SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.

ACCIDENT STATEMENT
26/12/2018 15:49
26/12/2018 11:35
ENG WATT ST & SENG POH ROAD
SINGAPORE
ETAILS OF OWN VEHICLE
SLX8325S
LIM CHIN LEE
S8385358A
LIM83CL@GMAIL.COM
(LOCAL) +65-91089977
OTHERS-91089977
HONDA
SHUTTLE 1.5G CVT
PVT USE
NO
THIRD PARTY
PRIVATE HIRE
NTUC INCOME INSURANCE CO-OPERATIVE LTD
COMPREHENSIVE
NO
5099960554
19/04/2018- 18/04/2019
LIM CHIN LEE
S8385358A
04/10/1983
INDOOR
27/01/2005
13 YEARS AND 10 MONTHS
MALE
(LOCAL) +65-91089977
OTHERS-91089977

LIM83CL@GMAIL.COM

Address BLK 511A YISHUN ST 51 #02-415

Postcode 761511
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

-

2

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

Passenger 1

NO

2

NAME: : INSURED'S SPOUSE

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name

YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 32 YISHUN ST 81, POSTCODE: 768456, COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-8522999 - **FAX NO**: 68522239

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLCE REPORT

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: WILL SEND DIRECT TO NTUC

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SDJ3663S

Vehicle Make/Model/Colour MER BENZ/BLACK

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)

Sketch Plan

SKETCH PLAN

VEHICLE NO .: SLY 83 253

DATE & TIME:

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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
- 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
- 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
- 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.
- 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.
- 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:

(43) org 26 12 18 Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

GIARMC SketchFlanForm, V3

Sketch Plan #2

		Sens Poh Rd		A-SLX 8	3255	
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CRIBE CIRCUMS	TANCES OF T	HE ACCIDENT				
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under your	own comprel	surer may have 14days T hensive policy, Please ch		or more inform		m
under your CLARATION 'e declare the forego cyholder's Signature	own compret	surer may have 14days T hensive policy, Please ch are true in every respect.	eck with your policy fo	or more inform	26 12 18	m
under your CLARATION e declare the foreg	own compret	surer may have 14days T hensive policy, Please ch are true in every respect.	eck with your policy for Repi	or more inform	26 12 18	m





Police Station Of Origin:

Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

1 of 3

Report No. T/20181226/2062

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/12/2018 14:16		Vide Report No.:	Station Diary No.: 75		
Informa	nt's Partic	ulars			
Name of Informant: LIM CHIN LEE			Address: APT BLK 511A YISHUN STREET 51 #02-415 SINGAPORE 761511		
ID Type / ID No.: NRIC NO / S8385358A			Contact No.: Home/Office: Mobile: 91089977		
Nationality: SINGAPORE CITIZEN		Email:	3,600		
Sex: Age: Date of Birth: Male 35 04/10/1983		Type of Informant: Driver			
Race: Chinese		Language: English	Institution / School Name:		
Occupation: Mechanical engineer (general)			Driving Licence Informa Class: 2B,3	tion: Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 26/12/2018 11:35	Type of Location T-Junction
Location: Junction of R ENG WATT S SENG POH F Weather:		Road Surface:] F	Road Speed Limit:
Clear Dry		Dry	- N	AFTER OF STREET
		Traffic Control:		raffic Volume:
Traffic Flow:		Not Controlled	1.1	No Traffic

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDJ3663S	Car	MERCEDES BENZ	S320L (R19 LED)	Black		0
SLX8325S	Car	HONDA	SHUTTLE 1.5G CVT	Silver	Slightly Damaged	1

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SLX8325S	NTUC Income Insurance Co-Operative Limited	5099960554	19/04/2018	18/04/2019	





Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

2 of 3 Report No. T/20181226/2062

CONTINUATION OF REPORT

Details of Perso					
Any Pedestrian I No. of Pedestrian		Use of Pede	estrian (Cross	ing: NA
Driver					
Name	LIM CHIN LEE	Ī	ID No.		S8385358A
Related Vehicle	SLX8325S (Car)		Contact	No.	91089977
Hospital/Clinic	NIL	I L	Class o Driving Licence Expiry (&	Class: 2B,3 Date of Expiry; NIL
Date Treatment	NIL	Date Discha	arge I	NIL	
No. of Days gran	Degree of In		NIL		

Brief Details.

On 26/12/2018 at around 1136hrs, I was driving along Eng Watt Street and approaching a T-junction linking to Seng Poh Rd. Upon approaching the T-junction, a car which was in-front of me had stopped as such I also stopped and waited behind the said car. Suddenly, I noticed that the said car began to reverse to park into the lot that was beside the road. However the said car, did not realized that his car was going to reverse into my car. I then honked at the said car to alert him, however, the said car did not stopped and hit onto the front bumper of my car. I then came out of my car to check on the damages. As the traffic was held up, I decided to signal to the driver to drive and parked in-front for us to settle the issue. However instead of parking in-front, the said car just moved off.

My car front bumper was damaged as a result of the accident.





Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999 3 of 3 Report No. T/20181226/2062

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 Red L / Sr Staff Sgt ELRENO BI	¥	Signature Of Informant:
Signature Of Interpreter: Not applicable		Date/Time: 26/12/2018 14:16
Officer In Charge Of Cas TP / HRT / Sr Staff Sgt IRMAN BIN Contact No.: 65476145		Classification Of Case:
Authentication Stamp NP168	Signatur Singapore Polic	e: A = 1