

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 | 10/04/2019 16:27 |
| Date Of Accident | 10/04/2019 09:25 |
| Exact Location Of Accident | ALONG TAMPINES AVENUE 2 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------|
| Vehicle Registration Number | SKW9763X |
| Insured/Policyholder | |
| Name Of Registered Owner | LIM BENG HUAT |
| NRIC No | S1195758G |
| Email Address | CHINYANG@AIRCRAFTMAIL.COM |
| Mobile Phone No | (LOCAL) +65-98353298 |
| Alternative Phone No | OTHERS-97575038 |

Vehicle Particulars

| | |
|--|-----------------|
| Manufacturer | MAZDA |
| Model | 3 |
| Exact Purpose for which vehicle was being used at time of accident | DRIVING TO WORK |
| 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 | LIBERTY INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | SI18V14123/VPE/R01 |
| Cover Note Number | |

Driver

| | |
|----------------------|---------------------------|
| Name of Driver | LIM CHIN YANG |
| NRIC No | S9145665F |
| Date Of Birth | 06/12/1991 |
| Occupation | INDOOR |
| Date Of Driving Pass | 27/09/2014 |
| Driving Experience | 4 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98353298 |
| Fax Number | |
| Contact Number | OTHERS-97575038 |
| Email Address | CHINYANG@AIRCRAFTMAIL.COM |

| | |
|---|------------------------------------|
| Address | BLK 916 HOUGANG AVENUE 9 #16-02 |
| Postcode | 530916 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | CHILDREN |
| 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? | 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 | CHANGKAT NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: BLK 109 TAMPINES STREET 11 #01-261 , POSTCODE: 521109 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-7819999 - FAX NO: 67832722 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190410/2120

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 | FBN1647E |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | SIDDIQUE ABDUL HAMID |
| NRIC/Passport Number | S1752165I |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name SIDDIQUE ABDUL HAMID

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBN1647E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

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:

 10/04/19

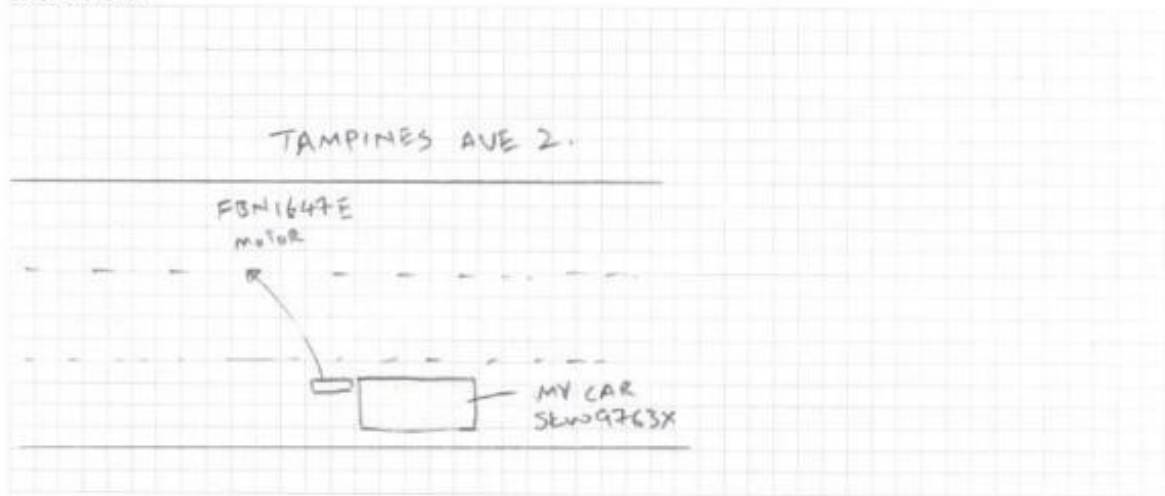
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 10/04/2019

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS REFER TO POLICE REPORT
7/20/19 10/21/20

DECLARATION

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

Policyholder's Signature
Date & Time:

Chi 10/21/19
Driver's Signature
(If driver is not the policyholder)
Date & Time:

10/20/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: *Ref 1*

Accident Sketch Plan Form 303

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190410/2120

1 of 3

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-281
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20190410/2120

REPORT OF A TRAFFIC ACCIDENT

| | | | | |
|--|------------|--|------------------------------|----------------------------|
| Date/Time Report Made: 10/04/2019 14:28 | | Vide Report No.: G/20190410/0060 | | Station Diary No. 19 |
| Informant's Particulars | | | | |
| Name of Informant: LIM CHIN YANG | | Address: APT BLK 916 HOUGANG AVENUE 9 #16-02 SINGAPORE 530916 | | |
| ID Type / ID No.: NRIC NO / S9145665F | | Contact No.: Home/Office: | | Mobile: 97575038 |
| Nationality: SINGAPORE CITIZEN | | Email: | | |
| Sex: Male | Age: 27 | Date of Birth: 06/12/1991 | Type of Informant: Driver | |
| Race: Chinese | | Language: English | | Institution / School Name: |
| Occupation: OTHERS | | Driving Licence Information: Class: 3 | | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|-------------------------------------|----------------------|--|--------------------------------------|
| Type of Accident: | Non-Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 10/04/2019 09:25 | Type of Location: |
| Location: Along Road 1 TAMPINES AVENUE 2 | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passengers |
|-------------|------------|------|-------|-------|------------------|------------------|
| FBN1647E | Motorcycle | | | | Slightly Damaged | 0 |
| SKW9763X | Car | | | | Slightly Damaged | 0 |

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190410/2120

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

2 of 3

Report No. T/20190410/2120

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|----------------------|--|-----------------------------------|
| Driver | | | |
| Name | LIM CHIN YANG | ID No. | S9145665F |
| Related Vehicle | NIL | Contact No. | 97575038 |
| 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 |
| Rider | | | |
| Name | SIDDIQUE ABDUL HAMID | ID No. | S1752165I |
| Related Vehicle | NIL | 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 10/04/2019 at about 0925hrs after I completed filtering to the right lane, I felt an impact from the rear of my vehicle (SKW9763X) a few seconds after. I immediately stopped my vehicle and thought that I was hit by the car behind but after looking through my rear view mirror, the car was quite a distance away. I went out of my vehicle to check and saw the motorcycle that hit my vehicle was down.

There are 3 members of public then went to assist him. Shortly after, the Ambulance and Traffic Police was at the accident. There is a dent on the rear left of my vehicle.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190410/2120

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

3 of 3

Report No: T/20190410/2120

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 SHAHIZWAN BIN SHAH BUDIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
10/04/2019 14:26

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

Classification Of Case:

Authentication Stamp
NF168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

