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	22/05/2019 16:06
Date Of Accident	21/05/2019 19:25
Exact Location Of Accident	KPE TOWARDS TPE BEFORE EXIT 9A
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJV6296P
Insured/Policyholder	
Name Of Registered Owner	SRS AUTO HOLDINGS PTE. LTD.
Co Reg No	201709236H
Email Address	TIDY_HUAT@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90022005
Alternative Phone No	OFFICE-90022005
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5108747945
Cover Note Number	
Driver	

Name of Driver LIM SOON HUAT, RICHARD (LIN SHUNFA)

 NRIC No
 \$7804393H

 Date Of Birth
 10/02/1978

 Occupation
 INDOOR

 Date Of Driving Pass
 01/09/2001

Driving Experience 17 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90022005

Fax Number

Contact Number OTHERS-90022005

EMail Address TIDY HUAT@HOTMAIL.COM

BLK 659C PUNGGOL EAST Address

#05-751

Postcode 823659

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

CHAIN COLLISION Type Of Accident

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

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 1

YES

NO

NO

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name **PUNGGOL N.P.C**

ROAD: 21A TEBING LANE, POSTCODE: 828837, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190521/2170

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLR8757K Vehicle Make/Model/Colour **TOYOTA WISH**

Details Of Properties

PRIVATE HIRE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 19

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMC905U HONDA CRV 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 **UNKNOWN PASSENGER**

Approximate Age

Injuries Sustain SLIGHT INJURY

SLR8757K Injured person in which vehicle?

Were seat belts worn? NO

Was this injured conveyed to hospital by

ambulance?

Address Postcode

NO

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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:
 - 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:

Name: De UP

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN	Alous KPK	DWARDS TPE BAFORT EXIT 9A
		C. SMC 905 U
	6	B. SLR 8757 K
	I A I	A. SJV 6296 P
ESCRIBE CIRCUMS	TANCES OF THE ACCIDENT	
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ECLARATION		
	oing particulars are true in every r	respect
We declare the forego	NOLDINGS BOC NO TO 2017002364 77	2/0/2018

POLICE REPORT





Police Station Of Origin: Punggol N.P.C

21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

1 of 3 Report No. T/20190521/2170

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/05/2019 20:42		Made:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
	f Informant: ON HUAT, I		Address: APT BLK 659C PUNGGOL E 823659	AST #05-751 SINGAPORE		
ID Type / ID No.; NRIC NO / S7804393H			Contact No.: Home/Office:	Mobile: 90022005		
National SINGAP	ity: ORE CITIZ	EN	Email:			
Sex: Male	Age: 41	Date of Birth: 10/02/1978	Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: CAR RENTAL MANAGER		AGER	Driving Licence Information: Class: 3,4,5	Date of Expiry:		

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/05/2019 19:25	Type of Location Straight Road	
KALLANG PA TAMPINES E	Traveling Toward I YA LEBAR EXPRE XPRESSWAY TPE before Exit 9A	ESSWAY			
Weather: Road Surface: Dry				Road Speed Limit: 80 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJV6296P	Car	HONDA	Stream	White	Slightly Damaged	0
SLR8757K	Car	ТОУОТА	Wish	Grey	Slightly Damaged	1
SMC905U	Car	HONDA	HRV	Black	Slightly Damaged	0

POLICE REPORT



T/20190521/2170

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPOR

Report No. T/20190521/2170

2 of 3

21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

CONTINUATION OF REPORT

Details of Perso	n involved	COMPANIES.	min a series	- Name		
Any Pedestrian In	nvolved: No				-91	
No. of Pedestrians Injured: NIL Use of Ped			edestrian Crossing: NA			
Driver		A STREET	PERSONAL PROPERTY.		STATE OF	GEOGRAPHIC ESTATION
Name	LIM SOON HUAT, RICHARD		ID No	ů.	S7804393H	
Related Vehicle	SJV6296P (Car)			Conta	ct No.	90022005
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g	Class: 3,4,5 Date of Expiry: NIL	
Date Treatment	NIL Date Disc		charge	NIL		
No. of Days gran			Degree o	f Injury	NIL	

Brief Details

On 21/05/2019 at 1925hrs, I was driving my vehicle SJV6296P Honda Stream white colour, alone along centre lane of KPE and I exited the tunnel before exit 9A(Tampines Road, Hougang Town, Tampines Ave 10), my vehicle collided onto the vehicle in front of mine and that vehicle SLR8757K Toyota Wish dark grey colour (driver and one passenger seating at the rear) collided onto another vehicle in front of it. I came out of the vehicle and noticed that the front vehicle is SMC905U Honda Vezel black colour (driver). I noticed that the passenger of the second vehicle (SLR8757K) was bleeding from her nose. I provided my particulars to both the drivers and the second vehicle informed that he will proceed to hospital to seek medical treatment for the passenger. I am not injured.

My vehicle bumper and bonnet dented inwards. The headlights were cracked.

POLICE REPORT





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999 3 of 3 Report No. T/20190521/2170

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: F / Sr Staff Sgt AKBAR KHAN GAFFOOR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 21/05/2019 20:42
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA	Classification Of Case:
Contact No.: 65476404 Authentication Stamp	Ald





















