

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 15:25
Date Of Accident	11/04/2019 22:15
Exact Location Of Accident	ALONG CLEMENTI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV4164M
Insured/Policyholder	
Name Of Registered Owner	LIM HOCK ANN
NRIC No	S1368959H
Email Address	EHHCCHIAM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90938008
Alternative Phone No	OTHERS-92391694

Vehicle Particulars

Manufacturer	LEXUS
Model	LEXUS NX300H LUXURY S/R
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102930295
Cover Note Number	

Driver

Name of Driver	CHIAM HUI YIN
NRIC No	S9021802F
Date Of Birth	12/06/1990
Occupation	INDOOR
Date Of Driving Pass	29/06/2016
Driving Experience	2 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92391694
Fax Number	
Contact Number	OTHERS-90938008
Email Address	EHHCCHIAM@GMAIL.COM

Address	BLK 289E BUKIT BATOK STREET 25 #01-146
Postcode	654289
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI POLICE DIVISIONAL HQ (D DIVISION)
Police Station Address	ROAD: 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7740000 - FAX NO: 67741705
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20190412/7010

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	SMF8426S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMED HELMI BIN MOHAMED
NRIC/Passport Number	S8209767H
Contact Number	87555379
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLQ8341G

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 CHIAM HUI YIN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SKV4164M

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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. The 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 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.

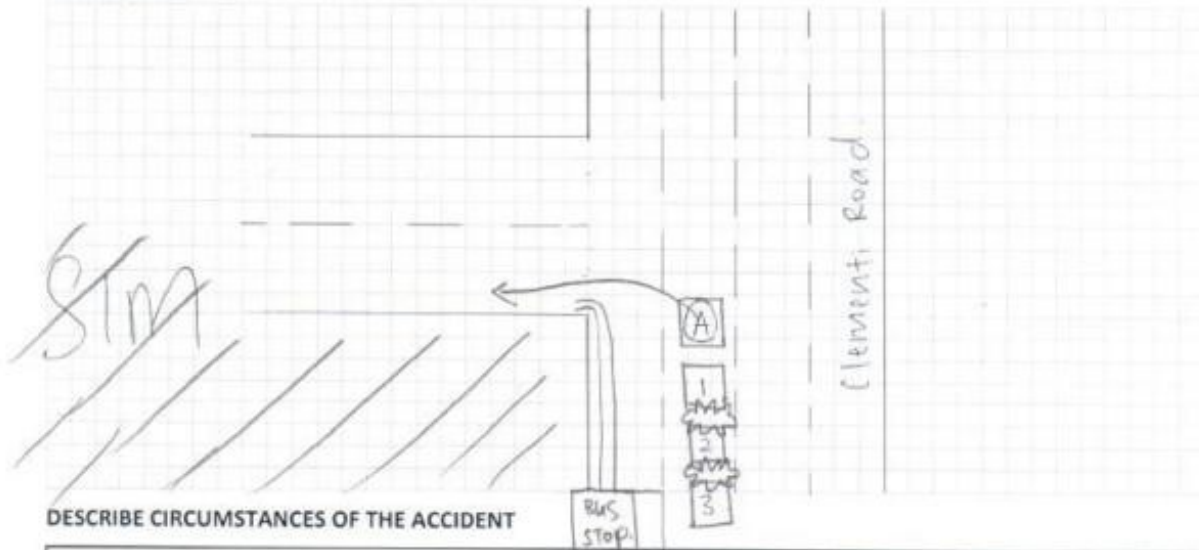
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 12/04/19
15:15

Reporting Centre Personnel's Signature
Name: RSP1, Ho Hui
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Car A — Emergency brake followed by sharp left turn.
 Car 1 — SKV 4164 M
 Car 2 — SMP 8426 S
 Car 3 — SLQ 8341 G

REFER to Police Report 212090412/7010

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: 12/04/19
 15:15

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



D/20190412/7010

1 of 2

POLICE REPORT (NP299)

Report No. D/20190412/7010

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Date/Time Report Made 12/04/2019 13:12	Vide Report No.	Station Diary No.
Name Of Informant CHIAM HUI YIN	Address APT BLK 289E BUKIT BATOK STREET 25 #01-146 SINGAPORE 654289	
ID Type / ID No. NRIC NO / S9021802F	Contact No. Home/Office: Mobile: 92391694	
Nationality SINGAPORE CITIZEN	Email Address ehhchiam@gmail.com	
Occupation FINANCIAL CONSULTANT	Sex Female	Age 28
Institution/School Name	Date of Birth 12/06/1990	Race Chinese
Date/Time Of Incident 11/04/2019 22:15 - 11/04/2019 22:40	Location Of Incident After Sim bus stop before the entrance	

Brief details.

I was driving from sunset way along Clementi road second lane from the left when a car in front of me suddenly does an emergency brake outside SIM right before the main entrance. I had to do a sudden brake and honk him to alert danger and he did a sharp left turn at a high speed into the entrance of SIM. A car collided into mine immediately after this. There are three vehicles involved in this multiple collision and I am the first vehicle, car plate SKV4164M, the second vehicle, car plate SMF8426S whom was driven by Mohamed helmi bin Mohamed, S8209767H and the third vehicle, car plate SLQ8341G. I am admitted to Parkway East Hospital after having elaborated and expanding pain in neck, back and right

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/04/2019 13:12
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

POLICE REPORT



**SINGAPORE
POLICE FORCE**



D/20190412/7010

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20190412/7010

knee while I was there to visit my Husband.

Subjects Involved			
Victim			
Person Name	CHIAM HUI YIN		
ID Type	NRIC NO	ID No	S9021802F
Gender	Female	Age	28
Race	Chinese	Language	English
Occupation	FINANCIAL CONSULTANT	Address Type	
Address	APT BLK 289E BUKIT BATOK STREET 25 #01-146 SINGAPORE 654289	Mobile No	92391694
Is Informant A Victim?	Yes		
Person Name	CHIAM HUI YIN (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/04/2019 13:12
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo




Accident Photo



Accident Photo



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8209767H



Name
MOHAMED HELMI BIN MOHAMED

Race
BOYANESE

Date of birth
29-03-1982

Sex
M

Country of birth
SINGAPORE

S8209767H

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8209767H**

Name:
MOHAMED HELMI BIN MOHAMED

Birth Date: **29 Mar 1982**

Issue Date: **03 Jan 2019**



002887911B

Accident Photo





Accident Photo

