

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 14:15
Date Of Accident	21/12/2019 02:25
Exact Location Of Accident	PASIR RIS DR 6 TWDS DOWNTOWN EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6843P
Insured/Policyholder	
Name Of Registered Owner	LEXLIM TRANSPORT SERVICES
Co Reg No	5XXXX190W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91732408
Alternative Phone No	OFFICE-91732408

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE SUPER GL DARK PRIME 3.0 AUTO
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	BUS

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097664308-01
Cover Note Number	

Driver

Name of Driver	LIM CHUAN SENG
NRIC No	SXXXX209E
Date Of Birth	28/11/1969
Occupation	OUTDOOR
Date Of Driving Pass	06/10/1993
Driving Experience	26 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91732408
Fax Number	
Contact Number	OFFICE-91732408
EEmail Address	NOEMAIL

Address	BLK 6 HOLLAND CLOSE #15-08
Postcode	271006
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191221/2064

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	PC2536C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	GOH BENG GUAN
NRIC/Passport Number	SXXXX903D
Contact Number	90183543
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 2

DETAILS OF INJURED PERSON 1

Name LIM CHUAN SENG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? PC6843P

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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 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:

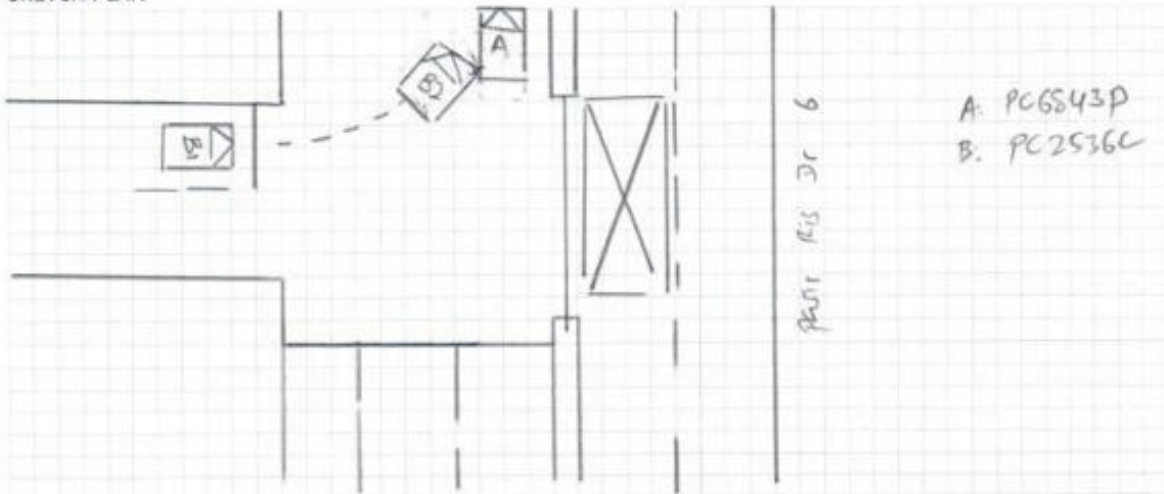


Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/10/19/12/1204.

DECLARATION

I/We declare the foregoing 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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20191221/2064

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

1 of 3

Report No. T/20191221/2064

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/12/2019 13:31	Vide Report No.:	Station Diary No.: 14
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Informant's Particulars

Name of Informant: LIM CHUAN SENG.			Address: APT BLK 6 HOLLAND CLOSE #15-08 SINGAPORE 271006		
ID Type / ID No.: NRIC NO / S6947209E			Contact No.: Home/Office: Mobile: 91732408		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 28/11/1969	Type of Informant: Driver		
Race: Chinese			Language: Mandarin		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/12/2019 02:25	Type of Location: Straight Road
Location: Along Road 1 PASIR RIS DRIVE 6				
TOWARDS DOWNTOWN EAST, BLK 406-411 PASIR RIS CARPARK CLUSTER BY THE LEFT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC2536C	Van	TOYOTA	Hiace	White		0
PC6843P	Van	TOYOTA	Hiace	Black	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/20191221/2064

2 of 3

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20191221/2064

CONTINUATION OF REPORT

Driver			
Name	LIM CHUAN SENG	ID No.	S6947209E
Related Vehicle	PC6843P (Van)	Contact No.	91732408
Hospital/Clinic	HEALTHPLUS CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	21/12/2019	Date Discharge	21/12/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	GOH BENG GUAN	ID No.	GOHBENGGUAN
Related Vehicle	NIL	Contact No.	90183543
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

Brief Details.

