

## 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	15/03/2019 11:45
Date Of Accident	15/03/2019 10:00
Exact Location Of Accident	AYE TWDS CTE(MCE) AFTER LOWER DELTA
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ9529B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81669797

### Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE
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	5092730558-01
Cover Note Number	-

### Driver

Name of Driver	LIM PECK SIONG (LIN BOXIANG)
NRIC No	S7416052B
Date Of Birth	22/05/1974
Occupation	OUTDOOR
Date Of Driving Pass	08/03/2013
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84887480
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 485D CHOA CHU KANG AVE 5 #08-134
Postcode	684485
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	CHAIN COLLISION
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	3
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: : SIVVIN GENDER: : FEMALE

### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	<b>ROAD:</b> 20 CHOA CHU KANG ST 52 #01-02 , <b>POSTCODE:</b> 689286 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

I WAS TRAVELLING ALONG AYE TWDS CTE(MCE) AFTER LOWER DELTA ON THE SECOND LANE, SUDDENLY A LORRY FROM THE THIRD LANE ABRUPTLY CUT INTO MY LANE AND HIT ONTO MY VEH LEFT SIDE MIRROR. AFTER THE IMPACT, I STOP MY VEH, THE SAY LORRY NEVER STOP AND LEAVE THE SCENE, MOMENT LATER I FELT ANOTHER IMPACT FROM THE REAR, AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B(BEARING NO SFV2488B) HIT ONTO MY VEH REAR PORTION. VEH B BEEN HIT BY ANOTHER VEH C (BEARING NO GL11Y) FROM THE REAR.

### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFV2488B
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GL11Y  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number UNKNOWN  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
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 PECK SIONG (LIN BOXIANG)  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SLQ9529B  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name SIVVIN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SLQ9529B  
Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode





POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190316/2135

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Report No. T/20190316/2135

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/03/2019 17:07	Vide Report No.:	Station Diary No.: 151
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**Informant's Particulars**

Name of Informant: LIM PECK SIONG		Address: APT BLK 485D CHOA CHU KANG AVENUE 5 #08-134 SINGAPORE 684485	
ID Type / ID No.: NRIC NO / S7416052B		Contact No.:	Mobile: 84887480
Nationality: SINGAPORE CITIZEN		Home/Office:	
		Email:	
Sex: Male	Age: 44	Date of Birth: 22/05/1974	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3	
		Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury: Hit and Run	Drink Drive: No	Date/Time of Accident: 15/03/2019 10:00	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY Along AYE towards CTE(MCE) after lower Delta on the second lane				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passeng
GL11Y	Van				Slightly Damaged	0
SFV2488B	Car				Slightly Damaged	0
SLQ9529B	Car				Slightly Damaged	0

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Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689288  
Tel No: 1800-7659999



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Report No: T/20190316/2135

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
<b>Driver</b>			
Name	Lee Poh Chuan	ID No.	S1278730H
Related Vehicle	GL11Y (Van)	Contact No.	84285279
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
<b>Driver</b>			
Name	Chee Kok Weng	ID No.	S0143067Z
Related Vehicle	SFV2488B (Car)	Contact No.	81003545
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
<b>Driver</b>			
Name	LIM PECK SIONG	ID No.	S7416052B
Related Vehicle	SLQ9529B (Car)	Contact No.	84887480
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	15/03/2019	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight

**Brief Details.**

On 15/03/2019 at about 0955hrs to 1010hrs, I was driving my car (SLQ9529B) along AYE towards CTE(MCE) after lower Delta on the second lane, sending my passenger to his destination. Suddenly, a lorry came from my car (SLQ9529B) left side in high speed and his vehicle right side swipe with my car (SLQ9529B) left side which causes my front bumper to drop off. The lorry did not stop his vehicle and drove off. As I stopped my car (SLQ9529B) due to the hit and run, the car (SFV2488B) behind me could not stop his car (SFV2488B) in time hence his car (SFV2488B) front hit onto my car (SLQ9529B) rear. There is another van (GL11Y) hit onto the car (SFV2488B) rear. All parties came out of their vehicles and exchanged particulars. All parties ensure that there is no immediate medical attention needed. No poli

