

## 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	11/03/2019 12:50
Date Of Accident	10/03/2019 19:15
Exact Location Of Accident	HARBOURFRONT WALK IN VIVO CITY CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV7862L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM AH HUAT
NRIC No	S0058330H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93380558
Alternative Phone No	OFFICE-93380558

### Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	
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	5093883496-01
Cover Note Number	02/10/2018 - 29/09/2019

### Driver

Name of Driver	LIM AH HUAT
NRIC No	S0058330H
Date Of Birth	11/02/1950
Occupation	INDOOR
Date Of Driving Pass	09/07/1970
Driving Experience	48 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93380558
Fax Number	
Contact Number	OFFICE-93380558
EEmail Address	NOEMAIL

Address	APT BLK 479 PASIR RIS DRIVE 4 #03-447
Postcode	510479
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	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)	5
Passenger 1	NAME: : YEO FOOK YIN GENDER: : FEMALE
Passenger 2	NAME: : TEO EU KIAT GENDER: : MALE
Passenger 3	NAME: : LIM YONG HWEE GENDER: : MALE
Passenger 4	NAME: : AMRAN BIN JUNID GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 1 PASIR RIS DRIVE 4 , <b>POSTCODE:</b> 519457 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5852999 - <b>FAX NO:</b> 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

ON 10/02/2019 AT ABOUT 1915HRS I WAS IN MY VEHICLE BEARING THE PLATE NUMBER SKV7862L DRIVING IN THE CARPARK OF VIVO CITY ABOUT TO EXIT THE CARPARK WHEN A VEHICLE BEARING THE PLATE NUMBER SDJ2860X IN FRONT OF MY VEHICLE WAS UNABLE TO EXIT AS THE GANTRY DID NOT OPEN. THE DRIVER THEN PUT HER VEHICLE IN REVERSE AND SHE SUDDENLY STEP ON HER ACCELERATION CAUSING HER VEHICLE TO REVERSE AND COLLIDE WITH MY VEHICLE. MY VEHICLE SUFFERED MAJOR DAMAGE AT THE FRONT AND IT HAD TO BE TOWED AWAY. THE OTHER VEHICLE WAS ABLE TO MOVE AND IT HAD MINOR DAMAGES AT THE REAR. NO TP OR AMUBLANCE WAS AT SCENE. NO ONE WAS INJURED DURING THE COLLISION. HOWEVER, AFTER THE INCIDENT, MY WIFE FELT PAIN IN THE CHEST AND WILL SEE THE DOCTOR LATER. I HAVE AN IN CAR CAMERA AND IT WAS RECORDING DURING THE COLLISION AND IT WAS RECORDING THE WHOLE INCIDENT. I AM LODGING THIS REPORT FOR INSURANCE CLAIM.

**Attachment(s)**

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SDJ2860X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN MEI LENG JULIE
NRIC/Passport Number	S1767003D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	YEO FOOK YIN
Approximate Age	
Injuries Sustain	CHEST
Injured person in which vehicle?	SKV7862L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan Pg. 1

### SKETCH PLAN

#### 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. 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:

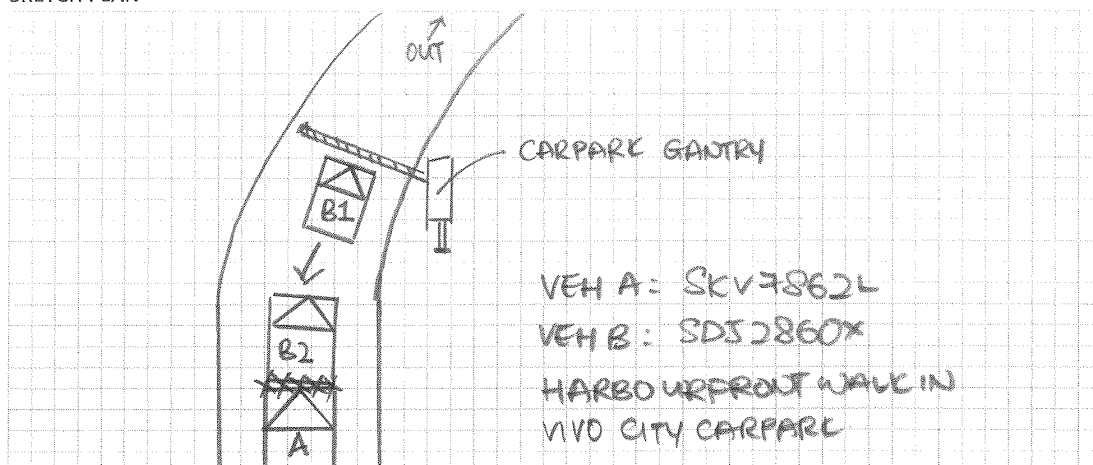
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



