

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	12/04/2019 14:16
Date Of Accident	11/04/2019 17:45
Exact Location Of Accident	JUNC UPP SERANGOON RD & LOR LOW KOON
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ2404Z
Insured/Policyholder	
Name Of Registered Owner	HDBTERMINAL
Co Reg No	53369903K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92718723
Alternative Phone No	OFFICE-92718723

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE 1.5G CVT ABS D/AIRBAG 2WD 5DR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	5107696136
Cover Note Number	

Driver

Name of Driver	LIM KOON BENG, NORMAN (LIN KUNMING, NORMAN)
NRIC No	S7336778F
Date Of Birth	06/10/1973
Occupation	OUTDOOR
Date Of Driving Pass	08/08/1997
Driving Experience	21 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92718723
Fax Number	
Contact Number	OFFICE-92718723
Email Address	NOEMAIL

Address	BLK 592C MONTREAL LINK #17-32
Postcode	753592
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	WET

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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SEMBAWANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5549999 - FAX NO: 68522499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190411/2190.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG9359C
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)

1

DETAILS OF INJURED PERSON 1

Name	LIM KOON BENG, NORMAN (LIN KUNMING, NORMAN)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMJ2404Z
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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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



(A) SMJ 2404 Z.

(B) SLG 9359C.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to Police Report

No: 7/20190411/2190

DECLARATION

I/We declare that the above information is true and correct to the best of my/our knowledge.

Police Officer's Signature

Date & Time

Driver's Signature

(If driver is not the policyholder)
Name & Time

Reporting Centre Police Officer's Signature

Name
Signature

Police Report



**SINGAPORE
POLICE FORCE**



T/20190411/2190

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

1 of 4

Report No: T/20190411/2190

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/04/2019 22:39	Vide Report No.:	Station Diary No.: 120
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Informant's Particulars

Name of Informant: LIM KOON BENG, NORMAN			Address: APT BLK 592C MONTREAL LINK #17-32 SINGAPORE 753592		
ID Type / ID No.: NRIC NO / S7336778F			Contact No.: Home/Office: Mobile: 92718723		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 45	Date of Birth: 06/10/1973	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Real estate agent			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: 11/04/2019 17:45	Type of Location: X-Junction
Location: UPPER SERANGOON ROAD LORONG LOW KOON Traffic Junction				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
SLG9359C	Car	HONDA	VEZEL	Gold	Slightly Damaged	0
SMJ2404Z	Car	HONDA	SHUTTLE	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMJ2404Z	NTUC Income Insurance Co-Operative Limited			

Police Report



**SINGAPORE
POLICE FORCE**



T/20190411/2190

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Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No. T/20190411/2190

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SEAH KAH WAH	ID No.	S6846926J
Related Vehicle	SLG9359C (Car)	Contact No.	82282198
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 KOON BENG, NORMAN	ID No.	S7336778F
Related Vehicle	SMJ2404Z (Car)	Contact No.	92718723
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 11/04/2019 at about 1745hrs, I was driving my car Honda Shuttle SMJ2404Z along Upper Serangoon road towards Kovan. At the junction of Upper Serangoon Road and Lorong Low Koon, I make a stop as the traffic light was red. As few seconds later, I heard a screeching sound and follows by a bang sound coming from the rear of my car. The impact was quite hard as it causes my head to moved forward.

I was in a daze when I heard someone knocking on my driver's door. A male Chinese guy came and checked on me. I then gain some consciousness, I step out of the car and checked on the damage of the car. I discovered a deep dent to the center of my car rear bumper. I saw the car which the guy drove, a gold Honda Vezel (SLG9359C) which had a dent to the front part of his car. We exchange particulars and drove off. While I was driving, I felt some uneasiness towards my back and as such I went to Mount Alvernia Hospital to made a check.

The doctor checked on me and granted me with a 5 days Outpatient Sick Leave.

Police Report



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POLICE FORCE**



T/20190411/2190

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Report No. T/20190411/2190

CONTINUATION OF REPORT

Police Report



**SINGAPORE
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T/20190411/2190

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757633
Tel No: 1800-5549999

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Report No: T/20190411/2190

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 MOHAMED ROSLI BIN MOHAMED

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/04/2019 22:39

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

