

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 | 29/10/2019 18:36 |
| Date Of Accident | 28/10/2019 17:15 |
| Exact Location Of Accident | JUNC BOON LAY DR & BOON LAY AVE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SMF206M |
| Insured/Policyholder | |
| Name Of Registered Owner | LIM AN ENG |
| NRIC No | S8819947B |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-93629282 |
| Alternative Phone No | OFFICE-93629282 |

Vehicle Particulars

| | |
|--|--------------|
| Manufacturer | HONDA |
| Model | JAZZ 1.3 CVT |
| 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 | TOKIO MARINE INSURANCE SINGAPORE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | MT108194 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | LIM GEOK CHUA |
| NRIC No | S0653853C |
| Date Of Birth | 12/06/1948 |
| Occupation | INDOOR |
| Date Of Driving Pass | 18/02/1972 |
| Driving Experience | 47 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93629282 |
| Fax Number | |
| Contact Number | OFFICE-93629282 |
| Email Address | NOEMAIL |

| | |
|---|---|
| Address | BLK 667B JURONG WEST STREET 65 #09-169 |
| Postcode | 642667 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | PARENT |
| 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? | YES |
| 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) | 3 |
| Passenger 1 | NAME: : KER HUAY GENDER: : FEMALE |
| Passenger 2 | NAME: : - GENDER: : FEMALE |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | JURONG WEST NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2689999 - FAX NO: 62672438 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20191028/2081.

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 | SBS3820G |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | BUS |
| 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 | KER HUAY |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | SMF206M |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | YES |
| Address | |
| Postcode | |

Accident Sketch Plan

SKETCH PLAN

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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.:

Accident Sketch Plan

SKETCH PLAN

Vehicle A: SMF 70641

Vehicle B: SBS 387069

Boon Lay Ave

Boon Lay Drive

A

B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to 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:


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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Police Report



**SINGAPORE
POLICE FORCE**



T/20191028/2081

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 4

Report No. T/20191028/2081

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made: 28/10/2019 19:30 | Vide Report No.: J/20191028/0155 | Station Diary No.: 89 |
|--|-------------------------------------|--------------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|--|--|----------------------------|
| Name of Informant: LIM GEOK CHUA | | | Address: APT BLK 667B JURONG WEST STREET 65 #09-169 SINGAPORE 642667 | | |
| ID Type / ID No.: NRIC NO / S0653853C | | | Contact No.: Home/Office: Mobile: 93629282 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 71 | Date of Birth: 12/06/1948 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: Mandarin | | Institution / School Name: |
| Occupation: RETIRED | | | Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|---------------------------|--|---|----------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 28/10/2019 17:15 | Type of Location: X-Junction |
| Location: Along Road 1 BOON LAY DRIVE BOON LAY DRIVE JUNCTION OF BOON LAY AVENUE | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Two Way | | Traffic Control: Traffic Light - Working | | 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 |
|-------------|-------------------|------|-------|-------|------------------|-----------------|
| SBS3820G | Bus/Coach/Minibus | | | | No Damage | 0 |
| SMF206M | Car | | | | Slightly Damaged | 2 |

Details of Person Involved

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

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Police Report



**SINGAPORE
POLICE FORCE**



T/20191028/2081

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20191028/2081

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------------|--|---|
| Driver | | | |
| Name | LIAW CHEE MING | ID No. | S2697177B |
| Related Vehicle | SBS3820G (Bus/Coach/Minibus) | Contact No. | NIL |
| 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 | LIM GEOK CHUA | ID No. | S0653853C |
| Related Vehicle | SMF206M (Car) | Contact No. | 93629282 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Passenger | | | |
| Name | KER HUAY | ID No. | S0978016E |
| Related Vehicle | SMF206M (Car) | Contact No. | NIL |
| Hospital/Clinic | NG TENG FENG GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 28/10/2019 | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | Slight |

Brief Details.

On the above said mentioned date, time and location, while I was driving my car (SMF206M) waiting to turn right at the junction of Boon Lay Dr and Boon Lay Ave, there is one SBS bus (SBS3820G) behind my car and had hit onto the rear of my said car.

After the accident happened, the Traffic Police officers had arrived and attended to the said accident.

There were two passengers inside my said car. My wife namely, Ker Huay, F/67 yrs old and bearing NRIC No: S0978016E was sitting at the rear passenger seat and my youngest daughter was sitting at the front passenger seat.

My youngest daughter and I were not injured. My wife informed that she is feeling giddy after the

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Police Report



**SINGAPORE
POLICE FORCE**



T/20191028/2081

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Report No. T/20191028/2081

Police Station Of Origin:
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700 Corporation Road SINGAPORE 649818
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CONTINUATION OF REPORT

accident. The ambulance arrived at scene and had conveyed my wife to Ng Teng Feng General hospital for medical checkup. Her conditions are stable and conscious.

There were damages at my said car:

- Rear bumper dented and scratches marks
- Rear side car break
- Rear side car scratches marks

This is the first time such accident happened between my said car and the said SBS bus.

I have in car camera installed inside my car and I had handed over one 16GB "I Road" micro SD card to the Traffic Police officer at the scene.

The Traffic Police had advised me to lodge a police report.

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Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
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700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999



T/20191028/2081

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Report No. T/20191028/2081

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:

J /

Sr Staff Sgt ONG BOON TIONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt RAZIZ BIN TAHAR

Contact No.: 65476200

Authentication Stamp



Signature :

Singapore Police Force

Signature Of Informant:

Date/Time:

28/10/2019 19:30

Classification Of Case:

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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

