

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	12/02/2020 11:53
Date Of Accident	11/02/2020 18:40
Exact Location Of Accident	UPPER THOMSON ROAD TWDS SEMBAWANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK2825Z
Insured/Policyholder	
Name Of Registered Owner	LIM KHOON SENG JEREMIAH
NRIC No	SXXXX916F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97821418
Alternative Phone No	OFFICE-97821418

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-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	5110902876
Cover Note Number	

Driver

Name of Driver	RYAN LIM DING XIAN
NRIC No	SXXXX440H
Date Of Birth	15/12/1995
Occupation	INDOOR
Date Of Driving Pass	22/09/2014
Driving Experience	5 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97821418
Fax Number	
Contact Number	
EMail Address	RLDXPHOTO@GMAIL.COM

Address	46 WOODLANDS DRIVE 16 #06-49
Postcode	737777
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	RAINING
Road Surface	WET

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)	4
Passenger 1	NAME: : FONG WEI JIE GENDER: : MALE
Passenger 2	NAME: : JAMIE GAN GENDER: : FEMALE
Passenger 3	NAME: : FARIDAH GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT NO. T/20200212/2011.

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	GBH5946Y
Vehicle Make/Model/Colour	TOYOTA VAN
Details Of Properties	

Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SELVAMANBU
NRIC/Passport Number	GXXXXX130L
Contact Number	84523410
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	RYAN LIM DING XIAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLK2825Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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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:



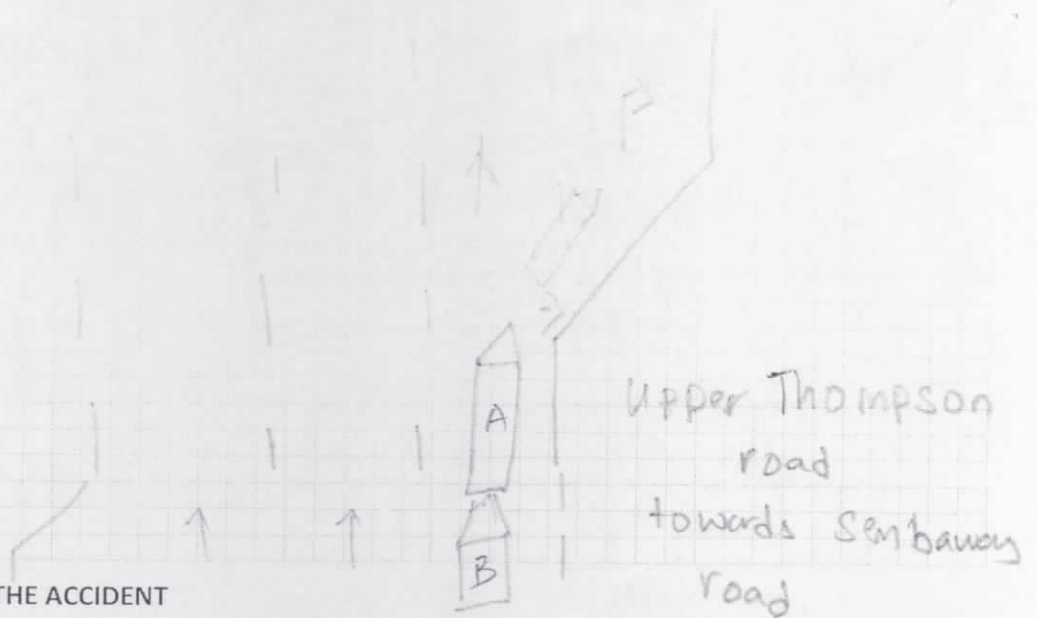
Driver's Signature
(If driver is not the policyholder)
Date & Time:

12/2/2020



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

A = SLK 2825Z
B = GBH 5946Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report no: T/20200212/2011.

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.:



12/2/2020



SINGAPORE POLICE FORCE



T/20200212/2011

1 of 3

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

Report No. T/20200212/2011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/02/2020 01:27	Vide Report No.:	Station Diary No.: 11
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Informant's Particulars

Name of Informant: RYAN LIM DING XIAN			Address: 46 WOODLANDS DRIVE 16 #06-49 SINGAPORE 737777	
ID Type / ID No.: NRIC NO / S9546440H			Contact No.: Home/Office: Mobile: 97821418	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 24	Date of Birth: 15/12/1995	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: SOCIAL SERVICE WORKER			Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/02/2020 18:40	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 UPPER THOMSON ROAD SEMBAWANG ROAD Near to bus stop 56031				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		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
GBH5946Y	Van				Slightly Damaged	1
SLK2825Z	Car				Slightly Damaged	3

Details of Person Involved

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



Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

CONTINUATION OF REPORT

Driver			
Name	SELVAM ANBU	ID No.	G67066130L
Related Vehicle	GBH5946Y (Van)	Contact No.	84523410
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
Driver			
Name	RYAN LIM DING XIAN	ID No.	S9546440H
Related Vehicle	SLK2825Z (Car)	Contact No.	97821418
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	11/02/2020	Date Discharge	11/02/2020
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

On the 11 February 2020 at 1836hrs, I was driving my vehicle SLK 2825Z along the extreme right lane along Upper Thomson Road towards Sembawang Road. As it was heavily downpour, I was driving at 10km/hr and the road were congested with other traffic users. As I was about to filter to the right as I wanted to turn right, I noticed that the car in -front of my vehicle slowed down, thus I slowed down also. Suddenly there was a knocked from the rear and my car inch forward. I alighted from the car together with my colleague and spoke to the van driver.(GBH 5946Y) I noticed that there was a bump at the rear of my bumper.

We then took photos of both vehicles and exchange particular. I was not injured at the point of time. I then left the location and send my colleague home. Soon after, I realized that I felt some pain on the back of the shoulder and thus I proceeded to Khoo Teck Puat for medical assessment. I would like to state that my car is equipped with in car camera however I am not sure if it recorded the whole incident.

I was given 4 days mc starting 11 February 2020 till 14 February 2020 and diagnosed with Shoulder Strain.



**SINGAPORE
POLICE FORCE**



T/20200212/2011

3 of 3

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

Report No. T/20200212/2011

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:

L /

Staff Sgt NASRI BIN JUMARI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65476219

Signature Of Informant:

Date/Time:

12/02/2020 01:27

Classification Of Case:

Authentication Stamp

NP168

