#### 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.
- 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,	The second secon
<b>推进过来的现在分词</b> 。	ACCIDENT STATEMENT
Date Of Report	23/05/2020 09:17
Date Of Accident	22/05/2020 13:25
Exact Location Of Accident	BLK 347A AMK AVE 3 CARPARK
Country/State of Loss	SINGAPORE
The state of the s	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLN9226R
Insured/Policyholder	
Name Of Registered Owner	LIMOCARS & TRANSPORTATION PTE LTD
Co Reg No	2XXXXX325E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91542153
Alternative Phone No	OFFICE-91542153
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E220D AUTO
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5117352570
Cover Note Number	
Driver	
Name of Driver	HAN LIANGCHOU
NRIC No	SXXXX974F

 Name of Driver
 HAN LIANGCHOUNT

 NRIC No
 SXXXX974F

 Date Of Birth
 23/09/1987

 Occupation
 OUTDOOR

 Date Of Driving Pass
 25/03/2010

Driving Experience 10 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-91542153

Fax Number

Contact Number OFFICE-91542153

EMail Address NOEMAIL

BLK 345 ANG MO KIO AVENUE 3 Address

#08-2254

Postcode 560345

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 - MAJOR/MINOR RD

Weather Conditions CLEAR Road Surface DRY

Other Information

ambulance?

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

NO

Was any other material or property damaged?

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

YES 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

TRAFFIC POLICE DIVISION HQ

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/20200522/7010.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SJB1183U

Vehicle Make/Model/Colour

PORSCHE

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Postcode

<b>使</b> 的数据显示的 [5] 数以中华的东	DETAILS OF INJURED PERSON 1
Name	HAN LIANGCHOU
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLN9226R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	

## SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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.
- 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.
- 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 aforesald.
- 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:
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the dalms;
  - (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:
  - 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
  - (li) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Data & Time:

Or Wer's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

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

Reporting Centre Personne's Signature Name:

NRIC/FIN No.:

-Date of Accident	22 05 20 Accident Time: 13 25 (24-HR-Format)
Accident Place	: Ang Mo Kic Ave 3 PIK 347a Carpark
Vehicle Reg. No. (Car Plate	
Vehicle Make/Model	: Meredes Bonz E220D
Insurance Company	:_ NTUC Policy No
Owner or Company Name /IC	No. : LIMOCARS & TRASUSPORTATION PTE CTD
Owner or Company Contact I	
DRIVER'S Name / IC No.	: HAN LIANG(HOM
DRIVER'S Date Of Birth	: 23 09 1987 DRIVER'S License Pass Date 25 MAR 20
Relationship of Owner & Driv	
DRIVER'S Address	: BIK 345 pro the Kie Au 3 # 08-2254.
DRIVER'S Contact No./ Alt N	0.1012.151
DRIVER'S Occupation	: INDOOR \OUTDOOR (e.g. working inside or outside office)
Email Address	: mycan admin @ mycur-sag
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including	ng Driver): 6
Was there any video Captured b Exact purpose for which vehicle	y car camera: YES NO was being used at the time of accident: Private use \ Work purpose
Oth	er Party Driver's Particular (if any)
Vehicle Reg. No: SJB 11	83 M Vehicle Reg. No:
Vehicle Reg. No: SJB 11 Vehicle Make Wodel: PORS	Vehicle Make Wodel:
Name Driver:	
IC No. Driver:	
Driver's Contact & Add:	Driver's Contact & Add:





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3

Report No. T/20200522/7010

# REPORT OF A TRAFFIC ACCIDENT

Date/Tin 22/05/20	ne Report N 20 17:25	/lade:	Vide Report No.: F/20200522/0132	Station Diary No.:					
Informa	nt's Partic	ulars							
	Informant: NGCHOU		Address: APT BLK 345 ANG MO KIO AVENUE 3 #08-2254 SINGAPORE 560345						
ID Type NRIC NO	/ ID No.: D / S87309	74F	Contact No.: Home/Office:	Mobile: 91542153					
National SINGAP	ity: ORE CITIZ	EN	Email: hanliangchou053@live.com						
Sex: Male	Age: 32	Date of Birth: 23/09/1987	Type of Informant: Driver						
Race: Chinese			Language: English	Institution / School Name:					
Occupation: LIMOUSINE DRIVER			Driving Licence Information: Class: 3  Date of Expiry:						

