

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	19/12/2019 16:20
Date Of Accident	19/12/2019 09:00
Exact Location Of Accident	ANG MO KIO INDUSTRIAL PARK 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLF7211M
Insured/Policyholder	
Name Of Registered Owner	METRO CAR LEASING PTE LTD
Co Reg No	201810490D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81119294
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS CLASSIC 1.6 CVT
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5109757678
Cover Note Number	
Driver	
Name of Driver	LIM PENG
NRIC No	S1764207C
Date Of Birth	27/10/1966
Occupation	OUTDOOR
Date Of Driving Pass	21/03/1991
Driving Experience	28 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82188751
Fax Number	
Contact Number	
EMail Address	KENLIM999@HOTMAIL.COM

Address	BLK 21 SIN MING WALK #07-12
Postcode	573915
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	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?	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

AS PER POLICE REPORT No.F/20191219/7030;

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	GBE6603X
Vehicle Make/Model/Colour	NISSAN / NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	PALANI UDAYAR MURUGANANDAM
NRIC/Passport Number	F7696180T
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LIM PENG
Approximate Age	53
Injuries Sustain	
Injured person in which vehicle?	SLF7211M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	BLK 21 SIN MING WALK #07-12
Postcode	573915

Accident Sketch Plan

SKETCH PLAN

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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 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:

REPORT CENTRE SIGNATURE
25 Raffles Place, 4th Floor, 02
Singapore 048533
Tel: 6734 1111 / Fax: 6734 1112
Email: rcc@metrocarleasing.com.sg
Reporting Centre Personnel's Signature
Name:
NRP/PR No.: 19 DEC 2015

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report F/2019/12/19/7030

DECLARATION

I/We declare that the above 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:

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



F/20191219/7030

1 of 2

POLICE REPORT (NP299)

Report No. F/20191219/7030

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 19/12/2019 12:48	Vide Report No.	Station Diary No.
Name Of Informant LIM PENG	Address 21 SIN MING WALK #07-12 SINGAPORE 573915	
ID Type / ID No. NRIC NO / S1764207C	Contact No Home/Office	Mobile 82188751
Nationality SINGAPORE CITIZEN	Email Address kenlim999@hotmail.com	
Occupation GOJEK DRIVER	Sex Male	Age 53
Institution/School Name	Date of Birth 27/10/1966	Race Chinese
	Language English	
Date/Time Of Incident 19/12/2019 09:00	Location Of Incident ANG MO KIO INDUSTRIAL PARK 2	

Brief details.

On the above mentioned date and time, I was travelling in my vehicle SLF7211M along Ang Mo Kio Industrial Park 2. BLOCK 5070 was on my right.

Suddenly, GBE6603X came out from one of the units of block 5070 and collided into the front right portion of my vehicle. There was no way I could have avoided the accident as GBE6603X came out from the parking lots in front of the units at an extremely fast speed.

I went to see my family doctor at Unihealth 24 Hours Clinic Toa Payoh for neck and shoulder strains and

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. 19/12/2019 12:48
Officer In-Charge Of Case	Classification Of Case:

Authentication Stamp

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



F/20191219/7030

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20191219/7030

was given 3 days MC.

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: 19/12/2019 12:48
Officer In-Charge Of Case:	Classification Of Case
Authentication Stamp	