

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	11/02/2020 16:24
Date Of Accident	06/02/2020 09:45
Exact Location Of Accident	KPE/ECP 8.6KM LANE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDV843X
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Insured/Policyholder

Name Of Registered Owner	THE SHELTER COMPANY PTE LTD
Co Reg No	2XXXXX944D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97357885
Alternative Phone No	OFFICE-97357885

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ-1.4 (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	5106636707
Cover Note Number	

Driver

Name of Driver	LIM YEOK LENG DOREEN
NRIC No	SXXXX425E
Date Of Birth	19/06/1965
Occupation	OUTDOOR
Date Of Driving Pass	25/10/2006
Driving Experience	13 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97357885
Fax Number	
Contact Number	
EEmail Address	DOREEN.LIM@GMAIL.COM

Address	BLK 550 PASIR RIS ST 51 #02-71
Postcode	510550
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN 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	5
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	10 UBI AVENUE 3
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT NO. T/20200206/7016

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	SKK608J
Vehicle Make/Model/Colour	SUBARU IMPREZA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GARY
NRIC/Passport Number	
Contact Number	97519577
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMM4620L
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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKP5309M
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)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SLD2477C
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)

DETAILS OF INJURED PERSON 1

Name LIM YEOK LENG DOREEN
Approximate Age
Injuries Sustain
Injured person in which vehicle? SDV843X
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Sketch Plan Pg. 1

SKETCH PLAN

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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:

 11/2/2020
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 3:25pm


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



**SINGAPORE
POLICE FORCE**



T/20200206/7016

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200206/7016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/02/2020 18:11	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LIM YEOK LENG DOREEN		Address: APT BLK 550 PASIR RIS STREET 51 #02-71 SINGAPORE 510550	
ID Type / ID No.: NRIC NO / S1700425E		Contact No.: Home/Office:	Mobile: 97357885
Nationality: SINGAPORE CITIZEN		Email: doreen.lim@gmail.com	
Sex: Female	Age: 54	Date of Birth: 19/06/1965	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Manager		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/02/2020 09:45	Type of Location: Straight Road
Location: KPE/ECP 8.6KM LANE 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 80 Km/h	
Traffic Flow: One Way		Traffic Control:	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
SDV843X	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200206/7016

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200206/7016

CONTINUATION OF REPORT

Driver			
Name	LIM YEOK LENG DOREEN	ID No.	S1700425E
Related Vehicle	SDV843X (Car)	Contact No.	97357885
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	06/02/2020	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious

Brief Details.

On 06 Feb 2020 at about 09:45 am, as I was driving along KPE / ECP 8.6km lane 1 when I came across hazards in front of me. I realised there was an accident and hence, slowed down on caution with the intention to halt. In so doing, at a very low speed, the car behind mine (SKK608J) suddenly rammed into the rear of my vehicle causing it to lunge forward at greater impact into the accident scene thus causing my car to collide into the rear of another vehicle.

I was shocked and injured in the collision while my car was totalled. I then heard someone summoning for the police while I waited for assistance. Some people helped me out of my wrecked car to the side of road.

Minutes later, I was informed that my car would be towed away, and the servicemen advised that I accompany them which I did to Tai Seng Link.

After settling with the tow service, I proceeded to Seng Kang General Hospital and was admitted.



SINGAPORE
POLICE FORCE



T/20200206/7016

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200206/7016

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 06/02/2020 18:11
Classification Of Case:

Authentication Stamp
NP168