

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	19/02/2020 10:03
Date Of Accident	18/02/2020 15:20
Exact Location Of Accident	NUH LOASING BAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ9904G
Insured/Policyholder	
Name Of Registered Owner	SOMNOTECH (S) PTE LTD
Co Reg No	2XXXXXX277Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68440002

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 1.5 MT
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109454654
Cover Note Number	

Driver

Name of Driver	LIM KIAN HENG, RAYMOND (LIN JIANXING, RAYMOND)
NRIC No	SXXXX392H
Date Of Birth	21/06/1982
Occupation	OUTDOOR
Date Of Driving Pass	30/11/2006
Driving Experience	13 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90032448
Fax Number	
Contact Number	OFFICE-90032448
Email Address	NOEMAIL

Address	BLK 220A SUMANG LANE #05-85
Postcode	821220
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200218/2100.

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	UNKNOWN
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)

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.

Somnotech (S) Pte Ltd
50 Ubi Crescent
#01-03 Ubi Techpark
Singapore 408568
Tel: +65 6844 0002
Fax: +65 6844 2032

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.:

SKETCH PLAN

ABU loading Bay

A: GRJ901046
B: untknzn

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/202018/1100.

DECLARATION

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

#01-03 Ubi Techpark
Singapore 408568
Tel: +65 6844 0002
Fax: +65 6844 2032

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.:



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

Report No. T/20200218/2100

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/02/2020 16:58	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LIM KIAN HENG, RAYMOND			Address: APT BLK 220A SUMANG LANE #05-85 MATILDA EDGE SINGAPORE 821220		
ID Type / ID No.: NRIC NO / S8219392H			Contact No.: Home/Office: Mobile: 90032448		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 37	Date of Birth: 21/06/1982	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 18/02/2020 15:20	Type of Location:
Location: Along Road 1 LOWER KENT RIDGE ROAD NUH LOADING BAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: No Traffic	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ9904J	Van				Seriously Damaged	0

Details of Person Involved

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



SINGAPORE
POLICE FORCE



T/20200218/2100

2 of 3

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

Report No. T/20200218/2100

CONTINUATION OF REPORT

Driver			
Name	LIM KIAN HENG, RAYMOND	ID No.	S8219392H
Related Vehicle	GBJ9904J (Van)	Contact No.	90032448
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.

AT THE ABOVEMENTIONED DATE AND TIME,

I WAS AT NUH LOADING BAY. I PARKED AND WENT FOR DELIVERY.
SO I CAME BACK AND SAW THAT MY RIGHT SIDE OF MY VAN HAD A HUGE
DENT.

THAT IS ALL.



SINGAPORE
POLICE FORCE



T/20200218/2100

3 of 3

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

Report No. T/20200218/2100

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:
TP /
MUHAMMAD MOINUR RAHMAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
18/02/2020 16:58

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature: 

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor) Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5109454654	5109454654-000008	SOMNOTECH (S) PTE. LTD.	200301277Z	GFM	Comprehensive	GBJ9904G	GBJ9904G	11/11/2019	30/06/2020

▼ Policy Information

Policy No.	5109454654	Policyholder Name	SOMNOTECH (S) PTE. LTD.	Policyholder NRIC	200301277Z
Certificate No.	5109454654-000008				
Address	50 UBI CRESCENT #01-03 UBI TECHPARK SINGAPORE 408568				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	09/05/2019	Effective Date	01/07/2019 00:00	Expiry Date	30/06/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess		Own damage Excess	500	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	JMT INSURANCE AGENCY	Agent Tel.	96200140	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	50 UBI CRESCENT	Address 2	#01-03 UBI TECHPARK	Address 3	SINGAPORE 408568
Address 4		Address Type	Singapore address	Post Code	408568
Unit No.		Related Policy Number	5110618146		

▶ Insured Object: 5109454654-000008

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
▼ Certificate Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	11/11/2019 00:00	Basic Information Endorsement	000000000010287	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that from 11 Nov 2019, the following policy details are amended as follows: HIRE PURCHASE COMPANY: TAN CHONG CREDIT PTE LTD CHASSIS NUMBER: VSKYBAM20Z0180264 ENGINE NUMBER: K9KE628D712801 VEHICLE REGISTRATION NUMBER: GBJ9904G ORIGINAL REGISTRATION DATE: 11 Nov 2019

Continue

Cancel

Claim Handling

Accident MT/1084934

Policy No.	S109454654	Vehicle No.	GB19904G	GST Registration No.	200301277Z
Certificate No.	S109454654-000008				
Policyholder Name	SOMNOTEK (S) PTE. LTD.			Policyholder NRIC	200301277Z
Product Code	FLEET MASTER INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	68440002	Contact No.(Home)	0
Email Address		Special Remark		eCode	<input type="text"/>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	19/02/2020 10:17	Accident Report Within 24 hrs	Yes	Accident Type	Hit and run
Date of Accident	18/02/2020	Time of Accident hh:mm	15:20	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NUH LOADING BAY				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess	500.00	TP Standard Excess			
YIED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OD Excess Applicable	500.00	Total TP Excess Applicable			

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	26/05/2003
GST Registration No.	200301277Z	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	50 UBI CRESCENT	Address 2	#01-03 UBI TECHPARK	Address 3	SINGAPORE 408568
Address 4		Address Type	Singapore address	Post Code	408568
Unit No.		Related Policy Number	S110618146		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	21/06/1982
Unnamed driver Name	LIM KIAN HENG, RAYMOND (LIP	Driver NRIC	SXXXX392H	Driving Experience	13
Register Date of Driver License	30/11/2006	Driver Age	37	Contact No.(Home)	0
Contact No.(Mobile)	90032448	Contact No.(Office)	0	Address 3	MATILDA EDGE
Address 1	BLK 220A	Address 2	SURMANG LANE	Post Code	821220
Address 4	SINGAPORE 021220	Address Type	Singapore address		
Unit No.	05-85				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	SOMNOTEK (S) PTE. LTD.	Insured NRIC	200301277Z	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	68440002	
Email Address	vanessa@somnotek.net	OI Vehicle Number	GB19904G	TP Vehicle Number	UNKNOWN	
Claimant Type Claimant *	Please Select	Type of Benefit *	Please Select			
Claimant Name *		Claimant NRIC *				
Claimant Address						
Claim Description	GB19904G / UNKNOWN ON 18 Feb 2020				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	19/02/2020 10:19	Claim Close Date		Date Received	19/02/2020 00:00	
Report Taken By	Jackson					

☒ Print AK letter

Save Submit

Attachment

Accident No.	MT/1084934	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	19/02/2020 10:21

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Completed

☐ Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 19 Feb 2020 10:21	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2020-2-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 19 Feb 2020 10:20	SAS	Normal	SAS 2020-2-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 19 Feb 2020 10:20	Photos	Normal	Photos 2020-2-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 19 Feb 2020 10:20	Photos	Normal	Photos 2020-2-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 19 Feb 2020 10:19	Photos	Normal	Photos 2020-2-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 19 Feb 2020 10:19	Photos	Normal	Photos 2020-2-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 19 Feb 2020 10:19	Photos	Normal	Photos 2020-2-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 19 Feb 2020 10:19	Photos	Normal	Photos 2020-2-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 19 Feb 2020 10:19	Photos	Normal	Photos 2020-2-19	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERV CES) on 19 Feb 2020 10:19	Photos	Normal	Photos 2020-2-19	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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Display in New Window

Scan and uploading