

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	15/07/2019 17:18
Date Of Accident	15/07/2019 09:45
Exact Location Of Accident	UPP SERANGOON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCV3022R
Insured/Policyholder	
Name Of Registered Owner	LIM HOR CHIEW
NRIC No	S0913070E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93273022
Alternative Phone No	OFFICE-93273022

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR
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	5073767599-03
Cover Note Number	

Driver

Name of Driver	LIM HOR CHIEW
NRIC No	S0913070E
Date Of Birth	22/12/1942
Occupation	INDOOR
Date Of Driving Pass	21/10/1972
Driving Experience	46 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93273022
Fax Number	
Contact Number	OFFICE-93273022
EEmail Address	NOEMAIL

Address	BLK 135 POTONG PASIR AVENUE 3 #04-200
Postcode	350135
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	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JCV4326 (PRIVATE CAR)
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?	
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: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190715/2031.

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	JCV4326
Vehicle Make/Model/Colour	PROTON SAGA
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)

Accident Sketch Plan

SKETCH PLAN

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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 claim;
 - (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:

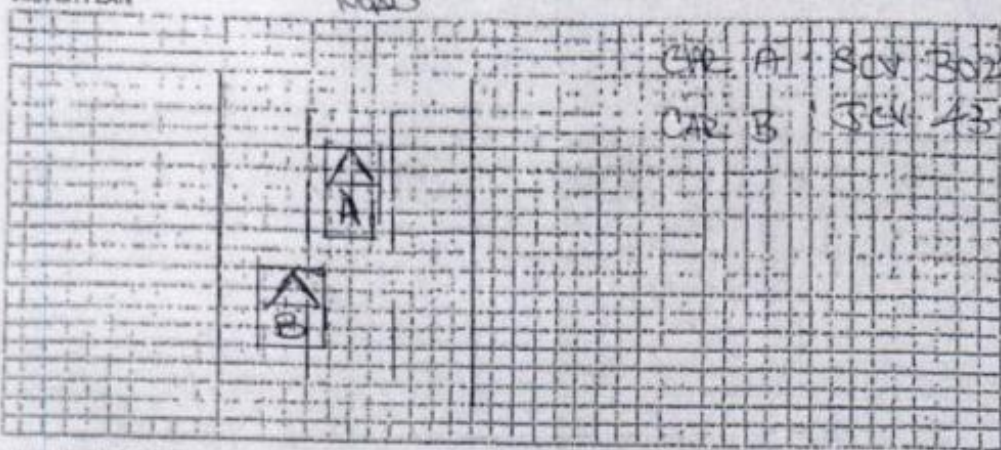
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

ALONG UPPER SECTION
ROAD

SKETCH PLAN



CAR A - SCV 30222
CAR B - SCV 4326

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

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 Person's Signature
Name:
NIC/VIN No.:

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20190715/2031

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Report No. T/20190715/2031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/07/2019 11:32	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LIM HOR CHIEW	Address: APT BLK 135 POTONG PASIR AVENUE 3 #04-200 SINGAPORE 350135
ID Type / ID No.: NRIC NO / S0913070E	Contact No.: Home/Office: Mobile: 93273022
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 76 Date of Birth: 22/12/1942	Type of Informant: Driver
Race: Chinese	Language: Institution / School Name:
Occupation: Cook	Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/07/2019 09:45	Type of Location: Straight Road
Location: Along Road 1 UPPER SERANGOON ROAD				
GOING TOWARDS POTONG PASIR DIRECTION				
Weather: Drizzling		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
SCV3022R	Car	NISSAN	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR	Grey	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SCV3022R	NTUC Income Insurance Co-Operative Limited	5073767599-03	18/09/2018	17/09/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/20190715/2031

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190715/2031

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date, time and location
I was travelling along the said location. I was stationary on the 2nd lane. At this moment, the involved Malaysian vehicle whom was initially from the 3rd lane changed lane from the 2nd lane and collide onto the rear portion of my vehicle. My vehicle was stationary because there was a van blocking our way in front. No one was injured in this accident. I planned to lodge this report for insurance claim as initially I sought for a compensation, however, he claim that he doesn't have the money to do so, hence, we're here.

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20190715/2031

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Report No. T/20190715/2031

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:
TP /
NG JIN SHENG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
15/07/2019 11:32

Officer In Charge Of Case:
TP / GIT /
Staff Sgt YAN MINGSHENG DANIEL
Contact No.: 65476252



Classification Of Case:
**SINGAPORE
POLICE FORCE**

Authentication Stamp
NP168

Signature:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

