

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	06/04/2019 14:27
Date Of Accident	05/04/2019 16:25
Exact Location Of Accident	PATERSON HILL TWDS GREAT WORLD CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN5254J
Insured/Policyholder	
Name Of Registered Owner	LIM MEI RONG (LIN MEIRONG)
NRIC No	S8126064H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92278050
Alternative Phone No	OFFICE-92278050

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
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	5108239466
Cover Note Number	

Driver

Name of Driver	LIM MEI RONG (LIN MEIRONG)
NRIC No	S8126064H
Date Of Birth	22/08/1981
Occupation	OUTDOOR
Date Of Driving Pass	12/04/2011
Driving Experience	7 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92278050
Fax Number	
Contact Number	OFFICE-92278050
Email Address	NOEMAIL

Address	BLK 655 YISHUN AVENUE 4 #10-405
Postcode	760655
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	WET

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: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190405/2198.

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	GBH6968C
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 2

Vehicle Registration Number E3334R
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 MEI RONG (LIN MEIRONG)
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SJN5254J
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

Paterson Hill

A: SJN 5254J

B: GRH 6968C

C: E 3334R

Diagram showing three vehicles (A, B, C) positioned horizontally, with vehicle A on the left, B in the middle, and C on the right. Each vehicle is represented by a rectangle with a circle inside, indicating a wheel.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS A Police Report T/20190405/2198

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/20190405/2198

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20190405/2198

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/04/2019 20:19	Vide Report No.:	Station Diary No.: 152
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Informant's Particulars			
Name of Informant: LIM MEI RONG		Address: APT BLK 655 YISHUN AVENUE 4 #10-405 SINGAPORE 760655	
ID Type / ID No.: NRIC NO / S8126064H		Contact No.: Home/Office:	Mobile: 92278050
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 37	Date of Birth: 22/08/1981	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GRAB CAR DRIVER		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: 05/04/2019 16:25	Type of Location: Straight Road
Location: Along Road 1 PATERSON HILL TOWARDS GREAT WORLD CITY				
Weather: Clear		Road Surface: Wet	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
E3334R	Car	HONDA	CIVIC TYPE R	White	Slightly Damaged	0
GBH6968C	Lorry	TOYOTA	DYNA	White	Slightly Damaged	0
SJN5254J	Car	TOYOTA	VIOS E AUTO	White	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Report



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POLICE FORCE**



T/20190405/2198

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20190405/2198

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJN5254J	NTUC Income Insurance Co-Operative Limited	5108239466	21/03/2019	20/03/2020

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

Driver			
Name	BINWERN RUNE	ID No.	S8610494F
Related Vehicle	E3334R (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	SEKAR PRAKASH	ID No.	G2130487K
Related Vehicle	GBH6968C (Lorry)	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 MEI RONG	ID No.	S8126064H
Related Vehicle	SJN5254J (Car)	Contact No.	92278050
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	05/04/2019	Date Discharge	05/04/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Police Report



**SINGAPORE
POLICE FORCE**



T/20190405/2198

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Report No. T/20190405/2198

CONTINUATION OF REPORT

Passenger			
Name	MALE INDIAN IN HIS 40S	ID No.	NIL
Related Vehicle	SJN5254J (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

Brief Details.

On 5/4/19 at about 1621hrs, I was driving my vehicle registration no. SJN 5254J (Private Hire, Grab Car White Toyota Vios) along Paterson Hill towards Great World City. At that time, I was on the lane 2 and the road was wet as the rain just stopped. I had a passenger, a male Indian in his 40s who was sitting at the rear left side passenger seat. As I was travelling, suddenly I felt a great impact at the rear of my vehicle. When the great impact occurred, my vehicle was forced forward and collided slightly onto rear left side of a vehicle registration no. E 3334R (White Honda) in front of me that was changing lanes ahead of me.

Subsequently, I stepped out of my vehicle and noticed a white lorry registration no. GBH 6968C had collided onto the rear side of my vehicle causing the rear of my vehicle to have damaged badly. I observed that the front of the said lorry only was slightly damaged on its front part. My passenger informed me that he was in a hurry for a meeting and he does not require any medical attention at that point of time and he left the scene. I then checked the vehicle registration no. E 3334R only damaged slightly on its rear left side bumper.

I exchanged my details with the driver of both vehicles at the scene. Traffic police or ambulance was not at the scene. Due to the bad damage on my vehicle caused by this collision, my vehicle SJN 5254J had to be towed away from the scene. I have reported this matter to Grab Car and I do not have the details of my passenger. After the accident, I felt pain on the back of my head due to the impact during the accident. I went to Mount Alvernia Hospital to seek medical treatment. I was given 5 days of medical leaves and medication by the said hospital.

Police Report



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Report No. T/20190405/2198

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: L/ Staff Sgt GHAZALI BIN IBRAHIM
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:
Date/Time: 05/04/2019 20:19
Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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