

## 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	04/01/2020 15:18
Date Of Accident	03/01/2020 18:00
Exact Location Of Accident	TAN BOON LIAT BUILDING CARPARK DRIVEWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ6276X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM JOO GEK (LIN RUYU)
NRIC No	SXXXX131A
Email Address	DYEO120@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91727688
Alternative Phone No	OTHERS-91386603

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5082093860-03
Cover Note Number	

### Driver

Name of Driver	LIM WILLIE
NRIC No	SXXXX969J
Date Of Birth	11/01/1979
Occupation	OUTDOOR
Date Of Driving Pass	06/01/2003
Driving Experience	16 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91727688
Fax Number	
Contact Number	OTHERS-91386603
Email Address	DYEO120@GMAIL.COM

Address	BLK 221 ANG MO KIO AVENUE 1 #10-761
Postcode	560221
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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 SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 81 ANG MO KIO AVE 3 , <b>POSTCODE:</b> 569929 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4519999 - <b>FAX NO:</b> 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200104/2036

#### 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	SGK15S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG CHOW LIN
NRIC/Passport Number	
Contact Number	96300273
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 3

**DETAILS OF INJURED PERSON 1**

Name LIM WILLIE

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SGJ6276X

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Accident Sketch Plan


### SKETCH PLAN


#### IMPORTANT NOTICE



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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.

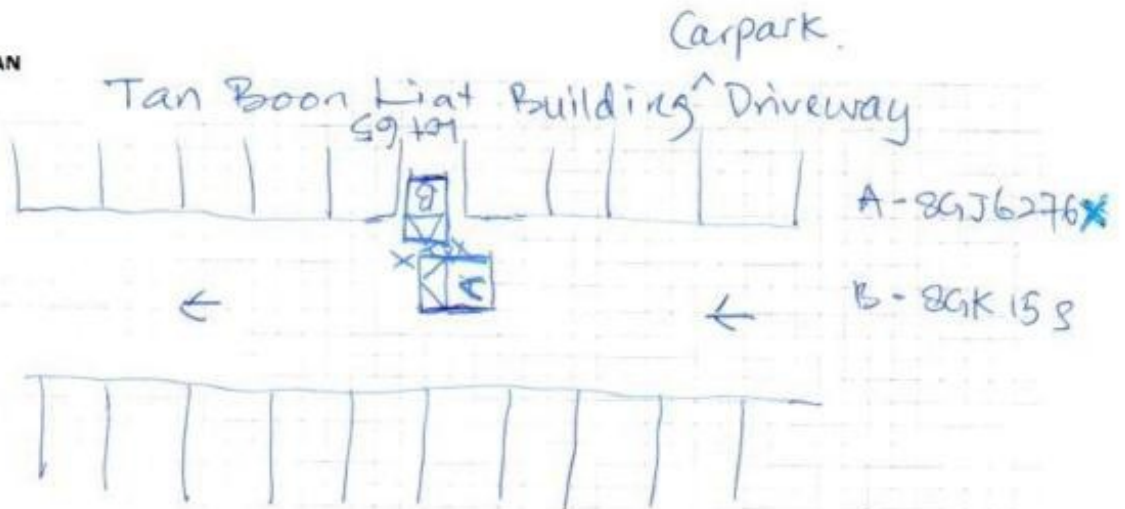
  
Policyholder's Signature  
Date & Time:

  
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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report No:  
T/20200104/2036

## 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: 2021  
NRIC/FIN No.:



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200104/2036

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

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Report No. T/20200104/2036

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/01/2020 10:57	Vide Report No.:	Station Diary No.: 69
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### Informant's Particulars

Name of Informant: LIM WILLIE	Address: APT BLK 221 ANG MO KIO AVENUE 1 #10-761 SINGAPORE 560221		
ID Type / ID No.: NRIC NO / S7901969J	Contact No.:	Mobile: 91386603	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 40	Date of Birth: 11/01/1979	Type of Informant: Driver
Race: Chinese	Language: English	Institution / School Name:	
Occupation: GRAB DRIVER	Driving Licence Information: Class:	Date of Expiry:	

### General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 03/01/2020 18:00	Type of Location: Car Park
Location: Along Road 1 OUTRAM ROAD				
In the carpark of Tan Boon Liat building				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
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
SGJ6276X	Car				Slightly Damaged	0
SGK155	Car				Slightly Damaged	4

### Details of Person Involved

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

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200104/2036

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

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Report No. T/20200104/2036

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	LIM WILLIE	ID No.	S7901969J
Related Vehicle	SGJ6276X (Car)	Contact No.	91386603
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/01/2020	Date Discharge	04/01/2020
No. of Days granted Medical Leave	04	Degree of Injury	NIL
<b>Driver</b>			
Name	WONG CHOW LIN	ID No.	S2659879F
Related Vehicle	SGK15S (Car)	Contact No.	96300273
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 3/1/2020 at about 1800hrs, I was driving GRAB and was about to pick up a passenger at Tan Boon Liat Building. I was driving slowly in the carpark when suddenly, the vehicle (SGK15S) came out from CarPark Lot 65 and crashed into the driver side of the vehicle. The impact resulted in dents and scratches. We then alighted and exchanged particulars. I then left shortly after. While driving, I heard some unknown sound coming from the vehicle. As such, I went to the workshop to report about the accident. As my hand was hurting after the accident, I went to see a doctor and had gotten 4 days of MC.

Police Report



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999



T/20200104/2036

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Report No. T/20200104/2036

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 2 JEREMY KHOO WEI LIANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

04/01/2020 10:57

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

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

