

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	14/11/2019 10:39
Date Of Accident	08/11/2019 19:30
Exact Location Of Accident	ANG MO KIO AVE 3 TOWARDS SERANGOON
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG2457L
Insured/Policyholder	
Name Of Registered Owner	COVE RENTALS PTE LTD
Co Reg No	201626878M
Email Address	OSOVERYSLow@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-87978998
Alternative Phone No	OFFICE-87978998

Vehicle Particulars

Manufacturer	NISSAN
Model	TEANA
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5106862252 (TP)
Cover Note Number	

Driver

Name of Driver	STANLEY LIM ZHENG FU
NRIC No	S9312021C
Date Of Birth	23/03/1993
Occupation	OUTDOOR
Date Of Driving Pass	03/03/2014
Driving Experience	5 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87527124
Fax Number	
Contact Number	
Email Address	OSOVERYSLow@HOTMAIL.COM

Address	51C LORONG TELOK KURAU
Postcode	425494
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2180000 - FAX NO: 64814246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER STATEMENT AND 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	SMH1725P
Vehicle Make/Model/Colour	AUDI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PEAR SZE SHAN, SUSAN
NRIC/Passport Number	S8925541D
Contact Number	91909800
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	STANLEY LIM ZHENG FU
Approximate Age	26
Injuries Sustain	NECK, SHOULDER AND LOWER BACK PAIN
Injured person in which vehicle?	SMG2457L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	51C LORONG TELOK KURAU
Postcode	425494

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:

[Handwritten Signature]

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

Sign here

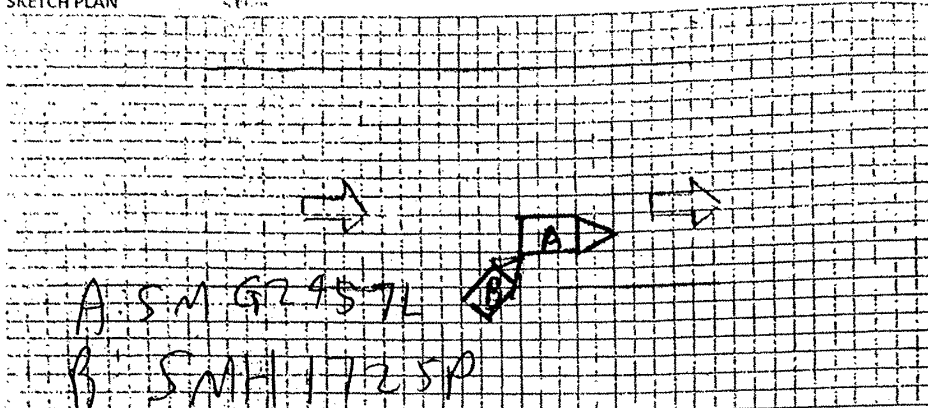


Reporting Centre Personnel's Signature
Name:

NG WING KIN JAMES
admin.vac@vicom.com.sg

14 NOV 2019

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 08/11/2019 at about 1930 hours, I was driving my Nissan Teana 2.5 bearing plate number SMG2457L along Ang Mo Kio Avenue 3 towards Serangoon.

An Audi Car bearing plate number SMH1725P came speedily turning right from a minor road and collided into the rear of my car. It caused severe damages to my car.

Due to the accident, I suffered neck, shoulder and lower back pain. I have seen a doctor and was given 3 days MC with strong medications.

DECLARATION

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

sign here

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.:

14 NOV 2019

NG WING KIN JAMES
admin.vac@vicom.com.sg



SINGAPORE
POLICE FORCE



F/20191111/7045

1 of 2

POLICE REPORT (NP299)

Report No. F/20191111/7045

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 11/11/2019 17:44	Vide Report No.	Station Diary No.		
Name Of Informant STANLEY LIM ZHENG FU ID Type / ID No. NRIC NO / S9312021C	Address 51C LORONG L TELOK KURAU SINGAPORE 425494 Contact No. Home/Office: Mobile: 87527124			
Nationality SINGAPORE CITIZEN	Email Address osoveryslow@hotmail.com			
Occupation GRAB DRIVER	Sex Male	Age 26	Date of Birth 23/03/1993	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 08/11/2019 19:20 - 08/11/2019 19:30	Location Of Incident ANG MO KIO AVENUE 3			

Brief details.

On 08/11/2019 at about 1930hrs. i was driving my nissan teana 2.5 bearing plate number SMG2457L along ang mo kio avenue 3 towards serangoon.

An Audi vehicle bearing plate number SMH1725P came speedily, turning right from the minor road and collided into the rear of my car. It caused severe damages to my car.

Due to the accident, I suffered neck, Shoulder and lower back pain. I have seen a doctor and was given 3 days MC with strong medications

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/11/2019 17:44
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20191111/7045

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20191111/7045

Subjects Involved			
Victim			
Person Name	STANLEY LIM ZHENG FU		
ID Type	NRIC NO	ID No	S9312021C
Gender	Male	Age	26
Race	Chinese	Language	English
Occupation	GRAB DRIVER	Address Type	
Address	51C LORONG L TELOK	Mobile No	87527124
	KURAU SINGAPORE 425494		
Is Informant A Victim?	Yes		
Person Name STANLEY LIM ZHENG FU (Informant)			

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this
report has been authenticated by
SingPass. No signature is required.

Date/Time:

11/11/2019 17:44

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

