

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	26/09/2019 15:45
Date Of Accident	26/09/2019 07:35
Exact Location Of Accident	LORNIE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMN1607R
Insured/Policyholder	
Name Of Registered Owner	LIM KOK KHENG (LIN GUOQING)
NRIC No	S7722130A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96499949
Alternative Phone No	OFFICE-96499949
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111293241 (CLASSIC)
Cover Note Number	
Driver	
Name of Driver	LIM KOK KHENG (LIN GUOQING)
NRIC No	S7722130A
Date Of Birth	08/08/1977
Occupation	INDOOR
Date Of Driving Pass	04/09/1996
Driving Experience	23 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96499949
Fax Number	
Contact Number	OFFICE-96499949
Email Address	NOEMAIL

Address	BLK 424C #09-312 YISHUN AVENUE 11 ORCHID SPRING @ YISHUN
Postcode	763424
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	CHAIN COLLISION
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	4
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: : WIFE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	RIVER VALLEY NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 4 DELTA AVENUE , POSTCODE: 161004 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2789999 - FAX NO: 62786427
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT (ATTENDED BY: JAMES NG)

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	SHD6927X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	HENRY
NRIC/Passport Number	
Contact Number	93885845
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJH2071X
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number 63211519 / 81981220
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLW3427U
Vehicle Make/Model/Colour
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)

DETAILS OF INJURED PERSON 1

Name LIM KOK KHENG (LIN GUOQING)
Approximate Age 42
Injuries Sustain STIFF NECK, GIDDINESS, FEEL LIKE VOMITTING
Injured person in which vehicle? SMN1607R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address BLK 424C #09-312 YISHUN AVENUE 11 ORCHID SPRING @ YISHUN
Postcode 763424

DETAILS OF INJURED PERSON 2

Name TAN POH LIAN
Approximate Age 40
Injuries Sustain CHEST PAIN, HEADACHE AND RIGHT HAND NO STRENGTH
Injured person in which vehicle? SMN1607R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address BLK 424C #09-312 YISHUN AVENUE 11 ORCHID SPRING @ YISHUN
Postcode 763424

SKETCH PLAN

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1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

26 SEP 2019

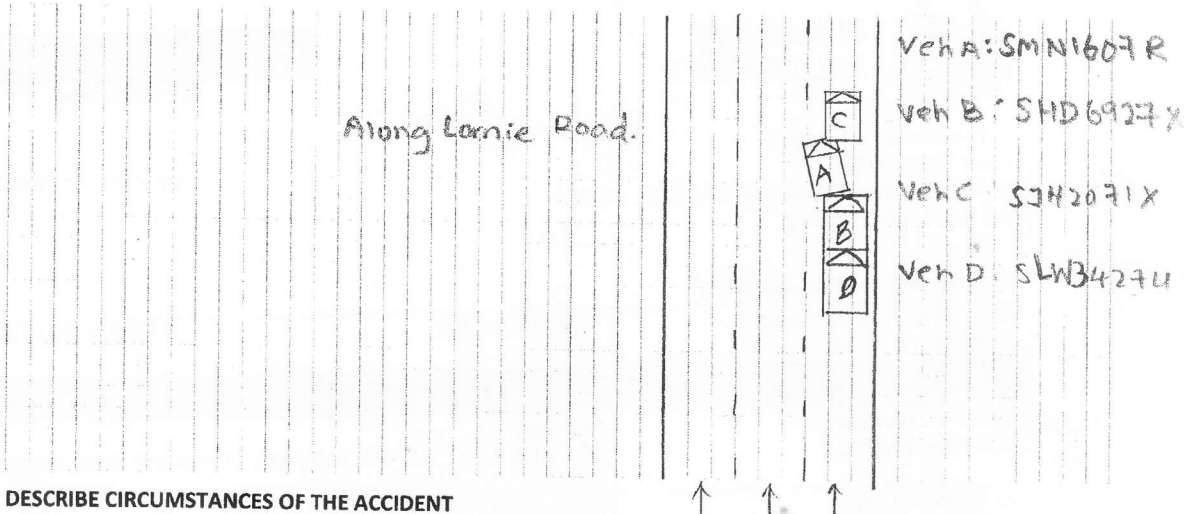
Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:

