

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 | 21/12/2019 09:09 |
| Date Of Accident | 19/12/2019 23:05 |
| Exact Location Of Accident | WOODLANDS CROSSING TWDS WOODLANDS CHECKPOINT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJQ600K |
| Insured/Policyholder | |
| Name Of Registered Owner | LIM KIOK YONG |
| NRIC No | SXXXX137Z |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-85001413 |
| Alternative Phone No | OFFICE-85001413 |

Vehicle Particulars

| | |
|--|---------------|
| Manufacturer | MERCEDES-BENZ |
| Model | E 250CGI |
| 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 | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5114761880 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | ZHUANG WEIJIE, CLIVE |
| NRIC No | SXXXX687D |
| Date Of Birth | 09/05/1985 |
| Occupation | INDOOR |
| Date Of Driving Pass | 25/08/2005 |
| Driving Experience | 14 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-85001413 |
| Fax Number | |
| Contact Number | OFFICE-85001413 |
| EEmail Address | NOEMAIL |

| | |
|---|--------------------------------------|
| Address | BLK 57 TEBAN GARDENS ROAD #13-475 |
| Postcode | 600057 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | CHILDREN |
| 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? | YES |
| Foreign Vehicle Registration Number | HJA3132 (PRIVATE CAR) |
| Number of vehicles (including own vehicle) involved in the accident | 2 |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | |
| 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 | YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-8529999 - FAX NO: 68522299 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20191220/2006.

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 | HJA3132 |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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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:

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

Accident Sketch Plan

SKETCH PLAN

Vehicle A: SJA 600R

Vehicle B: HJA 3132



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

DECLARATION

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

Witness's Signature
Name & Title

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

Reporting Centre Person's Signature
Name
Address & Tel

Police Report



**SINGAPORE
POLICE FORCE**



T/20191220/2006

1 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20191220/2006

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made: 20/12/2019 01:20 | Vide Report No.: L/20191219/0212 | Station Diary No.: 14 |
|--|-------------------------------------|--------------------------|

Informant's Particulars

| | |
|---|--|
| Name of Informant: ZHUANG WEIJIE, CLIVE | Address: APT BLK 57 TEBAN GARDENS ROAD #13-475 SINGAPORE 600057 |
| ID Type / ID No.: NRIC NO / S8514687D | Contact No.: Home/Office: Mobile: 85001413 |
| Nationality: SINGAPORE CITIZEN | Email: |
| Sex: Male Age: 34 Date of Birth: 09/05/1985 | Type of Informant: Driver |
| Race: Chinese | Language: English Institution / School Name: |
| Occupation: DELIVERY DRIVER | Driving Licence Information: Class: 2B,3 Date of Expiry: |

General Information of the Accident

| | | | |
|--|------------------------------------|--|-------------------------------------|
| Type of Accident: Non-Injury Foreign Vehicle | Drink Drive: No | Date/Time of Accident: 19/12/2019 23:05 | Type of Location: Straight Road |
| Location: Along Road 1 Woodlands Crossing | | | |
| TOWARDS WOODLANDS CHECKPOINT BEFORE THE CLEARANCE COUNTER | | | |
| Weather: Clear | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | Traffic Control: Not Controlled | Traffic Volume: Heavy | |
| 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 |
|-------------|------|------|-------|-------|-------------------|-----------------|
| HJA3132 | Car | | | | Slightly Damaged | 5 |
| SJQ600K | Car | | | | Seriously Damaged | 0 |

Details of Person Involved

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

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Police Report



**SINGAPORE
POLICE FORCE**



T/20191220/2006

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20191220/2006

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|--------------------------------------|--|------------------------------------|
| Driver | | | |
| Name | BALA KUMARAN A/L KALIPAN (MALAYSIAN) | ID No. | 800614085279 |
| Related Vehicle | HJA3132 (Car) | 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 | ZHUANG WEIJIE, CLIVE | ID No. | S8514687D |
| Related Vehicle | SJQ600K (Car) | Contact No. | 85001413 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 2B,3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 19/12/2019 at about 2304hrs, I was returning to Singapore and driving my car, SJQ600K along Woodlands Crossing towards Woodlands Checkpoint. Before the clearance counter, there was heavy traffic and all the vehicles were queuing up and moving slowly to clear the customs. I was queuing up in the extreme left lane. There was a slight up slope where my vehicle was moving slowly towards the clearance counter. While waiting in the queue, the vehicle (Malaysian vehicle with number HJA 3132) in front of me started to roll backwards towards my car. I honked twice but that vehicle still continued to roll back and knocked into the front of my car. My car suffered damage to its front bumper, bonnet, grille which are all out of alignment. My car both front headlights are also damaged. No one was injured.

I am lodging this report to claim insurance.

[Signature]

[Signature]

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Police Report



SINGAPORE
POLICE FORCE



T/20191220/2006

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20191220/2006

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:

L /
SI LIM KAI SHEN, LUCIUS

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / AEIT /
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID
Contact No: 65476172

314 085

Authentication Stamp
NP158

Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:
20/12/2019 01:20

Classification Of Case:

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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



