

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	31/01/2020 15:27
Date Of Accident	30/01/2020 15:05
Exact Location Of Accident	JUNCTION OF BT BATOK EAST AVE 3/BT BATOK ST 23
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD9655B
Insured/Policyholder	
Name Of Registered Owner	LIM FATT
NRIC No	SXXXX050G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96368282
Alternative Phone No	OTHERS-96368282

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	5104052865-01
Cover Note Number	

Driver

Name of Driver	LIM FATT
NRIC No	SXXXX050G
Date Of Birth	29/09/1954
Occupation	OUTDOOR
Date Of Driving Pass	15/01/1974
Driving Experience	46 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96368282
Fax Number	
Contact Number	OTHERS-96368282
EEmail Address	NOEMAIL

Address	BLK 943 JURONG WEST STREET 91 #10-521
Postcode	640943
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 - HEAD ON COLLISION
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	TIONG BAHRU NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 128 KIM TIAN ROAD #01-123/ 125 , POSTCODE: 160128 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2739999 - FAX NO: 62785651
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200130/2152 AND T/20200131/2057

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	GBF6113M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 FATT
Approximate Age	
Injuries Sustain	NECK PAIN
Injured person in which vehicle?	SMD9655B
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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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.

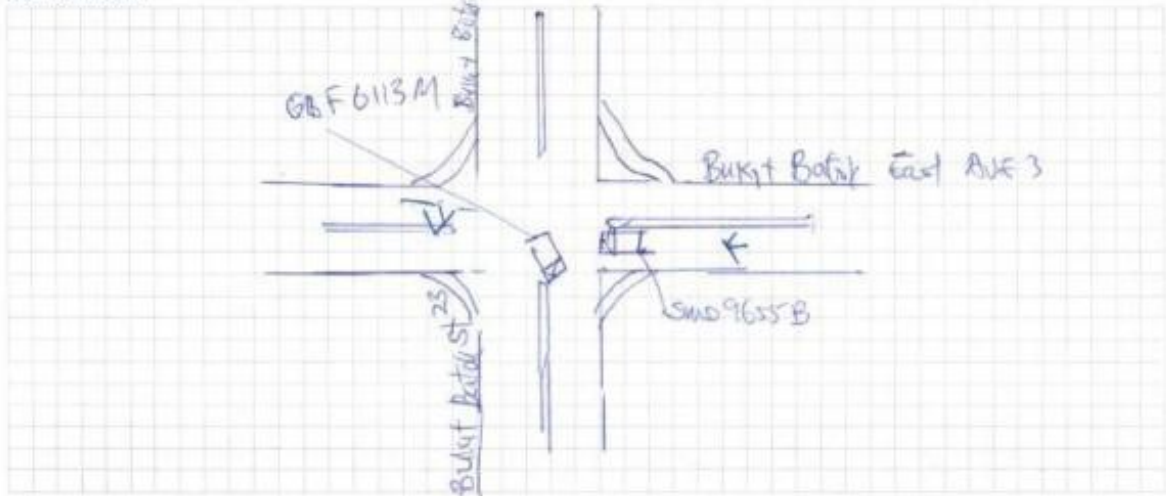

Policyholder's Signature
Date & Time: 31/1/20
11:20 AM

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. T/20200130/2152
T/20200130/2152

DECLARATION

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

Policyholder's Signature
Date & Time: 31/1/20
1120AM

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

31/01/2020
Reporting Centre Personnel's Signature
Name: [Signature]
NIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200130/2152

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

1 of 3

Report No. T/20200130/2152

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/01/2020 19:15		Vide Report No.: J/20200130/0086		Station Diary No.: 53	
Informant's Particulars					
Name of Informant: LIM FATT			Address: APT BLK 943 JURONG WEST STREET 91 #10-521 SINGAPORE 640943		
ID Type / ID No.: NRIC NO / S0228050G			Contact No.: Home/Office: Mobile: 96368282		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 29/09/1954	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PERSONAL DRIVER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/01/2020 15:05	Type of Location: X-Junction
Location: Along Road 1 BUKIT BATOK EAST AVENUE 3				
Cross junction of Bukit Batok East Ave 3 and Bukit Batok Street 23				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF6113M	Van					0
SMD9655B	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Black	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200130/2152

