

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	30/12/2019 18:00
Date Of Accident	29/12/2019 11:00
Exact Location Of Accident	HAVELOCK RD TOWARDS CBD B/F ERP GANTRY JUNCTION
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMN3983R
Insured/Policyholder	
Name Of Registered Owner	TODDS PARTNERS PTE. LTD.
Co Reg No	2XXXXX177E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97845714
Alternative Phone No	OFFICE-97845714
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5109140477
Cover Note Number	
Driver	
Name of Driver	LIM SING WOO
NRIC No	SXXXX776C
Date Of Birth	27/12/1963
Occupation	OUTDOOR
Date Of Driving Pass	22/09/1995
Driving Experience	24 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97845714
Fax Number	
Contact Number	OTHERS-97845714
EEmail Address	NOEMAIL

Address	BLK 573A EDGEFIELD PLAINS #17-673
Postcode	821673
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	COLLISION - HEAD TO REAR
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)	2
Passenger 1	NAME: : PASSENGER GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191230/2057

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCG8003S
Vehicle Make/Model/Colour	BMW
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)

DETAILS OF INJURED PERSON 1	
Name	LIM SING WOO
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SMN3983R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.



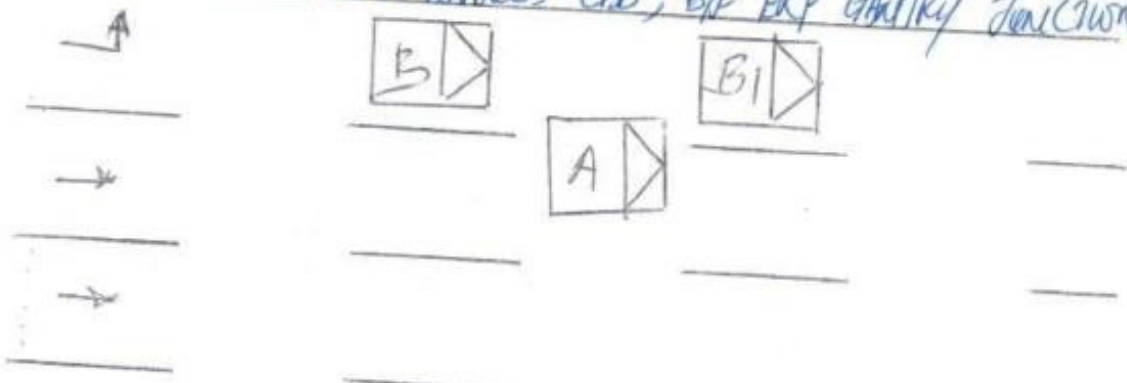
Policyholder's Signature
Date & Time:

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

Reporting Centre Person's Signature
Name:
NRC/FIN No.:

Accident Sketch Plan

SKETCH PLAN HAVELOCK ROAD TOWARDS CAD, B/E ERP GALLERY JUNCTION



A) SWW 39BR
B) SCG 8003S.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT
(7201912302057)

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 Person's Signature
Name:
NRIC/FIN No.:

30/12/2019
Rashid

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hougang N.P.C.
60 Hougang Avenue 6 SINGAPORE 538775
Tel No: 1800-4890999



1/201912302057

1 of 3

Report No: 1/201912302057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
30/12/2019 13:18

Video Report No:

Station Diary No:
63

Informant's Particulars

Name of Informant LIM SING WOO			Address APT BLK 873A EDGEFIELD PLAINS #17-601 SINGAPORE 821673		
ID Type / ID No NRIC NO / S1592776C			Contact No. Home/Office: Mobile: 97845714		
Nationality SINGAPORE CITIZEN			Email		
Sex Male	Age 56	Date of Birth 27/12/1963	Type of Informant Driver		
Race Chinese			Language		Institution / School Name
Occupation GRAB DRIVER			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: 29/12/2019 11:00	Type of Location Straight Road
Location: Along Road 1 HAVELOCK ROAD				
Towards CBD, before ERP gantry junction				
Weather: Clear		Road Surface: Dry	Road Speed Limit	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
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
SCG8003S	Car	BMW		Blue		0
SMN3983R	Car	TOYOTA		Gold	Seriously Damaged	1

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hougang N P C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No. 1800-4890999



T201912300053

Report No. T201912300053

CONTINUATION OF REPORT

Driver	
Name	LIM SING WOO
Related Vehicle	SMN3983R (Car)
Hospital/Clinic	POW FAMILY CLINIC & SURGERY
Date Treatment	30/12/2019
No. of Days granted Medical Leave	03
ID No	S1592776C
Contact No	97845714
Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Discharge	30/12/2019
Degree of Injury	Slight

Brief Details.

On 29/12/2019 at about 1100hrs, I was driving my car on the third lane along Havelock Road when I signaled my intention to switch to the left lane as I wanted to alight my passenger at Riverside Point. I then checked my side view mirror and ensured that traffic was clear before proceeding to switch to the extreme left lane. As I was reaching the extreme left lane, a car (SCG8003S) overtook my car from my left and while the said car was in front of mine, the driver jammed his brakes twice which eventually caused me to knock onto the rear of his car. I wish to state that I did not initially see his car on my side view mirror as he suddenly came into the lane in front of me from the turn left only lane.

Both of us then alighted to make a check on our vehicles, however I did not exchange my particulars with the other driver as he refused to provide his to me. There was a dash camera in my car which recorded the accident.

On 30/12/2019 at about 0800hrs, I woke up and began to feel aches at back of my neck and back. I then proceeded to Pow Family Clinic & Surgery where I was issued with 3 days of MC from 30/12/2019 to 01/01/2020.

(Please contact my son-in-law, Kwan Chung Yin, at 93387656 for the retrieval of the footage.)

POLICE REPORT



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Hougang N.P.C.
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999



1001012300000

Report No: 1001012300000

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 3 ANNA ANTHONY

Signature Of Informant:

1

Signature Of Interpreter
Not applicable

Date/Time:
30/12/2019 13:18

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No: 65476436

1278 3566

Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



