

## 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	06/12/2019 18:35
Date Of Accident	05/12/2019 22:55
Exact Location Of Accident	BEDOK NORTH AVE 03
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML8661Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM KOK GIAP
NRIC No	S1304408B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97510659
Alternative Phone No	OTHERS-97510659

### Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE HYBRID 1.5 AUTO
Exact Purpose for which vehicle was being used at time of accident	AT THE TIME OF ACCIDENT IS FOR 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	5109791492
Cover Note Number	

### Driver

Name of Driver	LIM XING ZUO
NRIC No	S9309289I
Date Of Birth	03/03/1993
Occupation	OUTDOOR
Date Of Driving Pass	29/03/2017
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96303899
Fax Number	
Contact Number	
EEmail Address	NICHOLAS_NICK8@HOTMAIL.COM

Address	BLK 889A #08-1030 TAMPINES STREET 81 TAMPINES GROVE
Postcode	521889
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	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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER ATTACHED;

#### 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	SHC228A
Vehicle Make/Model/Colour	HYUNDAI / AE IONIQ HEV 1.6 DCT
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	GOH AH LOCK
NRIC/Passport Number	S1194224E
Contact Number	
Address	96303899
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	LIM XING ZUO
------	--------------

Approximate Age	
Injuries Sustain	*2DAYS MC*
Injured person in which vehicle?	SML8661Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	BLK 889A #08-1030 TAMPINES STREET 81 TAMPINES GROVE
Postcode	521889

# Accident Sketch Plan

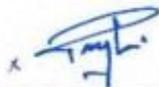
## SKETCH PLAN

### 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.



Policyholder's Signature  
Date & Time: -



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

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



Accident Sketch Plan

(S1194224E)  
I, Goh Ah Lok, driver of SHC228A, failed to give way to the driver  
(S9309289I)  
of SML8661Y, Lim Xing Zuo, while he was travelling straight along Bedok  
North Ave 3, where he had the right of way. This happened at about 1055pm  
on 5th of December 2019. My insurance company will bear the costs of repair  
to the car SML8661Y & no police report will be made.

*Goh Ah Lok*

Goh Ah Lok  
S1194224E  
20 Dec 1956

9632 4366

*Lim Xing Zuo*

Lim Xing Zuo  
S9309289I  
3 March 1993

96303899

**Intemedical 24 Hr Clinic**

525 Ang Mo Kio Avenue 10, #01-2407

Singapore 560525 Tel : 69192998

**Medical Certificate**

---

**Date : 06 Dec 2019**

**MC No. : 0000033284**

This is to certify that :

Name : LIM XING ZUO

NRIC : S9309289I

is Unfit for Duty for 2 days

from 06/12/2019 to 07/12/2019 inclusive.

**Intemedical 24-Hr Clinic**  
Blk 525 Ang Mo Kio Ave 10  
#01-2407  
Singapore 560525  
Tel: 69192998

---

**ONG SWEE SENG RAYMOND**

**MBBS (SINGAPORE)**

*\*This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



**Police Report**



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : \_\_\_\_\_ Vehicle Registration No: SML 866N
Name (as shown in NRIC) : Lim Xing Zuo NRIC/FIN/Passport No : 993092891
(\*Vehicle Driver / Vehicle Owner) (\* Please delete as appropriate
Address : \_\_\_\_\_ Singapore( )
Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_
Email Address : \_\_\_\_\_
Date of Accident : 05.12.2019 Time of Accident : 22:55
Place of Accident : Bedok North Ave 03
Insurance Company : LIME

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- update injuries
- 7 days MC

Policyholder / Driver's Signature
Date:

IDAC KAKI BUKIT (VAC)
Reporting Centre: Kaki Bukit Ave 4
Name: Singapore 415933
NRIC/FIN No: Tel: 67416697 Fax: 67492305
Date: Email: vackb@singnet.com.sg