

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	25/11/2019 15:37
Date Of Accident	25/11/2019 11:30
Exact Location Of Accident	YISHUN CENTRAL 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP9103P
Insured/Policyholder	
Name Of Registered Owner	SUNRITA PRIVATE LIMITED
Co Reg No	196800361G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63374815

Vehicle Particulars

Manufacturer	TOYOTA
Model	AQUA
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5110111062
Cover Note Number	

Driver

Name of Driver	LIM PELE
NRIC No	S7835361I
Date Of Birth	20/11/1978
Occupation	OUTDOOR
Date Of Driving Pass	23/02/2000
Driving Experience	19 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86696969
Fax Number	
Contact Number	
EMail Address	BILLYLIM1313@GMAIL.COM

Address	BLK 442 ANG MO KIO AVENUE 10 #10-1209
Postcode	560442
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER & LEASEE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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 SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ACCIDENT STATEMENT AS ATTACHED.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO WILL BE SEND VIA EMAIL
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBQ5765E
Vehicle Make/Model/Colour	BLACK
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name	LIM PELE
Approximate Age	41
Injuries Sustain	SLIGHT DEGREE OF INJURY
Injured person in which vehicle?	SMP9103P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 442 ANG MO KIO AVENUE 10 #10-1209
Postcode	560442

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: 25.11.19 13:30

Driver's Signature
(If driver is not the policyholder)

Date & Time: 25.11.19 13:30

Reporting Centre Personnel's Signature

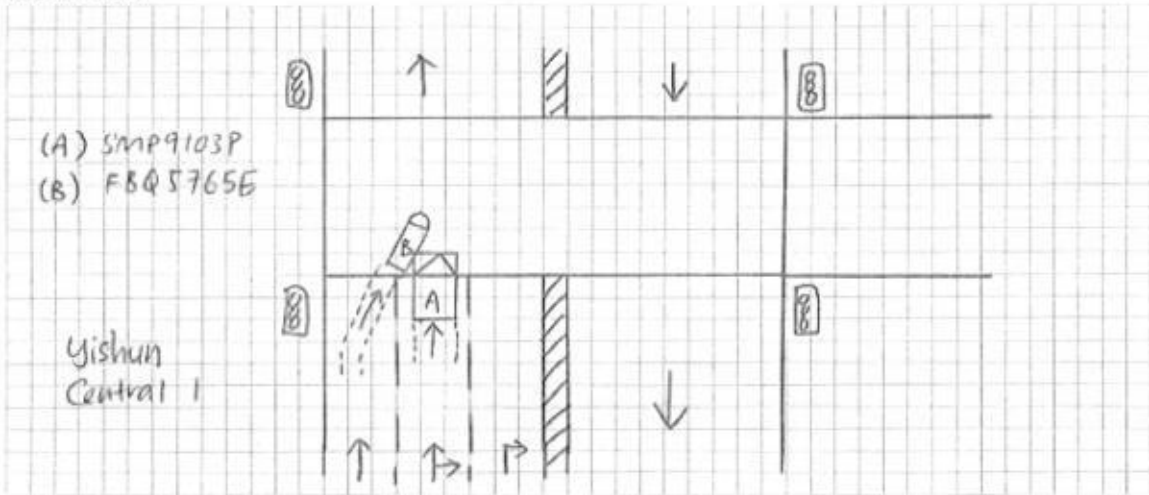
Name:

NRIC/FIN No.: AMK AUTOPPOINT PTE LTD

25.11.2019

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/11/2019 at about 1:30pm, I was travelling straight along Yishun Central 1. Suddenly, motorbike (B) FBQ5765E changing lane and hit onto my vehicle (A) SMP9103P front left portion and caused damage. I have video footage as evidence.

DECLARATION

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



Policyholder's Signature

Date & Time: 25-11-19 13:50

Driver's Signature _____

(If driver is not the policyholder)

Date & Time: 25-11-19 13:30

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN NO.: AMK AUTOPPOINT PTE LTD
25.11.2019

25.11.2019

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191126/2038

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4510999

1 of 3

Report No. T/20191126/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/11/2019 10:32	Vide Report No.:	Station Diary No.: 40
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Informant's Particulars

Name of Informant: LIM PELE			Address: APT BLK 442 ANG MO KIO AVENUE 10 #10-1209 SINGAPORE 560442	
ID Type / ID No.: NRIC NO / S78353611			Contact No.: Home/Office: Mobile: 86696969	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 41	Date of Birth: 20/11/1978	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/11/2019 11:30	Type of Location: T-Junction
Location: Along Road 1 YISHUN CENTRAL 1				
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 - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ5765E	Motorcycle			Black	Slightly Damaged	0
SMP9103P	Car	TOYOTA	AQUA	Blue	Slightly Damaged	0

Details of Person Involved

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

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20191126/2038

2 of 3

Report No. T/20191126/2038

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

CONTINUATION OF REPORT

Rider			
Name	MALE RIDER		ID No. NIL
Related Vehicle	FBQ5765E (Motorcycle)		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 PELE		ID No. S78353611
Related Vehicle	SMP9103P (Car)		Contact No. 86696969
Hospital/Clinic	ATRIO FAMILY CLINIC		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	26/11/2019		Date Discharge 26/11/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 25/11/2019 at about 1130hrs, I was driving vehicle bearing SMP9103P along Yishun Central 1 and I was at the middle lane of a T-junction. Subsequently when the traffic light turned green I moved off and was about to move off but suddenly, another motor vehicle bearing FBQ5765E side swiped my vehicle as he thought that I was turning right instead. The lane I was at permits me to either go straight or make a right turn and the motor vehicle FBQ5765E was on the most left lane and his lane only permits him to go straight only.

After the accident he did not provide me his particulars as he claimed that he will not be pursuing the matter and he asked me to go ahead and report.

I had also seek medical attention as I was feeling uncomfortable due to the accident and I gotten 3 days of MC.

I wish to state that I have a in-car camera and I am able to provide it to the traffic police.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20191126/2038

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

3 of 3

Report No. T/20191126/2038

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:

F /

Sgt 1 YEE JIA WEI JONATHAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID

Contact No.: 65476172

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

26/11/2019 10:32

Classification Of Case: