

## 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	20/08/2019 09:51
Date Of Accident	14/08/2019 10:10
Exact Location Of Accident	GEYLANG ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN3708G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BENEFIT AUTO
Co Reg No	53121670E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

### Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110923222
Cover Note Number	

### Driver

Name of Driver	CHUA BEE KHIM(CAI MEIQIN)
NRIC No	S88018071
Date Of Birth	20/01/1988
Occupation	OUTDOOR
Date Of Driving Pass	27/04/2007
Driving Experience	12 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-87542529
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 6610 EDGEDALE PLAINS #16-610
Postcode	821661
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?	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)	4
Passenger 1	NAME: : ZAR PHYU PWINT GENDER: : FEMALE
Passenger 2	NAME: : LEXIE LIM LE XI GENDER: : FEMALE
Passenger 3	NAME: : LIM WAN TING YVONNE GENDER: : FEMALE

### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	<b>ROAD:</b> 21A TEBING LANE , <b>POSTCODE:</b> 828837 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20190814/2140

### Attachment(s)

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

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC9407T
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Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver LAM YEUN YEN  
NRIC/Passport Number S7667842A  
Contact Number 97929283  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name CHUA BEE KHIM(CAI MEIQIN)  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SLN3708G  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name ZAR PHYU PWINT  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SLN3708G  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name LEXIE LIM LE XI  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SLN3708G  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 4

Name LIM WAN TING YVONNE  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SLN3708G  
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.
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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 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:

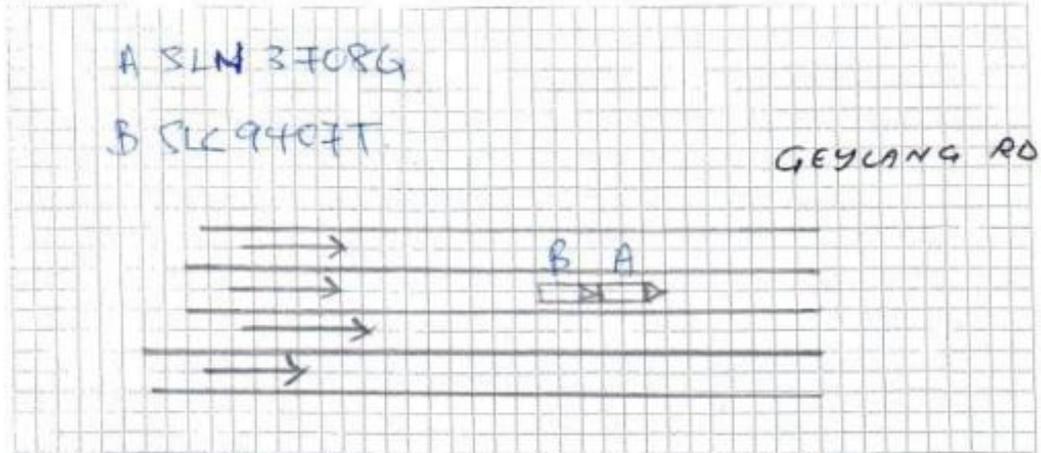
  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

WHEELS EXPRESS RENTAL FORM - V3

\*\* PLEASE EMAIL A COPY TO : [WHEELSEXPRESSRENTAL@GMAIL.COM](mailto:WHEELSEXPRESSRENTAL@GMAIL.COM)

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

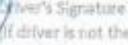
AS PER  
POLICE  
REPORT

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:

 20/08/19  
Report Centre Personnel's Signature  
Name:  
NRIC/PIN No.:

WHEELS EXPRESS RENTAL P.S.

\*\* PLEASE EMAIL A COPY TO : WHEELSEXPRESSRENTAL@GMAIL.COM

## Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20190814/2140

3 of 4

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

Report No. T/20190814/2140

### CONTINUATION OF REPORT

Passenger			
Name	LIM WAN TING YVONNE	ID No.	S8846867H
Related Vehicle	SLN3708G (Car)	Contact No.	92378942
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/08/2019	Date Discharge	14/08/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight

#### **Brief Details.**

On 14/08/2019 at about 1010hrs, I was driving my car, SLN3708G along Geylang Road on the third lane. As I approached near Geylang Lorong 21, the traffic light was not in the favour and there a traffic build up in front of me. As such I form up behind a car and stopped my car.

Out of sudden, I felt an impact from the rear of my car. I immediately went out of my car to make a check on my baby and helper. I managed to bring them to the side of the road while my friend assess the damaged as a car, SLC9407T have collided into my rear.

My friend managed to exchange particulars with the driver.

My passengers and I went to seek medical attention as we felt pain and nausea. We were given 7 days medical certificate from 14/08/2019 to 20/08/2019. I also brought my baby to the clinic to make a check and she was given 3 days medical certificate 14/08/2019 to 16/08/2019.