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

2 of 3

Report No. T/20200130/2152

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMD9655B	NTUC Income Insurance Co-Operative Limited	5104052865-01	18/11/2019	17/11/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM FATT	ID No.	S0228050G
Related Vehicle	NIL	Contact No.	96368282
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 30/01/2020 at about 1505hrs, I was driving along Bukit Batok East Ave 3 towards Bukit Batok Central. When I was approaching to the cross junction of Bukit Batok Ave 3 and Bukit Batok Street 23, the traffic light was still green. I was moving at constant speed and a van (GBF6113M) which was from opposite road suddenly make a right turn into Bukit Batok Street 23. I have jam brake but was not able to stop in time and collided onto the left middle of the van. My vehicle was seriously damaged. I felt pain on my chest area after the accident. I have not seek medical treatment. The traffic police came and given me a case number J/20200130/0086. I was advise to make a police report. There is a witness namely (Mr Chua, Hp:82289615) who have saw the whole accident. The van driver was conveyed to hospital by ambulance.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200130/2152

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

3 of 3

Report No. T/20200130/2152

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:

A /

Sgt 3 PHANG JUN LONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI ONG CHEE HIEN

Contact No.: 65476437

Authentication Stamp
NP168

Signature

Singapore Police Force

Signature Of Informant:

Date/Time:

30/01/2020 19:15

Classification Of Case:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200131/2057

1 of 3

Report No. T/20200131/2057

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/01/2020 13:53	Vide Report No.: T/20200130/2152	Station Diary No.: 93
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Informant's Particulars

Name of Informant: LIM FATT		Address: APT BLK 943 JURONG WEST STREET 91 #10-521 SINGAPORE 640943	
ID Type / ID No.: NRIC NO / S0228050G		Contact No.: Home/Office:	Mobile: 96368282
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 65	Date of Birth: 29/09/1954	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: PERSONAL DRIVER		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/01/2020 15:05	Type of Location: X-Junction
Location: Along Road 1 BUKIT BATOK EAST AVENUE 3				
Cross junction of Bukit Batok East Ave 3 and Bukit Batok Street 23				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Person Involved

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

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200131/2057

2 of 3

Report No. T/20200131/2057

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

CONTINUATION OF REPORT

Driver Name	LIM FATT	ID No.	S0228050G
Related Vehicle	NIL	Contact No.	96368282
Hospital/Clinic	WEST COAST CLINIC & SURGERY (WEST COAST)	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	31/01/2020	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

Reference to report no: T/20200130/2152.

I would like to add on to the report as I have seen a doctor at West Coast Clinic & Surgery (WC).
I have sustained injuries on the left side of the neck region and after I was examined for the injuries. I am given 4 days of MC reference to Medical Certificate: 0000158816. Certified by Dr. Yeo Kwan Ching.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200131/2057

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

3 of 3

Report No. T/20200131/2057

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:
D /
Sgt 1 WONG JUN LI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

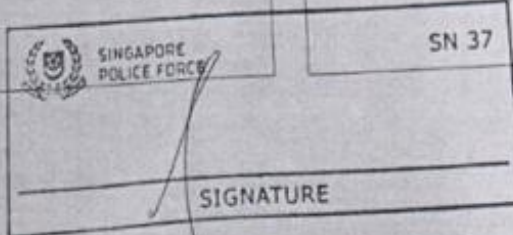
Date/Time:
31/01/2020 13:53

Officer In Charge Of Case:
TP / GIT /
SI ONG CHEE HIEN
Contact No.: 65476437

Classification Of Case:

SN 37

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



Accident Photo



Accident Photo



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