

## 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	29/06/2019 09:09
Date Of Accident	21/06/2019 08:35
Exact Location Of Accident	BLK 37 CIRCUIT RD OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB6979R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG SWEE PHIN
NRIC No	S1666087F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87992181
Alternative Phone No	OTHERS-87992181

### Vehicle Particulars

Manufacturer	GOLDEN DRAGON
Model	XML6770J18
Exact Purpose for which vehicle was being used at time of accident	STATIONARY VEH
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	BUS

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5054989557-06
Cover Note Number	

### Driver

Name of Driver	LIM YONG CHIEW
NRIC No	S7231226J
Date Of Birth	07/09/1972
Occupation	OUTDOOR
Date Of Driving Pass	17/06/2013
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97661226
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 37 CIRCUIT RD #10-387
Postcode	370037
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

Type Of Accident	SIDE SWIPE
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?	NO
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 54 PIPIT ROAD #01-82/84 , <b>POSTCODE:</b> 370054 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7449999 - <b>FAX NO:</b> 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190624/2051

#### 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	GV599R
Vehicle Make/Model/Colour	NISSAN CABSTAR
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ANG YEW JIN
NRIC/Passport Number	S2009403F
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

## Accident 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.

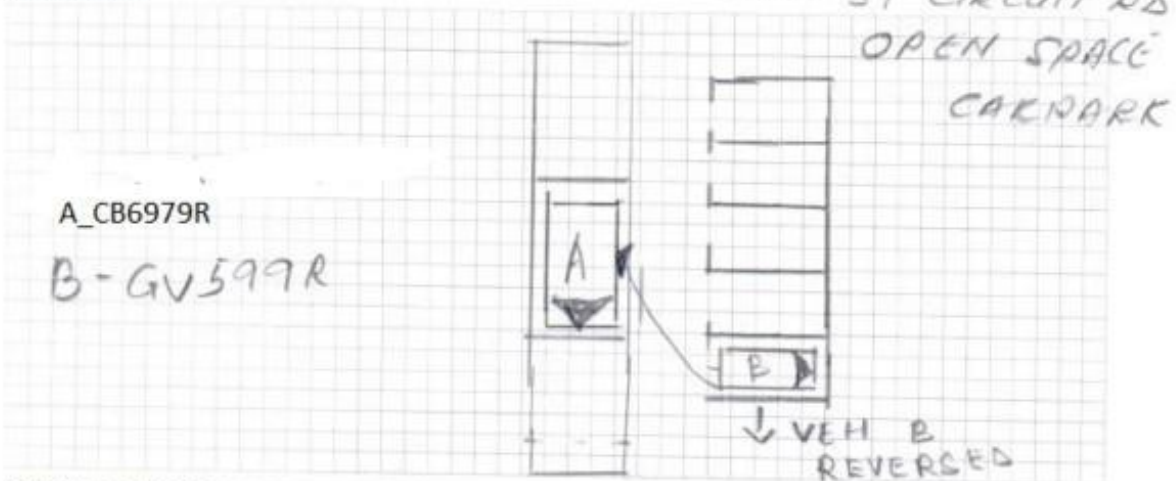
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

 29/06/19  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/S refer to the police report: T/20190624/2051

## 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:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20190624/2051

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

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Report No. T/20190624/2051

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	LIM YONG CHIEW		ID No. S7231226J
Related Vehicle	NIL		Contact No. 97661226
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
<b>Driver</b>			
Name	Ang Yew Jin		ID No. S2009403F
Related Vehicle	NIL		Contact No. NIL
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 21/6/19 at about 0835hrs, I parked my vehicle at 37 Circuit Rd open space carpark parallel parking waiting for son to come down to fetch him to school. Suddenly, one lorry(GV599R) who was parking at the vertical parking lot reverse behind and hit onto the left side of my vehicle. There was no injuries at all. We then came down and exchange our particulars for insurance claim purpose. No police or ambulance attended to us. There is no in-car camera as well.



Accident Photo



**Accident Photo**





**Accident Photo**



**Accident Photo**



**Accident Photo**



**Accident Photo**



Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190624/2051

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-62/64 SINGAPORE  
370054  
Tel No: 1800-7448889

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Report No. T/20190624/2051

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/08/2019 12.22		Vide Report No.:		Station Diary No.: 10
<b>Informant's Particulars</b>				
Name of Informant: LIM YONG CHIEW		Address: APT BLK 37 CIRCUIT ROAD #10-387 SINGAPORE 370037		
ID Type / ID No.: NRIC NO / S7231226J		Contact No.: Home/Office: Mobile: 97681226		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 46	Date of Birth: 07/09/1972	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Bus driver		Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 21/08/2019 08.35	Type of Location: Car Park
Location: Along Road 1 CIRCUIT ROAD Blk 37 Circuit road open space carpark				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Rear to Side			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CB6979R	Bus/Coach/Minibus	GOLDEN DRAGON	XML6770J18		Slightly Damaged	0
GV599R	Lorry	NISSAN	CABSTAR		Slightly Damaged	0

## Details of Person Involved

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



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180524/2051

Police Station Of Origin:  
MacPherson NPP  
54 Piplt Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449969

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Report No. T/20180524/2051

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	LIM YONG CHIEW		ID No. S7231225J
Related Vehicle	NIL		Contact No. 97661226
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
<b>Driver</b>			
Name	Ang Yew Jin		ID No. S2009403F
Related Vehicle	NIL		Contact No. NIL
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 21/6/19 at about 0835hrs, I parked my vehicle at 37 Circuit Rd open space carpark parallel parking waiting for son to come down to fetch him to school. Suddenly, one lorry(GV599R) who was parking at the vertical parking lot reverse behind and hit onto the left side of my vehicle. There was no injuries at all. We then came down and exchange our particulars for insurance claim purpose. No police or ambulance attended to us. There is no in-car camera as well.

Police Report



SINGAPORE  
POLICE FORCE



T/20190524/2051

Police Station Of Origin:  
MacPherson NPP  
54 Pipl Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

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Report No. T/20190524/2051

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 / Sgt 2 MELSON CHEW WEI JIE
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151

Authentication Stamp  
NP188

Signature Of Informant: 
Date/Time: 24/05/2019 12:22
Classification Of Case: