

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	28/08/2019 13:45
Date Of Accident	27/08/2019 18:35
Exact Location Of Accident	ALONG PASIR RIS DRIVE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF3233B
Insured/Policyholder	
Name Of Registered Owner	CRAFT LEASING PTE LTD
Co Reg No	201718381N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88159383

Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3 1.6A
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	5110126278
Cover Note Number	

Driver

Name of Driver	TAY SENG LIM
NRIC No	S1278874F
Date Of Birth	25/09/1957
Occupation	OUTDOOR
Date Of Driving Pass	24/09/1979
Driving Experience	39 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88159383
Fax Number	
Contact Number	
EEmail Address	SLTAY2145@GMAIL.COM

Address	BLK 185D RIVERVALE CRESCENT #09-155
Postcode	544185
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SERANGOON NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 108 SERANGOON NORTH AVENUE 1 #01-709 , POSTCODE: 550108 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2849999 - FAX NO: 63431742
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED SKETCH PLAN. WILL REPAIR AND CLAIM AT OPTIMA WERKZ.

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	SKL4932R
Vehicle Make/Model/Colour	TOYOTA ESTIMA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM MAE LYNN SANDRA
NRIC/Passport Number	S6801312G
Contact Number	97914286
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TAY SENG LIM

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by
ambulance?

Address

Postcode

Sketch Plan

SKETCH PLAN

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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.

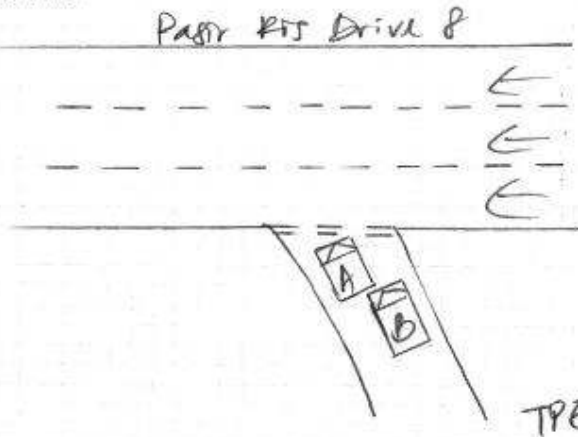

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 28/8/2019


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

Sketch Plan #2

SKETCH PLAN



A: SLF3233B

B: SKL4932R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/08/2019 @ about 1835hrs, I was travelling along slip road of TPE into Pasir Ris Dr 8. While at the slip road, I slowed down to a halt to check any oncoming traffic from Pasir Ris Dr 8 before I could move out. Suddenly (B: SKL4932R) had hit onto my vehicle's (A: SLF3233B) rear portion. We exchange the particulars and take a photo. After the accident, I ~~felt~~ felt pain on my neck and shoulder. will repair and claim at Optima works

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.:

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20190828/2102

1 of 3

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

Report No.: T/20190828/2102

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/08/2019 16:09	Video Report No.:	Station/Day ID: 37
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Informant's Particulars

Name of Informant: TAY SENG LIM		Address: APT BLK 185D RIVERVALE CRESCENT #09-155 SINGAPORE 544185	
ID Type / ID No.: NRIC NO / S1278874F		Contact No.: Home/Office: Mobile: 88159383	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 61	Date of Birth: 25/09/1957	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/08/2019 18:35	Type of Location: Gradient
Location: Along Road 1 PASIR RIS DRIVE 8 TPE expressway at Exit 3C Paris Ris Dr 8 Lamp Post Number: 35				
Weather: Clear		Road Surface: Dry	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
SKL4932R	Car				Slightly Damaged	1
SLF3233B	Car				Slightly Damaged	1

Details of Person Involved

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

Sketch Plan #5



**SINGAPORE
POLICE FORCE**



T/20190829/2102

2 of 3

Report No. T/20190829/2102

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

CONTINUATION OF REPORT

Driver			
Name	Lim Mae Lynn Sandra	ID No.	S6801312G
Related Vehicle	SKL4932R (Car)	Contact No.	97914286
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
Driver			
Name	TAY SENG LIM	ID No.	S1278874F
Related Vehicle	SLF3233B (Car)	Contact No.	88159383
Hospital/Clinic	NATIONAL HEALTHCARE GROUP POLYCLINICS (HOUGANG)	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 2, 3, 4, 5 Date of Expiry: NIL
Date Treatment	28/08/2019	Date Discharge	28/08/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 27/08/2019 at about 1835hrs, I was driving my vehicle bearing SLF 3233 B along TPE towards Changi Airport. As directed, I exited the expressway at Exit 3C Paris Ris Dr 8. While travelling at the slip road, right at the give way line I stopped my vehicle to give way. Out of the sudden, a vehicle bearing SKL 4932 R did not stop on time and hit onto my vehicle right rear side.

I wished to state that, there was not police or SCDF at scene and I have an in car CCTV installed. After the accident, I felt unwell and went to polyclinic to make a check. I was given 3 days of MC.

Sketch Plan #6



SINGAPORE
POLICE FORCE



T/20190828/2102

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

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Report No. T/20190828/2102

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 /
Sgt 2 GOH YONG KUAN, KEN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
28/08/2019 16:09

Officer In Charge Of Case:
TP / AEIT /
SSI 2 JUREMAH BINTE AHMAD
Contact No: 65476219

Classification Of Case:

Authentication Stamp
NP168

Singapore Police Force