

## 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	01/10/2019 11:58
Date Of Accident	30/09/2019 14:10
Exact Location Of Accident	LORNIE RD TWRDS ADAM RD AT THE SLIP RD TWRDS PIE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR5960H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM LIANG FOONG
NRIC No	S8105278F
Email Address	LIANGFOONG@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-84996481
Alternative Phone No	OTHERS-84996481

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	D19MPC0002313
Cover Note Number	

### Driver

Name of Driver	LIM LIANG FOONG
NRIC No	S8105278F
Date Of Birth	22/02/1981
Occupation	OUTDOOR
Date Of Driving Pass	07/04/2006
Driving Experience	13 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84996481
Fax Number	
Contact Number	OTHERS-84996481
Email Address	LIANGFOONG@OUTLOOK.COM

Address	BLK 116B JALAN TENTERAM #12-545
Postcode	322116
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	COLLIDED INTO PROPERTY
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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	QUEENSTOWN N.P.C
Police Station Address	<b>ROAD:</b> 3 QUEENSWAY #01-03 , <b>POSTCODE:</b> 149073 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4719999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190930/2160

#### Attachment(s)

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

## Accident Sketch Plan

### SKETCH PLAN

Veh A: SJR 5960 H  
Veh B: —

### 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. 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.

\*\* I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Policyholder's Signature

Date & Time: 30/09/19  
1556 hour

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:

## Accident Sketch Plan

### SKETCH PLAN

Veh A: SJR 5960 H

Veh B: —

Adam Rd Twds PIE (Filter Lane)



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer To Police Report No. T/2019 09 30/2160

### DECLARATION

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

Policyholder's Signature

Date & Time: 30/9/19  
1556 hour

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Person's Signature

Name:

NRIC/FIN No.:

01/10/2019  
Rajeev MHA/13

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190930/2160

1 of 3

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No: T/20190930/2160

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/09/2019 16:32	Vide Report No.: E/20190930/0087	Station Diary No.: 57
--	-------------------------------------	--------------------------

### Informant's Particulars

Name of Informant: LIM LIANG FOONG			Address: APT BLK 116B JALAN TENTERAM #12-545 SINGAPORE 322116	
ID Type / ID No.: NRIC NO / S8105278F			Contact No.: Home/Office: Mobile: 84996481	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 38	Date of Birth: 22/02/1981	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Sales Executive			Driving Licence Information: Class: 2B, 2A, 3	Date of Expiry:

### General Information of the Accident

Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 30/09/2019 14:10	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 LORNIE ROAD ADAM ROAD Lornie Road towards Adam Road, at the slip road towards PIE(Changi)				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJR5960H	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Blue	Slightly Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJR5960H	INDIA INTERNATIONAL INSURANCE PTE LTD	D19MPC0002313	30/06/2019	29/06/2020



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190930/2160

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

2 of 3

Report No. T/20190930/2160

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LIM LIANG FOONG	ID No.	S8105278F
Related Vehicle	SJR5960H (Car)	Contact No.	84996481
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

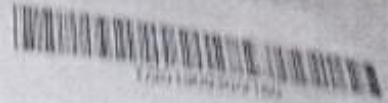
On 30/09/2019 at 1410hrs, I was driving my car SJR5960H along Lornie Rd towards Adam Road, at the slip road towards PIE (Changi). As I was negotiating the bend at the slip road, suddenly my car jerked slightly to the left side. As I applied brakes, the car spun and hit the kerb on the left side and the railing. The car then came to a stop. As a result of the accident, the railing was damaged. The front and rear areas of my car were damaged.

POLICE REPORT



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Queenstown N P C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4710999



Report No: 172919090001196

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:

D /  
Sr Staff Sgt SUREIND MISHRA

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/09/2019 16:32

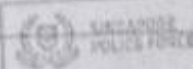
Officer In Charge Of Case:

TP / AEIT /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Classification Of Case

SN 49

Authentication Stamp  
NP168



SIGNATURE

POLICE REPORT



SINGAPORE POLICE FORCE  
ACKNOWLEDGEMENT SLIP

Ref: Report No: E/20190730/0037

I, Sgt T170218 Amer Hamzah  
(Recipient's Name, NRIC or Passport No. / Rank and No.)

of TP  
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 one nice sword / Kingston / 166 B / Black color
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from S8105278F Lim Liang Fong  
(Name, NRIC or Passport No. / Rank and No.)

of Blk 116B Jalan Tenkaran #12-544 S322116  
(Address / Police Station / NPC / NPP)

on 20/07/19 at 1420hrs  
(Date) (Time)

Witnessed by / \* Handed over by:  
(\* Delete if applicable)

[Signature]  
(Signature)

Lim Liang Fong S8105278F  
(Name, NRIC or Passport No. / Rank and No.)

Received by:

[Signature]  
(Signature)

T170218  
(Name, NRIC or Passport No. / Rank and No.)

Other Remarks: IO 30 EXT 6547 6460



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

