

## 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	06/05/2019 12:31
Date Of Accident	06/05/2019 07:35
Exact Location Of Accident	SEBBAWANG DRIVE TO SEMBAWANG AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ6209G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN CHUN SIN
NRIC No	S7980173I
Email Address	TANCHUNSIN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-90258069
Alternative Phone No	OTHERS-90258069

### Vehicle Particulars

Manufacturer	CITROEN
Model	C4-1.6 PICASSO THP EGS (A)
Exact Purpose for which vehicle was being used at time of accident	
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MPC0001060
Cover Note Number	

### Driver

Name of Driver	LIM SU HONG
NRIC No	S7979177F
Date Of Birth	03/08/1979
Occupation	INDOOR
Date Of Driving Pass	13/01/2014
Driving Experience	5 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91877781
Fax Number	
Contact Number	
Email Address	JOVYNLIM@MICRON.COM

Address	BLK. 340B SEMBAWANG CLOSE #13-77
Postcode	752340
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	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: : TAN ZE YU GENDER: : MALE

#### Details of Police Action

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

#### Circumstances of Accident

REFER NOTICE OF COMPLIANCE

#### 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	SHB6610U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	HOR SZE CHIN
NRIC/Passport Number	S1777824B
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

LIM SU HONG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLJ6209G

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

BLK. 340B SEMBAWANG CLOSE  
#13-77

Postcode

752340

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

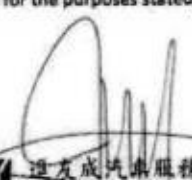
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.

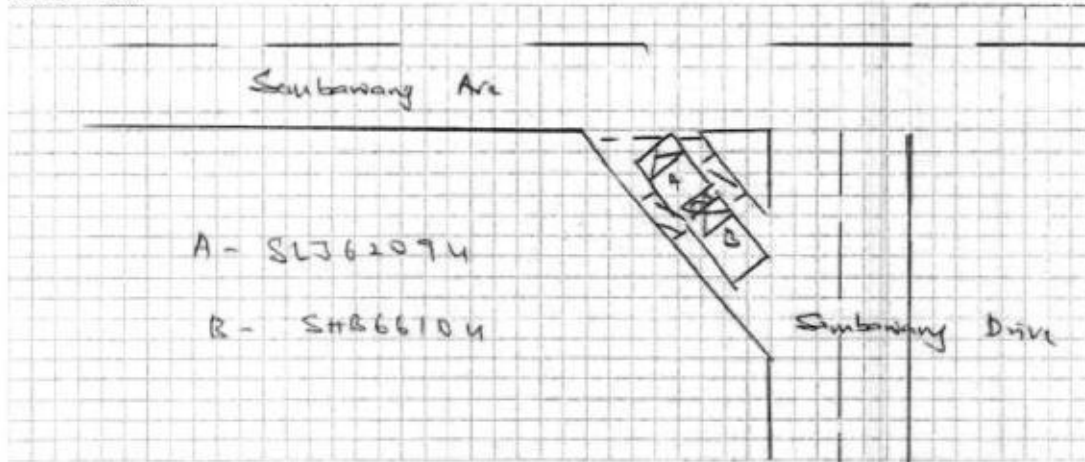
Policyholder's Signature  
Date & Time:

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

  
Y 澄友成汽車服務私人有限公司  
CYS Automobile Services Pte Ltd  
Reporting Centre, 1000 North Bridge Road, East 1  
Name: #07-17 Admiralty Industrial Park  
Singapore 757700  
NRIC/FIN No. Tel: 6219 2096 Fax: 6219 2096

### Sketch Plan #2

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Notice of Compliance

## 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:

進友成汽車服務私人有限公司  
CVS Automobile Services Pte Ltd  
38 Woodlands Industrial Park East  
#01-11 Admiralty Industrial Park  
Reporting Centre Singapore 738009  
NameTel: 6219 2096 Clipper Tel: 6219 2096  
NRIC/FIN No.: C2460207D

NOTICE OF COMPLIANCE

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Lim Su Hong,  
NRIC/FIN S7979177F, has reported to the Police a non-injury traffic accident  
which occurred at Zebra Crossing along Sembawang Drive, turning left into  
Sembawang Ave.  
on 06/05/2019 at 07.35 am/pm involving the following vehicles:  
SLJ6209G – Lim Su Hong  
SHB6610U – Hor Sze Chin, S1777824B

On 06/05/2019, at about 07.35am, I was driving along Sembawang Drive towards  
Sembawang Shopping Centre, on the second lane. At the junction of Sembawang Drive  
and Sembawang Ave, there is a zebra crossing there. As there were people crossing at the  
zebra crossing, I stopped my vehicle at the stop line.

I was about to move off after the pedestrians had crossed over, and that was when a taxi,  
SHB6610U, collided into the rear of my vehicle. There are some dents and scratches at  
the rear bumper area. There are no injuries.

- 2 If this accident was reported to the Police within 24 hours of its occurrence,  
Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT(2) Marcus

Date: 06/05/2019 Time: 0903hrs

S/D Ref: 18

Police Post/Unit: Sembawang NPC

Original – to be issued to informant  
Duplicate – to be submitted to Traffic Police

SEMBAWANG NPC  
4 Sembawang Crescent  
Singapore 757633  
Tel: 1800-5549999  
Fax: 68522499

CONFIDENTIAL

Version as of 15 Jan 2002

*JS*