## Sketch Plan Pg. 2

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No. T/20190611/2010 and CIA report.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time-frame from the day of occurrence.	Reporting Only
	Claim OD
	<input checked="" type="checkbox"/> Claim TP
	Claim OD/TP at other workshop

## 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 Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190311/2010

1 of 4

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20190311/2010

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/03/2019 07:39	Vide Report No.:	Station Diary No.: 21
--	------------------	--------------------------

## Informant's Particulars

Name of Informant: LIM AH HUAT	Address: APT BLK 479 PASIR RIS DRIVE 4 #03-447 SINGAPORE 510479		
ID Type / ID No.: NRIC NO / S0058330H	Contact No.: Home/Office: Mobile: 93380558		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 69	Date of Birth: 11/02/1950	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: Retiree	Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 10/03/2019 19:15	Type of Location: Car Park
Location:  HARBOURFRONT WALK  In Vivo City Carpark				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume:	
Type of Collision: Stationary Vehicle and Moving Vehicle			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDJ2860X	Car				Slightly Damaged	3
SKV7862L	Car	NISSAN	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR	Grey	Seriously Damaged	4

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------

POLICE REPORT Pg. 2



**SINGAPORE  
POLICE FORCE**



T/20190311/2010

2 of 4

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20190311/2010

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKV7862L	NTUC Income Insurance Co-Operative Limited	5093883496-01	02/10/2018	29/09/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TAN MEI LENG JULIE		ID No.	S1767003D
Related Vehicle	SDJ2860X (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 AH HUAT		ID No.	S0058330H
Related Vehicle	SKV7862L (Car)		Contact No.	93380558
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
Passenger				
Name	YEO FOOK YIN		ID No.	S0623897A
Related Vehicle	SKV7862L (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	Slight



SINGAPORE  
POLICE FORCE



T/20190311/2010

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

3 of 4

Report No. T/20190311/2010

CONTINUATION OF REPORT

**Brief Details.**

On 10/02/2019 at about 1915hrs I was in my vehicle bearing the plate number SKV7862L driving in the carpark of Vivo City about to exit the carpark when a vehicle bearing the plate number SDJ2860X in front of my vehicle was unable to exit as the gantry did not open. The driver then put her vehicle in reverse and she suddenly step on her acceleration causing her vehicle to reverse and collide with my vehicle. My vehicle suffered major damage at the front and it had to be towed away. The other vehicle was able to move and it had minor damages at the rear. No TP or ambulance was at scene. No one was injured during the collision. However, after the incident, my wife felt pain in the chest and will see the doctor later.

I have an in car camera and it was recording during the collision and It was recording the whole incident. I am lodging this report for insurance claim.



**SINGAPORE  
POLICE FORCE**

T/20190311/2010

4 of 4

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20190311/2010

## 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 /

Sgt 2 MUHAMMAD SYAZWAN BIN SHAIBANI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/03/2019 07:39

Officer In Charge Of Case:

TP / GIA /

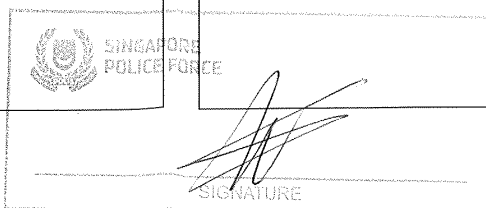
Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

