

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	10/07/2019 12:23
Date Of Accident	09/07/2019 07:50
Exact Location Of Accident	SLIP RD WHOMPOA SOUTH TWDS BENDEMEER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ862X
Insured/Policyholder	
Name Of Registered Owner	NG BEE TING, CINDY (HUANG MEITING)
NRIC No	S8810593A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94572046
Alternative Phone No	OFFICE-94572046

Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3G SKYROOF A
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	5090940887-02
Cover Note Number	

Driver

Name of Driver	LEONARD LIM KOK GIN
NRIC No	S9003495B
Date Of Birth	03/02/1990
Occupation	INDOOR
Date Of Driving Pass	04/11/2013
Driving Experience	5 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90662560
Fax Number	
Contact Number	OFFICE-90662560
Email Address	NOEMAIL

Address	BLK 37 SEMBAWANG CRESCENT #07-34
Postcode	756986
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	WET

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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SEMBAWANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5549999 - FAX NO: 68522499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190709/2199.

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	SLG7056P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM BUAN SIANG GERALD
NRIC/Passport Number	S1351668E
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name LEONARD LIM KOK GIN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SKJ862X

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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. 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 "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:


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

Accident Sketch Plan

SKETCH PLAN

Blindentwurf 12d.



A: 100862x
B: 100862p

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20/19 0730 9/20/19

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:

Centre Personnel's

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20190709/2199

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

1 of 4

Report No: T/20190709/2199

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/07/2019 22:32	Vide Report No.:	Station Diary No.: 116
--	------------------	---------------------------

Informant's Particulars

Name of Informant: LEONARD LIM KOK GIN	Address: BLK 37 SEMBAWANG CRESCENT #07-34 SINGAPORE 756986
ID Type / ID No.: NRIC NO / S9003495B	Contact No.: Home/Office: Mobile: 90662560
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 29 Date of Birth: 03/02/1990	Type of Informant: Driver
Race: Chinese	Language: Institution / School Name:
Occupation: PRODUCTION EXECUTIVE	Driving Licence Information: Class: 3A Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/07/2019 07:50	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 WHAMPOA SOUTH BENDEMEER ROAD				
Weather: Clear	Road Surface: Wet	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKJ862X	Car	HONDA	FIT	White	Slightly Damaged	0
SLG7056P	Car	TOYOTA	PRIUS HYBRID	White	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKJ862X	NTUC Income Insurance Co-Operative Limited			

Police Report



**SINGAPORE
POLICE FORCE**



T/20190709/2199

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

2 of 4

Report No. T/20190709/2199

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEONARD LIM KOK GIN	ID No.	S9003495B
Related Vehicle	SKJ862X (Car)	Contact No.	90662560
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	09/07/2019	Date Discharge	09/07/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	LIM BUAN SIANG GERALD	ID No.	S1351668E
Related Vehicle	SLG7056P (Car)	Contact No.	81681838
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 09/07/2019 at about 0750hrs I was driving along Whampoa South into the filter lane into Bendemeer Road. A car in front of me stopped in the filter lane as such I did the same while waiting for the heavy traffic to clear. The said car began to move forward and I did the same. It then stop which caused me to stop too. I did not jam brake at all. Suddenly, SLG7056P hit into my car from the rear. The impact caused me pain at my neck, shoulder, lower back and both arms. We exited the car and exchanged information. He claimed I stopped suddenly which caused him to be unable to stop in time. I believed he was impatient and saw him trying to get into the Bendemeer Road before me.

We then left the scene to a nearby HDB carpark to talk about the damages. No police or ambulance came. The other driver is not injured. There is invehicle CCTV in my car but I do not know if it is operating. There is also invehicle CCTV in the other car. The damage to my car is rear bumper left side came out and sustained scratches. The damages to the other car is front bumper right side came out. Gerald's address is Blk 38B Bendemeer Road #03-840. Doctor memo stated Whiplash grade 2 and injury of muscle and tendon at neck level.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190709/2199

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

3 of 4

Report No: T/20190709/2199

CONTINUATION OF REPORT

Police Report



SINGAPORE
POLICE FORCE



T/20190709/2199

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

4 of 4

Report No. T/20190709/2199

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:

L /

Staff Sgt KOH XIU MING

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:

09/07/2019 22:32

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

SN 085

Authentication Stamp
NP168



Signature

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

