

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	05/04/2019 11:50
Date Of Accident	05/04/2019 08:15
Exact Location Of Accident	BLK 173 PUNGGOL FIELD MSCP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS1989Y
Insured/Policyholder	
Name Of Registered Owner	LIM BENG (LIN MING)
NRIC No	S7931983Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97942052
Alternative Phone No	OTHERS-96439903

Vehicle Particulars

Manufacturer	CHEVROLET
Model	AVEO
Exact Purpose for which vehicle was being used at time of accident	LEISURE
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	5095913522
Cover Note Number	DRIVO CLASSIC

Driver

Name of Driver	LIM TEE TEE
NRIC No	S2011361H
Date Of Birth	12/03/1948
Occupation	INDOOR
Date Of Driving Pass	22/12/1967
Driving Experience	51 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96439903
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 173C #17-623 PUNGGOL FIELD
Postcode	823173
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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)	3
Passenger 1	NAME: : LIM BENG GENDER: : MALE
Passenger 2	NAME: : LIM MIAW LING GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I was travelling along the driveway of the MSCP. Suddenly, vehicle B exited from the parking lot. This resulted in the front of vehicle B to hit into the left doors area of my vehicle A.

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	GZ4579B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE

Name of Driver	LEONG CHEE KEONG
NRIC/Passport Number	S7889553E
Contact Number	96412429
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	LIM TEE TEE
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJS1989Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	LIM BENG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJS1989Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	LIM MIAW LING
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJS1989Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 05/04/2019 / 11:43

Report No: MT/

D.O.A: 05/04/2019

Time: 08:15 hrs

Vehicle No: SJS1989Y

Reporting Type:

SKETCH PLAN

IMPORTANT NOTICE

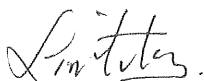
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.

05/04/19 / 11:43

Policyholder's Signature / Date & Time



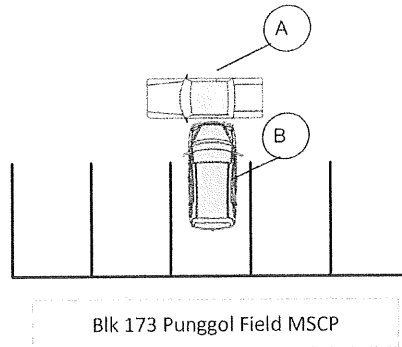
05/04/19 / 11:43

Driver's Signature (If driver is not the policyholder) / Date & Time

Alan Tang (S098825)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel

SKETCH PLAN



Vehicle A: SJS1989Y

Vehicle B: GZ4579B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along the driveway of the MSCP. Suddenly, vehicle B exited from the parking lot. This resulted in the front of vehicle B to hit into the left doors area of my vehicle A.

Declaration

I/We declare the foregoing particulars are true in every respect.

05/04/19 / 11:43

Policyholder's Signature / Date & Time

[Signature]

05/04/19 / 11:43

Driver's Signature (If driver is not the policyholder) / Date & Time

Alan Tang (S098825)
Customer Care Executive
Motor Service Centre

[Signature]

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20190405/2175

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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Report No. T/20190405/2175

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/04/2019 18:54	Vide Report No.:	Station Diary No.: 72
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Informant's Particulars

Name of Informant: LIM TEE TEE			Address: APT BLK 173C PUNGGOL FIELD #17-623 SINGAPORE 823173		
ID Type / ID No.: NRIC NO / S2011361H			Contact No.: Home/Office: Mobile: 96439903		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 71	Date of Birth: 12/03/1948	Type of Informant: Driver		
Race: Chinese			Language:		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: 05/04/2019 08:25	Type of Location: Car Park
Location: Along Road 1 PUNGGOL FIELD 174C Punggol Field MSCP				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GZ4579B	Van	MITSUBISHI		White	Slightly Damaged	0
SJS1989Y	Car	CHEVROLET		Silver	Seriously Damaged	2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190405/2175

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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Report No. T/20190405/2175

CONTINUATION OF REPORT

Driver			
Name	LEONG CHEE KEONG	ID No.	S7889553E
Related Vehicle	GZ4579B (Van)	Contact No.	96412429
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
Passenger			
Name	LIM BENG	ID No.	S7931983Z
Related Vehicle	SJS1989Y (Car)	Contact No.	97942052
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	03	Degree of Injury	NIL
Driver			
Name	LIM TEE TEE	ID No.	S2011361H
Related Vehicle	SJS1989Y (Car)	Contact No.	96439903
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	03	Degree of Injury	NIL
Passenger			
Name	LIM MIAW LING	ID No.	S0095613I
Related Vehicle	SJS1989Y (Car)	Contact No.	90498281
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	03	Degree of Injury	NIL



SINGAPORE
POLICE FORCE



T/20190405/2175

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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Report No. T/20190405/2175

CONTINUATION OF REPORT

Brief Details.

On the 5th April 2019 at about 8.27 am, I was driving out of the carpark of Apt Blk 174C Punggol Field. My son Lim Beng was seated beside me while my wife namely Lim Miaw Ling was seated at the back seat on the left side. While driving out of the carpark, suddenly a van GZ4579B, which was coming out from a parking lot on the left, drove out and hit onto the left side of my vehicle. Due to the collision, the left side of my vehicle was badly damaged. I then came out of the vehicle and exchanged particulars with the driver of the van. Thereafter, my wife, my son and myself went to the Raffles Medical at Apt Blk 259 Pasir Ris Street 21, Loyang Point. We were all given 3 days medical leave each for our injuries. There is an in-car camera installed in my vehicle and I am able to produce the CCTV footage to assist in investigations.



SINGAPORE
POLICE FORCE



T/20190405/2175

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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Report No. T/20190405/2175

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:
F /
Staff Sgt ALZRIN SHAFIQ BIN AHMAD
TARMIDI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168 Signature

Signature Of Informant:

Date/Time:
05/04/2019 18:54

Classification Of Case:

Singapore Police Force