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



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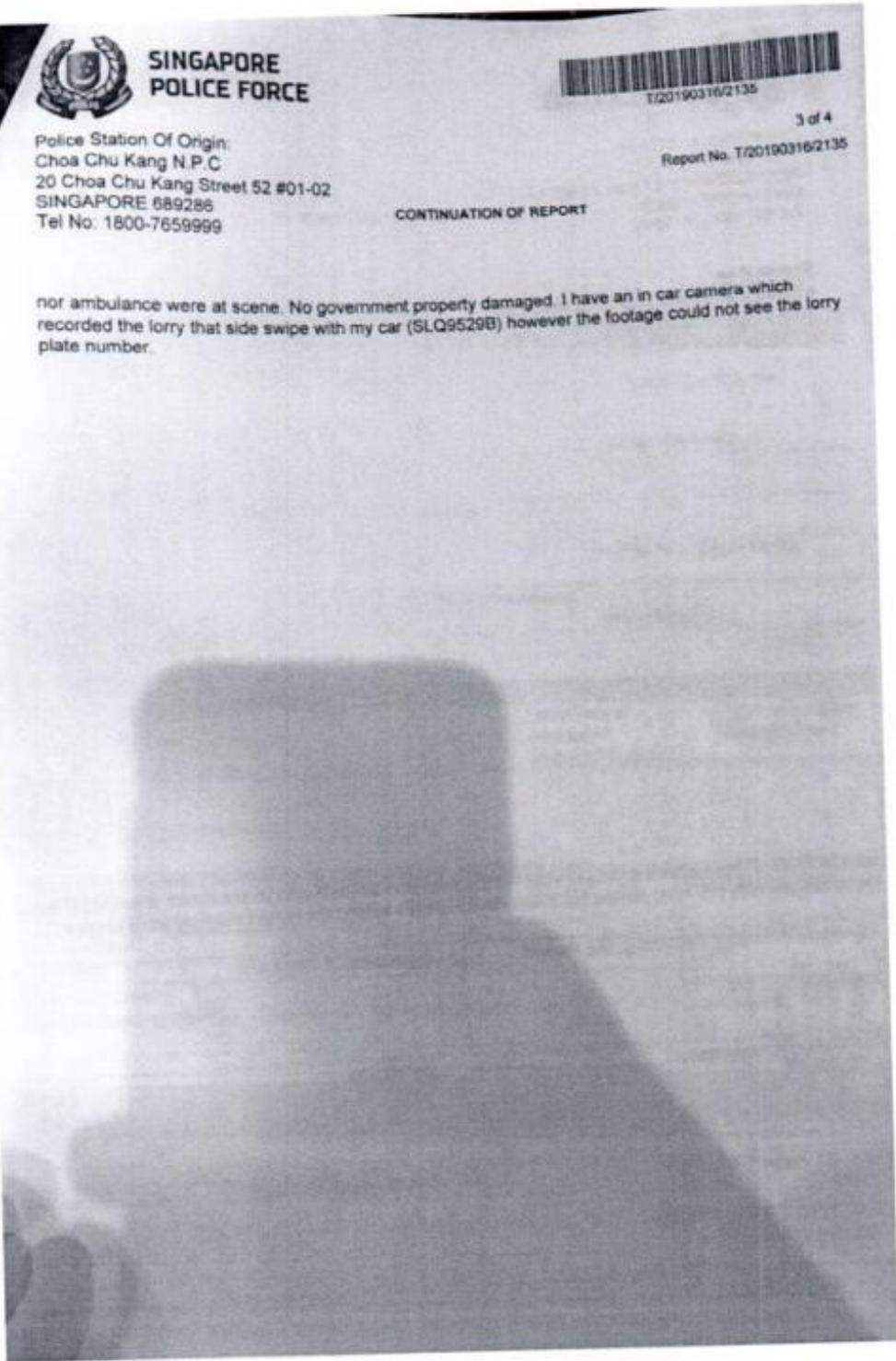
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SINGAPORE 689286  
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CONTINUATION OF REPORT

nor ambulance were at scene. No government property damaged. I have an in car camera which recorded the lorry that side swipe with my car (SLQ9529B) however the footage could not see the lorry plate number.



POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190316/2135

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Report No. T/20190316/2135

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20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689266  
Tel No. 1800-7659999

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: J / Sgt Z SOO AU EN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 16/03/2019 17:07
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt ESTHER CHONG Contact No. 65476368	Classification Of Case:

Authentication Stamp  
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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