I wish to state that I have an in-car camera installed in my car.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S88018071**



Name

**CHUA BEE KHIM  
(CAI MEIQIN)**

**蔡美琴**

*For LKK/NAC Use Only*

Race

**CHINESE**

Date of birth

**20-01-1988**

Sex

**F**

588018071

Country/Place of birth

**SINGAPORE**



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S88018071**

Name:

**CHUA BEE KHIM  
(CAI MEIQIN)**

*For LKK/NAC Use Only*

Birth Date **20 Jan 1988**

Issue Date **27 Apr 2007**



Driving License

6105219



NRIC No. **S88018071**



*For LKK/NAC Use Only*

Date of issue  
**17-01-2019**

Address  
**APT BLK 661A EDGEDALE PLAINS  
#16-610  
SINGAPORE 821661**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!**

	PASS DATE
<b>Class 2</b> Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	<b>27 Apr 2017</b>

*For LKK/NAC Use Only*



License No: **S88018071**

**Police Report**



**SINGAPORE  
POLICE FORCE**



T201908140140

1 of 4

Police Station Of Origin  
Punggol N.P.C.  
21A Telang Lane SINGAPORE 828837  
Tel No: 1800-6346989

Report No: T201908140140

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/08/2019 17:11	Vide Report No	Station Diary No. 56
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**Informant's Particulars**

Name of Informant CHUA BEE KHIM		Address APT BLK 88 1A EDGEDALE PLAINS #18-610 SINGAPORE 821661	
ID Type / ID No. NRIC NO / S88018071		Contact No. Home/Office: Mobile: 87542529	
Nationality SINGAPORE CITIZEN		Email	
Sex Female	Age 31	Date of Birth 20/01/1988	Type of Informant Driver
Race Chinese		Language English	Institution / School Name
Occupation GOJEK DRIVER		Driving Licence Information Class 3	Date of Expiry

**General Information of the Accident**

Type of Accident	Injury Others	Drink Drive No	Date/Time of Accident 14/08/2019 10:10	Type of Location Straight Road
Location Along Road 1 GEYLANG ROAD				
Near to Geylang Lorong 21				
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
SLC94077	Car					0
SLN3708G	Car					3

**Details of Person Involved**

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

**Police Report**



**SINGAPORE  
POLICE FORCE**



T001905142140

2 of 4

Police Station Of Origin  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 628837  
Tel No: 1800-6049999

Report No: T001905142140

CONTINUATION OF REPORT

<b>Driver</b>			
Name	LAM YEUN YEN	ID No	S7057842A
Related Vehicle	SLC9407T (Car)	Contact No	87929283
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	GHUA BEE KHIM	ID No	S8801807I
Related Vehicle	SLN3708G (Car)	Contact No	87542529
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	14/08/2019	Date Discharge	14/08/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight
<b>Passenger</b>			
Name	ZAR PHYU PWINT	ID No	G2359129K
Related Vehicle	SLN3708G (Car)	Contact No	NIL
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/08/2019	Date Discharge	14/08/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight
<b>Passenger</b>			
Name	LEXIE LIM LE XI	ID No	T1831288Z
Related Vehicle	SLN3708G (Car)	Contact No	NIL
Hospital/Clinic	RED DOT MEDICAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/08/2019	Date Discharge	14/08/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Police Report



SINGAPORE  
POLICE FORCE



T20190814/2140

3 of 4

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-8049999

Report No: T20190814/2140

CONTINUATION OF REPORT

<b>Passenger</b>			
Name	LIM WAN TING YVONNE	ID No	58846867H
Related Vehicle	SLN3708G (Car)	Contact No	92376942
Hospital/Clinic	A LIFE CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	14/08/2019	Date Discharge	14/08/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight

**Brief Details:**

On 14/08/2019 at about 1010hrs, I was driving my car, SLN3708G along Geylang Road on the third lane. As I approached near Geylang Lorong 21 the traffic light was not in the favour and there a traffic build up in front of me. As such I form up behind a car and stopped my car.

Out of sudden, I felt an impact from the rear of my car. I immediately went out of my car to make a check on my baby and helper. I managed to bring them to the side of the road while my friend assess the damaged as a car, SLC9407T have collided into my rear.

My friend managed to exchange particulars with the driver.

My passengers and I went to seek medical attention as we felt pain and nausea. We were given 7 days medical certificate from 14/08/2019 to 20/08/2019. I also brought my baby to the clinic to make a check and she was given 3 days medical certificate 14/08/2019 to 16/08/2019.

I wish to state that I have an in-car camera installed in my car.

Police Report



SINGAPORE  
POLICE FORCE



T201908142140

Police Station Of Origin  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049669

4 of 4  
Report No: T201908142140

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:  
F/  
Sr Staff Sgt MUHAMMAD FARID BIN KAMIS

Signature Of informant  
*Muhammad Farid Bin Kamis*

Signature Of Interpreter:  
Not applicable

Date/Time:  
14/08/2019 17:11

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt ONG YONG HOCK  
Contact No. 65478435

Classification Of Case:  
*Muhammad Farid Bin Kamis*

Authentication Stamp  
NP158