

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	20/04/2019 13:53
Date Of Accident	19/04/2019 22:40
Exact Location Of Accident	JUNC OF GEYLANG RD & LOR 27A GEYLANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ1455U
Insured/Policyholder	
Name Of Registered Owner	FANTASY C & W
Co Reg No	53350629L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96399944

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104961092
Cover Note Number	-

Driver

Name of Driver	LIM CHUNG KOON
NRIC No	S8027252I
Date Of Birth	13/09/1980
Occupation	OUTDOOR
Date Of Driving Pass	07/01/2000
Driving Experience	19 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96990939
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 144 TAMPINES ST 12 #10-402
Postcode	521144
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	2
Passenger 1	NAME: : KAKHAM CHARINDA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ3781C
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 CHUNG KOON

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLJ1455U

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name KAKHAM CHARINDA

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SLJ1455U

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.

FANTASY C&W

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

$A = SLJ 1455 V$
 $B = SLQ 3781 C$

for 27 A Geylang

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLARATION

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

FANTASY C&W

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/20190420/2044

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20190420/2044

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/04/2019 11:40		Vide Report No.:		Station Diary No.: 33	
Informant's Particulars					
Name of Informant: LIM CHUNG KOON			Address: APT BLK 144 TAMPINES STREET 12 #10-402 SINGAPORE 521144		
ID Type / ID No.: NRIC NO / S8027252I			Contact No.: Home/Office: Mobile: 96990939		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 13/09/1980	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/04/2019 22:40	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 GEYLANG ROAD LORONG 27A GEYLANG				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
SLJ1455U	Car				Slightly Damaged	1
SLQ3781C	Car				Slightly Damaged	1

Details of Person Involved

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

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T/20190420/2044

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6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20190420/2044

CONTINUATION OF REPORT

Passenger			
Name	KAKHAM CHARINDA	ID No.	S7865958J
Related Vehicle	SLJ1455U (Car)	Contact No.	NIL
Hospital/Clinic	UNIVERSAL MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/04/2019	Date Discharge	20/04/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	LIM CHUNG KOON	ID No.	S8027252I
Related Vehicle	SLJ1455U (Car)	Contact No.	96990939
Hospital/Clinic	UNIVERSAL MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	20/04/2019	Date Discharge	20/04/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	LEE PUAY KWONG MATTHEW	ID No.	S1381445G
Related Vehicle	SLQ3781C (Car)	Contact No.	94566678
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 19/04/2019 at about 2240hrs, I was driving (SLJ1455U) along Geylang Road towards the city together with my wife. As I drove past Lorong 27A Geylang, I suddenly felt an impact at the rear right area of my vehicle.

I stopped to make a check and saw that the front left portion of a vehicle (SLQ3781C) that had come from Lorong 27A Geylang had hit against the rear right portion of my vehicle, causing it to be damaged at the area of impact.

I took some photographs of the scene and continued on my journey after exchanging particulars with the other driver.

POLICE REPORT



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POLICE FORCE**



T/20190420/2044

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Report No. T/20190420/2044

CONTINUATION OF REPORT

There is a camera installed at the front and rear of my vehicle.

At the time of the accident, no one appeared to be injured. However the following day, my wife and I felt unwell due to the accident and decided to consult a doctor where we were given 3 days medical leave

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190420/2044

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Report No. T/20190420/2044

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 /
Staff Sgt MUHAMMAD NOOR AZRI BIN
MOHAMED SALLEH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI 2 JUREMAH BINTE AHMAD
Contact No.: 65472076

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
20/04/2019 11:40

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



Accident Photo



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