762512	
ID Type / ID No.: NRIC NO / S1703566E		Contact No.: Home/Office: Mobile: 90673739	
Nationality: SINGAPORE CITIZEN		Email: garylpk@singnet.com.sg	
Sex: Male	Age: 53	Date of Birth: 18/04/1965	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Go-Jek Driver		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/03/2019 09:15	Type of Location: X-Junction
Location: RIVER VALLEY ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGP7115P	Car	TOYOTA	VIOS		Seriously Damaged	1
SJW3838R	Car	BMW			Slightly Damaged	2

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**

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



T/20190301/7003

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Report No. T/20190301/7003

CONTINUATION OF REPORT

Driver			
Name	LIM PENG KIAT	ID No.	S1703566E
Related Vehicle	SGP7115P (Car)	Contact No.	90673739
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/03/2019	Date Discharge	01/03/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details

ON 01/03/2019, AT ABOUT 09:15HR, I WAS DRIVING MY VEHICLE - SGP7115P, ALONG RIVER VALLEY ROAD. DUE TO HEAVY TRAFFIC, VEHICLES WERE SLOW MOVING. I WAS TRAVELLING STRAIGHT ON LANE 3 WHEN SUDDENLY, VEHICLE NUMBER - SJW3838R, TURN FROM THE OPPOSITE DIRECTION AND COLLIDED WITH MY VEHICLE'S FRONT PORTION.

I WAS SUBSEQUENTLY CONVEYED TO SINGAPORE GENERAL HOSPITAL & WAS GIVEN 3 DAYS

Police Report



**SINGAPORE
POLICE FORCE**

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



T/20190301/7003

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Report No. T/20190301/7003

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMMAD SHAHRIL BIN ABDULLAH
Contact No.: 65476083

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
01/03/2019 13:37

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

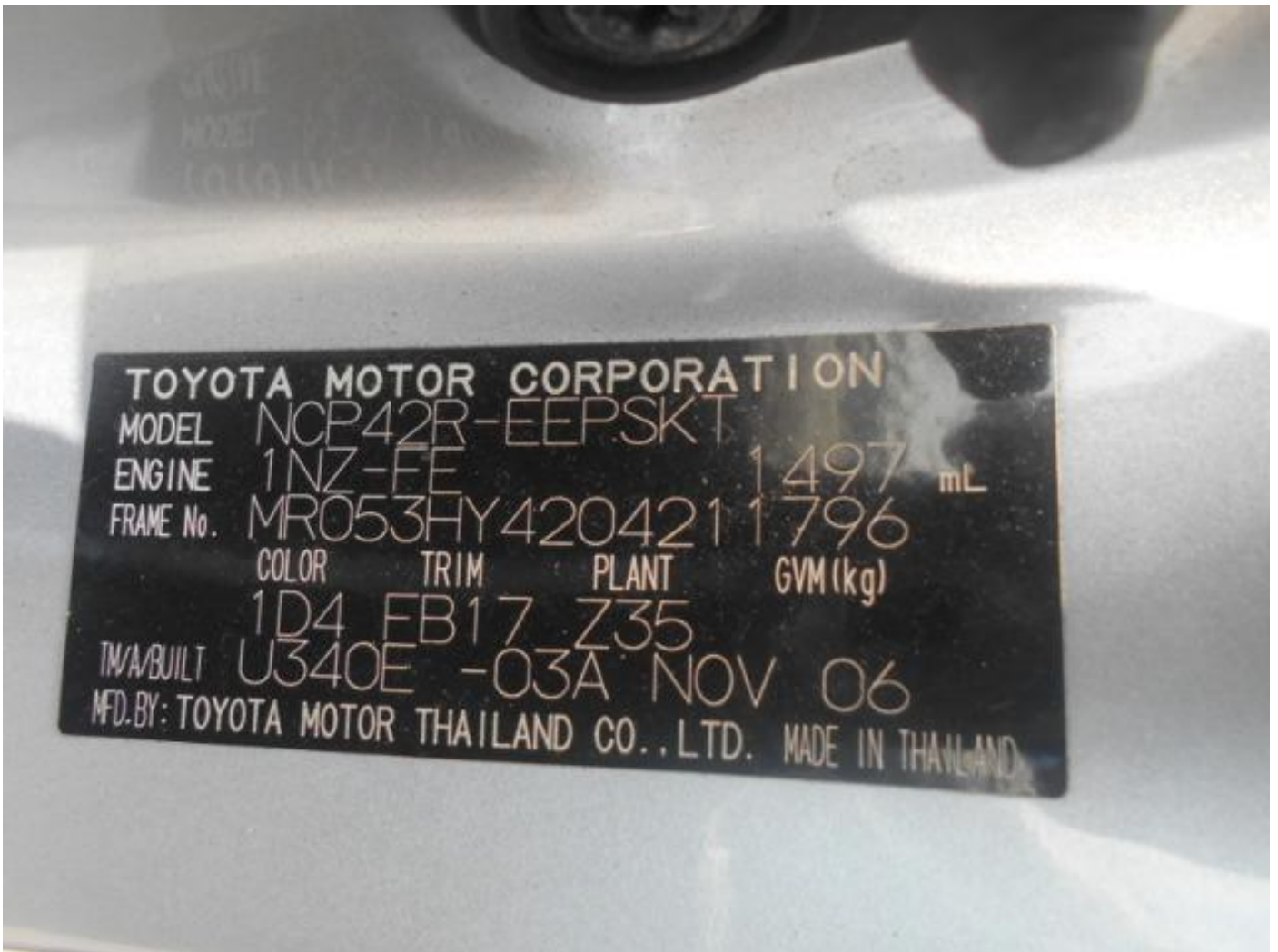


Accident Photo



Accident Photo





Accident Photo

