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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	22/04/2019 11:30
Date Of Accident	19/04/2019 03:00
Exact Location Of Accident	RIVER VALLEY RD TWDS OXLEY
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS9068D
Insured/Policyholder	
Name Of Registered Owner	LIM TENG HONG
NRIC No	S9310080H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90251484
Alternative Phone No	OFFICE-90251484
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.6L VTI AUTO
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	5105021462
Cover Note Number	
Driver	

Name of Driver LIM TENG HONG NRIC No S9310080H Date Of Birth 11/03/1993 Occupation **OUTDOOR** 14/03/2013 Date Of Driving Pass **Driving Experience** 6 YEARS AND 1 MONTH Gender MALE Mobile Number (LOCAL) +65-90251484 Fax Number **Contact Number** OFFICE-90251484

NOEMAIL

EMail Address

60 KIM SENG ROAD Address

#16-04 239497

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

COLLISION - CHANGE/CROSS LANE Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Postcode

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

NO

1

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TELOK BLANGAH NEIGHBOURHOOD POLICE POST

NO

ROAD: BLK 51 TELOK BLANGAH DRIVE, POSTCODE: 100051, Police Station Address

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2729999 - FAX NO: 63772526

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190420/2077.

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

SKE3264D Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

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Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LIM TENG HONG

Approximate Age

Injuries Sustain NECK
Injured person in which vehicle? SLS9068D

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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 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.
- 8) Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

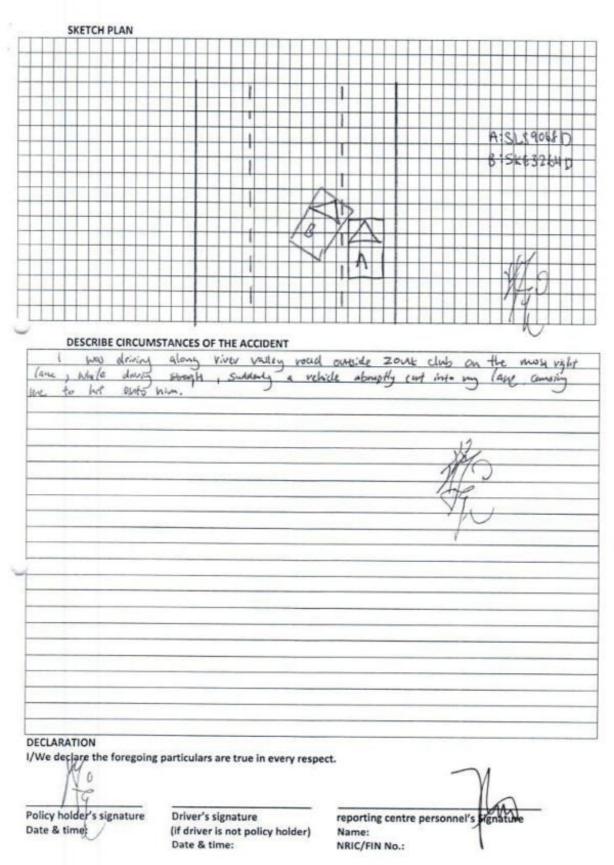
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as police), for the purpose(s) of:
 - Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (II) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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:
 - To all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders,

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:

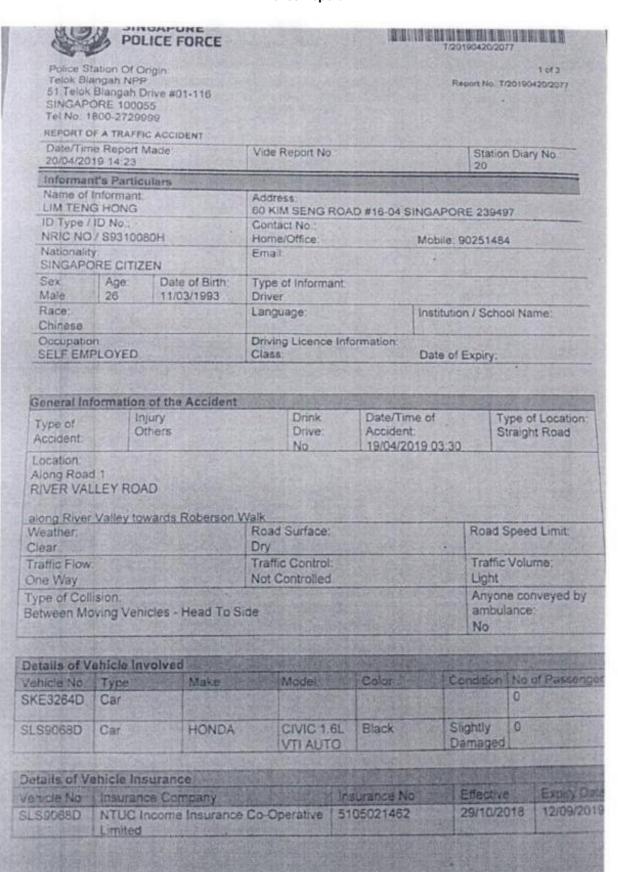
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Accident Sketch Plan



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Police Report



Police Report



Police Station Of Origin Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999



(20)90420/2077

Report No. T/20190420/2077

CONTINUATION OF REPORT

Any Pedestrian Involved: No No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver	TO THE REAL PROPERTY OF THE PARTY OF THE PAR	1036.017.000	SUIAIT CIUSS	III. IVA
Name	LIM TENG HONG		D No.	S9310080H
Related Vehicle	SLS9068D (Car)		Contact No.	90251484
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry NIL
Date Treatment			Discharge NIL	
No. of Days gran	ted Medical Leave NIL	Degree of I	njury Sligh	
Driver	NAME OF THE OWNER, WHEN PARTY AND PARTY AND	Mozal House	2 CO 10 CO 10 CO	
Name	VICTORIA NICOLE LOW LU YI		ID No.	S9419809G
Related Vehicle	NIL		Contact No.	81631072
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dis		scharge NIL	
NAME AND ADDRESS OF TAXABLE PARTY.	ed Medical Leave NIL		Injury NIL	

Brief Details.

On 19/04/2019 at about 0300hrs, I was travelling in my vehicle (SLS9068D) along River Valley towards Roberson Walk. I was driving at the rightest most lane of the 3 lanes road. Upon reaching the road next to Zouk, subsequently a black coloured vehicle (SKE3264D) has swerved into lane from the static position and collided to the left side of my vehicle (SLS9068D). After the said accident, the driver of the said vehicle (SKE3264D) has no intention of stopping her vehicle. Thus, I decided to make chase and also homed at her. I then managed to speak to her when her vehicle (SKE3264D) stopped at the traffic light. I then requested her to pull over at the side before I called police for assistance. We then pull over our vehicles at a bus stop before Old Hill Street Fire Station along the opposite road to check our vehicles. Subsequently, she told me that she was not at fault and told me to claim via insurance.

Police Report