On the above mentioned date, time and location. I was driving a black Toyota Hiace along first lane on a two lane road. Suddenly a white Toyota Hiace drove out from Blk 406-411 Pasir Ris Carpark by my left. The said van collided onto my left van body and side-swiped the left side of my van. I wish to mention that the said van did not turn into the second lane due to a stationary car at the carpark entrance, but instead turned into the first lane.

As a result, the left car body at my van had dents and scratches. The left taillight was also damaged.

Due to the collision, I felt pain on my neck and shoulder region.

After exchanging particulars, I went to Healthplus Clinic & Surgery at a later timing and was given 4 days of Medical Leave.

Police Report



**SINGAPORE
POLICE FORCE**



T/20191221/2064

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Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Report No. T/20191221/2064

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:
G /
Sgt 1 TAN LI JIE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
21/12/2019 13:31

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

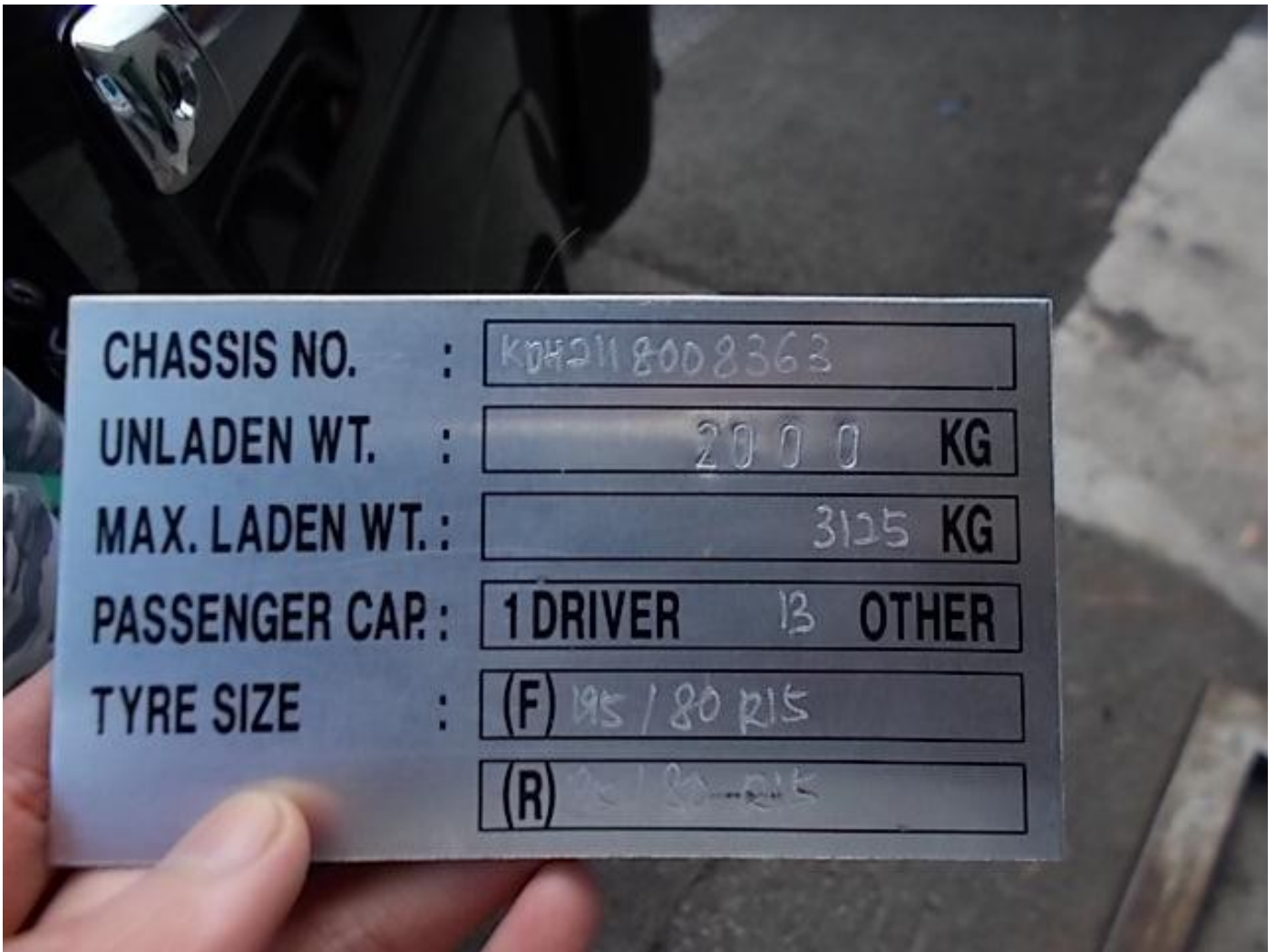


Accident Photo



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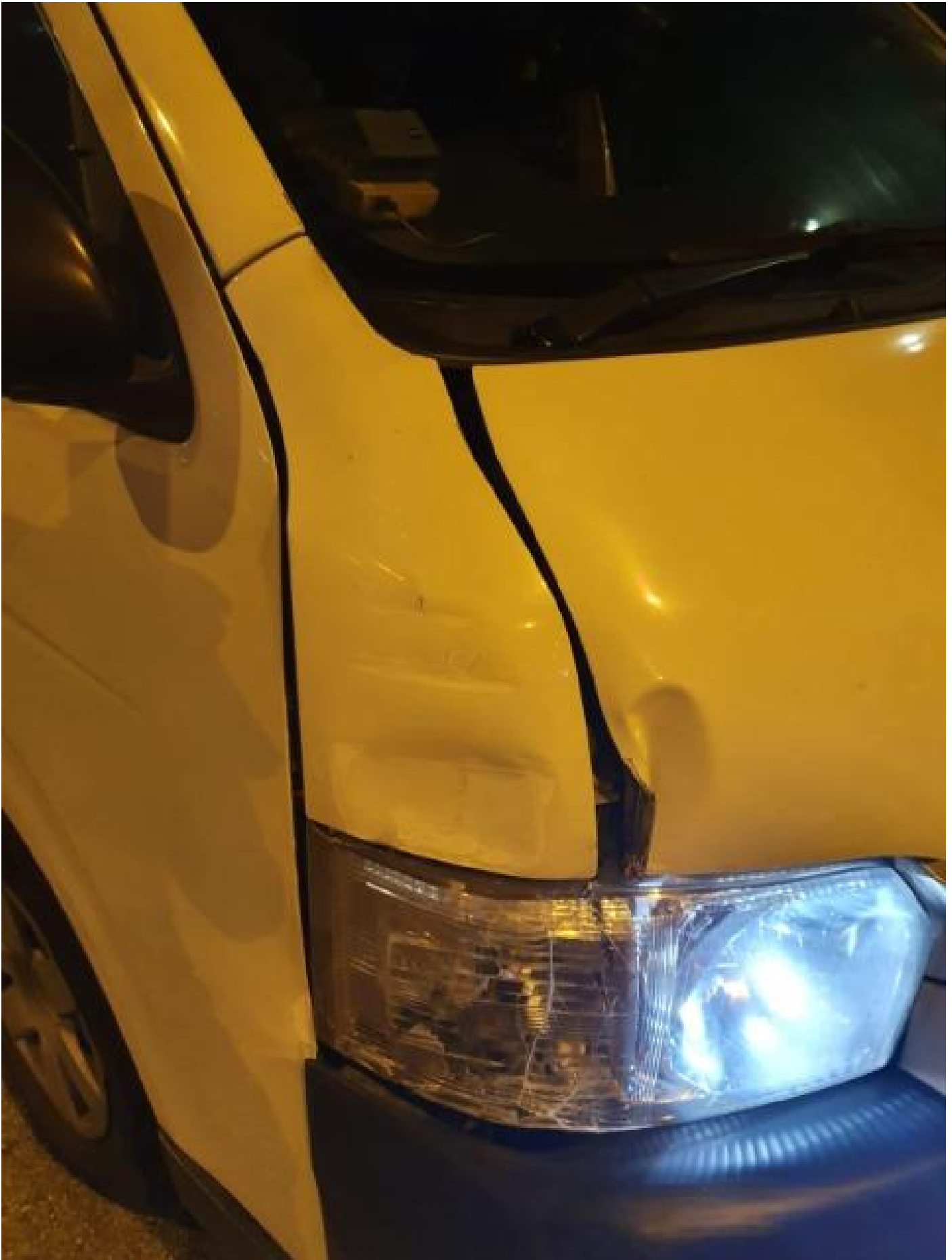




Accident Photo



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