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 witholding 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	10/02/2020 12:06
Date Of Accident	08/02/2020 19:35
Exact Location Of Accident	T JUNCTION OF BRADDELL ROAD & BISHAN ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE

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Vehicle Registration Number SMS6668F

Insured/Policyholder

Name Of Registered Owner LIM'S BROTHERS RENTAL & LEASING

Co Reg No 5XXXX520C Email Address NOEMAIL

Mobile Phone No.

Alternative Phone No. OFFICE-97673571

Vehicle Particulars

Manufacturer TOYOTA Model SIENTA

Exact Purpose for which vehicle was being used at

time of accident

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 HIRE

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5110508225

Cover Note Number

Driver

Name of Driver LIM SOO KUANG NRIC No SXXXX798G Date Of Birth 06/04/1983 Occupation OUTDOOR

Date Of Driving Pass 05/01/2008

12 YEARS AND 1 MONTH Driving Experience

MALE Gender

Mobile Number (LOCAL) +65-97673571

Fax Number

Contact Number

EMail Address LIMSOOKUANG@GMAIL.COM Address

BLK 602A PUNGGOL CENTRAL #03-672

Postcode

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 6

Number of Passengers (Including Driver)

Passenger 1

ger 1 NAME: : UNKNOWN

GENDER: : MALE

Passenger 2 NAME: UNKNOWN

GENDER: : FEMALE

Passenger 3 NAME: : UNKNOWN- CHILD

GENDER: : MALE

Passenger 4 NAME: : UNKNOWN- CHILD

GENDER: : FEMALE

Passenger 5 NAME: : UNKNOWN -CHILD

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

YES

Police Station Name PUNGGOL N.P.C

Police Station Address ROAD: 21A TEBING LANE, POSTCODE: 828837, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

was notice of interface i rescention given

NO

If Yes,against whom?

Circumstances of Accident

PLEASE SEE POLICE REPORT

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKU6082H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver UNKNOWN

NRIC/Passport Number

Contact Number 97263289

NA Address NA Postcode NA

Insurance Company Name

Nature Of Damage NA

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LIM SOO KUANG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SMS6668E

Were seat belts worn? YES

Was this injured conveyed to hospital by

NO ambulance?

Address BLK 602A PUNGGOL CENTRAL #03-672

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- Any false reporting may be referred to the Police for investigation.
- 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 Singadore and any relevant government agency/authority (such as the police), for the purpose(s) of
 - 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

Date & Time

RENTAL & LEASING ROC. 533405200

> Policyholder's Signature Date & Time

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personne 's Signature

NRIC/FIN No

Individual Statement Pg. 1

SKETCH PLAN





	Aspur poha	report -
	us for home	1271
insurance Co.		
Vaniero No.		
Reporting Only		1
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Thurs Party Claim		
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ECLARATION	V	
We deciale the tole to the part cuia	rs are true in every respect.	
TAL & LEASING	VI who	

Date & Time:

POLICE REPORT Pg. 1





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837

Tel No: 1800-6049999

1 of 3 Report No. T/20200209/2026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/02/2020 11:43		Made:	Vide Report No.:	Station Diary No.: 20		
Informa	nt's Partic	ulars	The Na			
	Name of Informant: Address: APT BLK 602A PUNGGOL CENTRAL #03-672 SII 821602					
ID Type / ID No.: NRIC NO / S8310798G			Contact No.: Home/Office:	Mobile: 97673571		
Nationality: SINGAPORE CITIZEN		ZEN .	Email:			
Sex: Male	Age:	Date of Birth: 06/04/1983	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:			

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 08/02/2020 19:35	Type of Location T-Junction	
BRADDELL F BISHAN ROA Along Bradde	ND.	Braddell Road and Bis	han Road		
Weather: Clear	1,1000			Road Speed Limit:	
		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Moderate	
Type of Collis	ion: le Against - Others			Anyone conveyed by ambulance:	

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SKU6082H	Car	TOYOTA		Gold		1
SMS6668E	Car	TOYOTA	SIENTA	White		5

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

POLICE REPORT Pg. 1





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

Report No. T/20200209/2026

CONTINUATION OF REPORT

Driver			2 - 10 / 15 - 15 - 15 - 15 - 15 - 15 - 15 - 15	Mar Lega		
Name	Unknown Driver			ID No).	NIL
Related Vehicle	SKU6082H (Car)			Conta	act No.	97263289
Hospital/Clinic	NIL			Class Drivin Licen Expin	ıg	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc			charge	NIL	
No. of Days granted Medical Leave NIL			Degree o		NIL	
Driver					120	
Name	LIM SOO KUANG		ID No		S8310798G	
Related Vehicle	SMS6668E (Car)			Conta	ct No.	97673571
Hospital/Clinic	PROHEALTH MEDICAL GROUP @ PUNGGOL DAMAI PTE LTD			Class Driving Licent Expiry	g ce &	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	09/02/2020		Date Disc	harge	09/02	/2020
No. of Days granted Medical Leave 03 Degree of				NIL		

Brief Details.

On 08/02/2020 at about 1938hrs, I was driving my car one white colour Toyota Sienta plate number SMS6668E along Braddell Road. I had 5 passengers inside my car at that time. I then came to a stop at the traffic light junction of Braddell Road and Bishan Road and I was on the 4th lane of the 5 lane road(3 lanes for right turning and 2 lanes for going straight). When the traffic light turned green, I was waiting for the car in front to move off however the next moment, I felt an impact from the back of my car and realised that the car behind me had collided to my car. The car is a champagne gold colour Toyota car, plate number SKU6082H.

I went down from my car to make a check and no injuries were reported at scene. I got the other driver's contact number and subsequently left the scene. No police or ambulance at scene. The next day, I felt aches in my body and went to see a doctor. I was given 3 days MC. I have an in-car camera installed in my car.

POLICE REPORT Pg. 1





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

3 of 3 Report No. T/20200209/2026

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 / Sr Staff Sgt ANG PEI YING, AGNES	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	09/02/2020 11:43
Officer In Charge Of Case: TP / GIA /	Classification Of Case:
Staff Sgt WONG SIEU LUI Contact No.: 65476151	1
Authentication Stamp NP168	1