Type of Accident:	Injury Attended by Police	Injury Drink Date/Time of Accident: No 22/05/2020 13:2			
Location: ANG MO KIO Weather:	STREET 31	Road Surface:		Road Speed Limit:	
		Dry	4	10 Km/h	
Clear Traffic Flow: Two Way		Dry Traffic Control: Not Controlled		10 Km/h Гraffic Volume: No Traffic	

Details of Vehicle Involved										
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger				
SJB1183U	Car		porsche	White		0				
SLN9226R	Car	MERCEDES BENZ		Black		1				

Details of Vehicle Insurance										
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date						
SLN9226R	NTUC Income Insurance Co-Operative Limited									





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20200522/7010

## CONTINUATION OF REPORT

Details of Perso	n Involved	Name of Street					
Any Pedestrian I	nvolved: No						
No. of Pedestriar	ns Injured: NIL		Use of Pe	edestriar	Cross	ing: NA	
Driver							
Name	HAN LIANGCHOU			ID No		S8730974F	
Related Vehicle	SLN9226R (Car)			Conta	ct No.	91542153	
Hospital/Clinic	NIL			Class Drivin Licend Expiry	q	Class: 3 Date of Expiry: NIL	
Date Treatment	22/05/2020		Date Disc	charge	NIL		
No. of Days gran	ted Medical Leave	02	Degree o		Slight		

# Brief Details.

I was driving in my vehicle SLN9226R at ang mo kio ave 3 carpark blk 347. Suddenly a white vehicle came out of the carpark lot from my left and collided into the left of my vehicle. I stop my car and get out and the vehicle that collided into me drove off. I immediately dial 999 and a traffic police came down to attend to me. I have video footage of the accident and i remember the car plate of the hit and run vehicle is SJB1183U. My right shoulder felt pain due to the impact and i visit a clinic and was given 2 days MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20200522/7010

## CONTINUATION OF REPORT

Sketch Plan		
Informant is	not able to provide ske	etch plan

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/05/2020 17:25
Officer In Charge Of Case: TP / TPIB / MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246	Classification Of Case:
Authentication Stamp	

eBaoTech						ALC: N				Genera	lClaim
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Notice of Loss	Policy N	No.		Date of Accident					/05/2020 13		
	Vehicle	No.(For Motor)	SLN92	26R		Certificate Number				0.3	
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	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5117352570		LIMOCARS & TRANSPORTATION PTE LTD	201721325E	GPC	drivo CLASSIC	SLN9226R	SLN9226R	22/05/2020	21/05/2021
				5000 N. S.	Con	tinue					

Sequen	ce Date of Endorsemen	nt I	Endorsement Type E			Status	Endorsement Content
□ Endors	ements						
) Insure	d Object: SLN9226R						
Unit No.	21-30	Related Policy Number		5117352570			
Address 4		Addre	ss Type	Singapore address		Post Code	573968
Address 1	20 SIN MING LANE	20 SIN MING LANE Address 2		#06-51 MIDVIEW CITY		Address 3	SINGAPORE 573968
→ Policyh	older Mailing Address						
Certificate Info							
Open Policy Info							
Co- insurance Flag	No						
Agent	TECK WEI CREDIT PTE, LTD.	Agent Tel.	64650020 null		GST Flag	Y	
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young/	Inexperience Driver Excess
Additional Excess	1500	OS Premium	0				
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Excess Type	Per Accident	All Claims Excess					
Policy ssue Date	29/04/2020	Effective Date	22/05/2020 00:00		Expiry Date	21/05/2021 23:59	
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	20 SIN MING LANE #06-51 MIDVIEW CITY SINGAPORE 573968						
Certificate No.							
Policy No.	5117352570	Policyholder Name	LIMOCAR	S & TRANSPORTATION	Policyholder NRIC	201721325E	



