

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	29/04/2019 12:33
Date Of Accident	27/04/2019 12:40
Exact Location Of Accident	JALAN EUNOS TOWARDS SIMS AVE EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD1635K
Insured/Policyholder	
Name Of Registered Owner	LIM BOON SENG
NRIC No	S7819719F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97692605
Alternative Phone No	OFFICE-97692605

Vehicle Particulars

Manufacturer	HONDA
Model	STREAT
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	5104960871
Cover Note Number	

Driver

Name of Driver	LIM BOON SENG
NRIC No	S7819719F
Date Of Birth	03/07/1978
Occupation	INDOOR
Date Of Driving Pass	02/09/2006
Driving Experience	12 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97692605
Fax Number	
Contact Number	OFFICE-97692605
Email Address	NOEMAIL

Address	BLK 892A #02-30 TAMPINES AVENUE 8
Postcode	521892
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	SIDE SWIPE
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?	NO
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	10 UBI AVENUE 3
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDS6260D
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	

Sketch Plan

INSURANCE POLICY

IMPORTANT NOTICE

1. Please read this notice for details of the accident report and the relevant details.
2. This form must be completed by the Policyholder and the Authorized Driver.
3. Information provided must be truthful and accurate as possible and will be used to establish or deny liability of the parties involved in the accident.
4. The use 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 statement 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 lodging 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)
 - 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 purposes) 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

Reported Person's Signature
Name:
NRIC/Fin ID:

Sketch Plan #2

10/17/14



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

DECLARATION

I hereby declare that the foregoing statements are true and correct to the best of my knowledge.

Witness's Signature
Date & Time

[Signature]

Driver's Signature
If driver is not the policyowner
Date & Time

[Signature]

Reporting Officer's Signature
Name
Agency

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190427/2093

on Of Origin:

Police

1 of 3

Avenue 3 SINGAPORE 408865

Report No. T/20190427/2093

No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/04/2019 14:08		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM BOON SENG			Address: APT BLK 892A TAMPINES AVENUE 8 #02-30 SINGAPORE 521892		
ID Type / ID No.: NRIC NO / S7819719F			Contact No.: Home/Office: Mobile: 97692605		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 40	Date of Birth: 03/07/1978	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SAF REGULAR			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 27/04/2019 12:25	Type of Location:
Location: Along Road 1 JALAN EUNOS TOWARDS SIMS AVE EAST				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDS6260D	Car	PEUGEOT	3008 ALLURE PURETECH 1.2 EAT6			0
SKD1635K	Car	HONDA	STREAM 1.8 A	Silver		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190427/2093

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190427/2093

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKD1635K	NTUC Income Insurance Co-Operative Limited	5104960871	01/11/2018	31/10/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM BOON SENG		ID No. S7819719F
Related Vehicle	SKD1635K (Car)		Contact No. 97692605
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

Brief Details.

ON STATED DATE, TIME AND LOCATION,
I WAS ON THE CENTER OF 3 LANES HEADING TOWARDS SIM AVE EAST WHEN SUDDENLY A VEHICLE ON MY RIGHT MADE A SUDDEN LANE CHANGE AND COLLIDED ON MY REAR RIGHT PORTION OF MY VEHICLE. WE WENT TO THE SIDE OF THE ROAD AND WE MADE AN AGREEMENT TO SETTLE THE MATTER AT MY WORKSHOP AT KAKI BUKIT. ALONG THE WAY TO MY WORKSHOP, THE SAID VEHICLE (SDS6260D) SPED OFF AND TRIED TO RUN AWAY. I TRIED TO GAVE CHASE BUT THE MECHANIC FROM MY WORKSHOP TOLD ME TO NOT CONTINUE WITH THE CHASE AND JUST LODGE A POLICE REPORT.

POLICE REPORT Pg. 1



SINGAPORE
POLICE FORCE



T/20190427/2093

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190427/2093

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:
TP /
MOHAMED ANWAR BIN MOHAMED IBRAHIM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
27/04/2019 14:08

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature:



SINGAPORE
POLICE FORCE

10 Ubi Avenue 3
Singapore 408665
Tel +65 6547 0000
Fax +65 6547 4863
www.police.gov.sg

Our Ref : TP/IP/29999/2019
Date : 19 July 2019

Lim Boon Seng
Blk 892A Tampines Avenue 8
#02-30
Singapore 521892

Dear Sir / Madam,

**TRAFFIC ACCIDENT INVOLVING SKD1635K AND SDS6260D ALONG JALAN EUNOS
ON 27/04/2019 AT ABOUT 1225 HRS**

I refer to the above accident.

2. Please be informed that we have completed our investigations which revealed that the driver of SDS6260D had committed the following offences:

- (i) Inconsiderate Driving under Section 65(b) of the Road Traffic Act Chapter 276;
- (ii) Failing to report an accident within 24 Hours under Section 84(2) of the Road Traffic Act Chapter 276.

Action has been initiated against the driver for the said offences.

3. If you have any clarification, you may contact the Investigation Officer, SSS Irman at office number: 6547 6145.

4. Thank you.

Yours faithfully,

**HEAD INVESTIGATION
TRAFFIC POLICE
SINGAPORE POLICE FORCE**

This is a computer-generated letter. No signature is required.