

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	01/08/2019 17:21
Date Of Accident	31/07/2019 22:25
Exact Location Of Accident	WOODLANDS AVE 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF5061S
Insured/Policyholder	
Name Of Registered Owner	PRESTIGE LESSING PET LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97345114

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 2 (AT)
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5094838100-01
Cover Note Number	

Driver

Name of Driver	LIM SIAK CHUAN
NRIC No	S7665150G
Date Of Birth	01/04/1976
Occupation	OUTDOOR
Date Of Driving Pass	07/07/2001
Driving Experience	18 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97345114
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	APT BLK 690A WOODLANDS DRIVE 75 SINGAPORE
Postcode	731690
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7449999 - FAX NO: 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE STATEMENT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GZ5349S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	LIM SIAK CHUAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLF5061S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

(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.

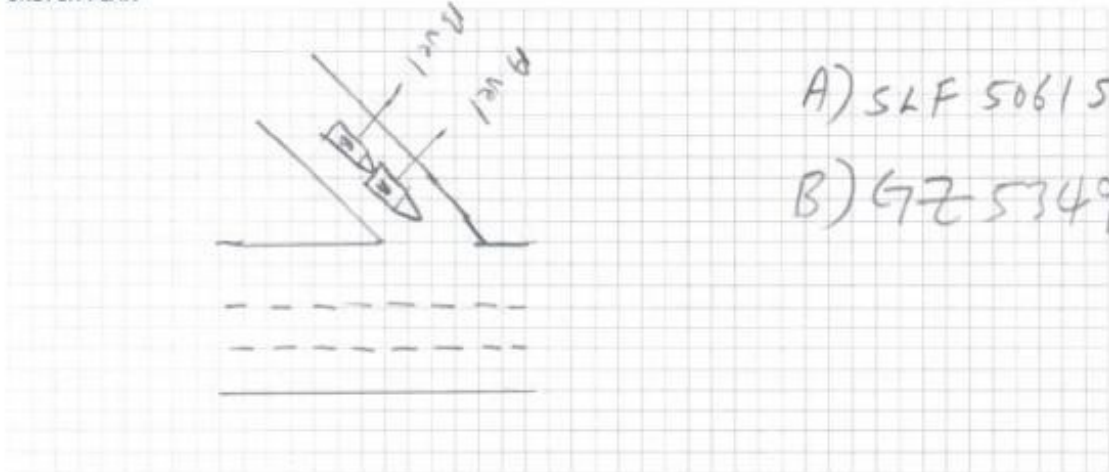
(e) the information so collected under (d) above may be shared / disclosed:

- (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.

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

please refer to police statement

[A large diagonal line is drawn across the remaining lines of this section.]

DECLARATION

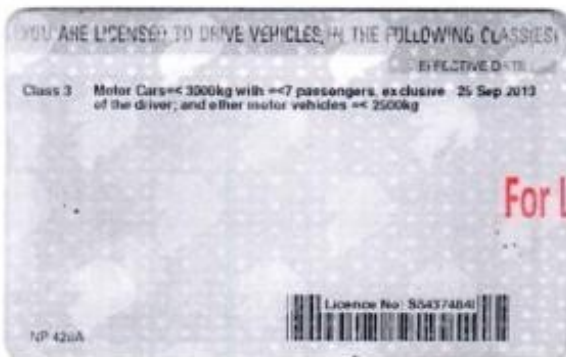
I/We declare the foregoing particulars are true in every respect.

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.:

Driving License



POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190801/2125

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

1 of 3

Report No: T/20190801/2125

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/08/2019 16:27	Vide Report No.:	Station Diary No.: 12
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Informant's Particulars

Name of Informant: LIM SIAK CHUAN	Address: APT BLK 690A WOODLANDS DRIVE 75 #13-162 SINGAPORE 731690		
ID Type / ID No.: NRIC NO / S7665150G	Contact No.: Home/Office: Mobile: 97345114		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 43	Date of Birth: 01/04/1976	Type of Informant: Driver
Race: Chinese	Language: English		Institution / School Name:
Occupation: TOOL ROOM SUPERVISOR	Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/07/2019 22:25	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 GAMBAS AVENUE WOODLANDS AVENUE 12 slip road from Gambas Avenue towards Woodlands Avenue 12				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
GZ5349S	Lorry				Slightly Damaged	0
SLF5061S	Car				Seriously Damaged	0

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
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T/20190801/2125

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/20190801/2125

CONTINUATION OF REPORT

Driver			
Name	ISLAM MD JAHIRUL		ID No. G2253901P
Related Vehicle	GZ5349S (Lorry)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: 16/08/2022
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LIM SIAK CHUAN		ID No. S7665150G
Related Vehicle	SLF5061S (Car)		Contact No. 97345114
Hospital/Clinic	SIA & YEO HOUGANG CLINIC PTE LTD		Class of Driving Licence & Expiry Date Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	01/08/2019	Date Discharge	01/08/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On the 31/07/2019 at about 2223hrs, I was driving along Gambas Avenue and had just turned in to the filter lane merging on to Woodlands Ave 12. As there was oncoming traffic, I had slowed down my vehicle and eventually came to a stop. After stopping and checking that there was no oncoming vehicles, I had wanted to drive off and just as I was about to do so, I felt a strong impact coming from the rear of my vehicle which caused my vehicle to be pushed forward. After the impact come to a stop, I then alighted from my vehicle to make a check on both my vehicle and the other party vehicle. I then realized that the rear of my vehicle was badly dented in and that the vehicle that had collided in to my vehicle was a lorry.

After which I then proceeded to exchanged particulars with the lorry driver and took photos of the accident scene and proceeded back home. Due to the impact, I did felt light headed and uncomfortable around the back of my head and neck area however thinking that it was nothing as such went to rest. However on the 01/08/2019 at about 1200hrs, I was still feeling discomfort around the same area as such decided to make a check at the near by clinic and was given 3 days of MC. The doctor had also referred me to Khoo Teck Puat Hospital for a x-ray for further checks.

This is the first time such incident had happened to me. I am lodging this report for insurance claims.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190801/2125

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/20190801/2125

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 AW YONG ZHAO LUN ALOYSIUS	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 01/08/2019 16:27
Officer In Charge Of Case: TP / AEIT / Sgt 3 KOH CHEE SENG, KEVIN Contact No.: 65472073	Classification Of Case:
Authentication Stamp NP168 	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