NRIC/FIN No. **NG WING KIN JAMES**
admin.vac@vicom.com.sg

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/09/19 @ 7:35am, my vehicle A (SMN1607R) was travelling along Lornie Road. Vehicle C (SJH2071X) which was in front suddenly apply brake. My vehicle A swerve to the left lane to avoid hitting onto vehicle C. Vehicle B (SHD6927X) couldn't stop in time & hit onto the rear of my vehicle A & the impact caused my vehicle A to hit onto vehicle C. When I got down from my vehicle then realise it's a chain collision.

DECLARATION

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

Policyholder's Signature
 Date & Time:

26 SEP 2019

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

Reporting Centre Personnel's Signature

Name: NG WING KIN JAMES
 NRIC/FIN No.:
 admin.vac@vicom.com.sg





**SINGAPORE
POLICE FORCE**



T/20190926/2104

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

1 of 4

Report No. T/20190926/2104

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/09/2019 14:48		Vide Report No.:	Station Diary No.: 33
Informant's Particulars			
Name of Informant: LIM KOK KHENG		Address: APT BLK 424C YISHUN AVENUE 11 #09-312 SINGAPORE 763424	
ID Type / ID No.: NRIC NO / S7722130A		Contact No.: Home/Office: Mobile: 96499949	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 42	Date of Birth: 08/08/1977	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: PRODUCTION SUPERVISOR		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/09/2019 07:35	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 LORNIE ROAD QUEENSWAY				
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
SHD6927X	Car					0
SJH2071X	Car					0
SLW3427U	Car					0
SMN1607R	Car	HONDA	SHUTTLE 1.5G CVT	Blue	Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20190926/2104

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

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Report No. T/20190926/2104

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SMN1607R	NTUC Income Insurance Co-Operative Limited	5111293241	26/07/2019	25/07/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM KOK KHENG	ID No.	S7722130A
Related Vehicle	SMN1607R (Car)	Contact No.	96499949
Hospital/Clinic	MOUNT ELIZABETH HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/09/2019	Date Discharge	26/09/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	TAN POH LIAN	ID No.	S7904739B
Related Vehicle	SMN1607R (Car)	Contact No.	93236378
Hospital/Clinic	MOUNT ELIZABETH HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/09/2019	Date Discharge	26/09/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 26/09/2019 at about 7.35AM, I was travelling along Lornie Road towards Queensway on the first lane.

My vehicle (SMN1607R) was travelling behind the vehicle (SJH2071X) when suddenly, the said vehicle that was in front of me stopped abruptly. I noticed it and managed to slow down before swerving my vehicle to the left to avoid collision. However, the vehicle (SHD6927X) that was travelling behind me could not stop in time. Thus, the said vehicle collided onto mine. The impact causes my vehicle to surge forward and collide with the vehicle that was in front of me.

No ambulance came to scene. However, after the accident, my passenger felt pain on her chest and I felt some neck pain and we proceeded to the hospital and was given 3 days of medical leave.

I am therefore lodging this report as required. That is all.



**SINGAPORE
POLICE FORCE**



T/20190926/2104

Police Station Of Origin:
River Valley NPP
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Tel No: 1800-2789999

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Report No. T/20190926/2104

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190926/2104

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

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Report No. T/20190926/2104

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:

E /

Sr Staff Sgt MUHAMMAD AZRI KHAIRUDDIN
BIN AZAHAR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

26/09/2019 14:48

Classification Of Case:



SINGAPORE
POLICE FORCE

SN 069

SIGNATURE