

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	20/07/2020 17:24
Date Of Accident	04/07/2020 00:00
Exact Location Of Accident	UNKNOWN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GV8664H
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Insured/Policyholder

Name Of Registered Owner	PAUL HOE ENTERPRISE PTE LTD
Co Reg No	2XXXXX503C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67419686

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5108538802-01
Cover Note Number	

Driver

Name of Driver	LIM TENG CHONG
NRIC No	SXXXX501E
Date Of Birth	29/09/1963
Occupation	INDOOR
Date Of Driving Pass	19/11/1981
Driving Experience	38 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96650329
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 525 HOUGANG AVE 6 #02-183
Postcode	530525
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	NO COLLISION
Weather Conditions	UNKNOWN
Road Surface	UNKNOWN

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	CCTV FROM BUILDING
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMD108Z
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)

Accident Sketch Plan

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.

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.:

Accident Sketch Plan

SKETCH PLAN

Unable
to
Provide
Sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I received letter from Insurance Company mention
on 4 July 2020 ~~I~~ My veh involved an accident
with SMD 1082, I cannot recall on the day I
got involved with any accident.

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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20200721/2033

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

1 of 3
Report No. T/20200721/2033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/07/2020 12:47		Vide Report No.:		Station Diary No.: 9	
Informant's Particulars					
Name of Informant: LIM TENG CHONG			Address: APT BLK 525 HOUGANG AVENUE 6 #02-183 SINGAPORE 530525		
ID Type / ID No.: NRIC NO / S1573501E			Contact No.: Home/Office: Mobile: 96850329		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 29/09/1963	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: CONTRACTOR			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 04/07/2020 00:00	Type of Location: Straight Road
Location: Along Road 1 KAKI BUKIT AVENUE 6				
AUTOBAY@KAKI BUKIT				
Weather: Clear		Road Surface: Dry		Road Speed Limits:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: UNKNOWN				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GV8664H	Lorry	TOYOTA		Silver	No Damage	0
SMD108Z	Car					0

Details of Person Involved

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

Police Report

No. of Us



**SINGAPORE
POLICE FORCE**



T/20200721/2033

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Report No. T/20200721/2033

CONTINUATION OF REPORT

Driver			
Name	LIM TENG CHONG	ID No.	S1573501E
Related Vehicle	GV8664H (Lorry)	Contact No.	96650329
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

Brief Details.

On 20/07/2020, my friend namely Aho(H/P:96235068) received a letter from an insurance company who wanted to make claim due to an accident that happened on 04/07/2020 between a lorry (GV8664H) and a car (SMD108Z). He then told me about it and we remember that the lorry was used by me to help him get a new key at AutoBay@Kaki Bukit. The said lorry (GV8664H) belong to my friend's company.

I wish to state that I have the video footage which captured an event between both my friend's lorry and the said car from the in-car camera of the lorry. I discovered that there are no accident happened.

We manage to make an insurance report and decide to lodge this report for record purposes.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200721/2033

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Report No. T/20200721/2033

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:

G /

Sgt 1 NORISHAM BIN KAMIZAN

Signature Of Informant

Signature Of Interpreter:

Not applicable

Date/Time:

21/07/2020 12:47

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



CHASSIS NO. LY235R-3000642
U.W. : 1500KG
M.L.W. : 3500KG
PASS.CAP. : 01
TYRE SIZE : F175R-14-8PLY
 R155R-12-8PLY(D)

CHASSIS NO :
UNLADEN WT : 1400 KG
LADEN WT : 3500 KG
DRIVER : 1 OTHER :
TOTAL : 3600

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66500206 / GST Reg. No.: MA00017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA120061228 Vehicle Registration No: GV8664H
Name (as shown in NRIC) : Lim Teng Chong NRIC/FIN/Passport No : S1573501E
(* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 525 Hougang Ave 6 # 02-183 Singapore 330525
Contact (Tel) : _____ Mobile No. : 9665 0329
Email Address : _____
Date of Accident : 04/07/2020 Time of Accident : _____
Place of Accident : _____
Insurance Company : NTUC Income Insurance

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I have went back to the place and found video evidence to prove that on 4/7/2020, I did not collide with vehicle SMD108Z at all. The workshop owner of SMD108Z is making a false reporting of this accident. On the day of the accident, there was a guy helping me to look out when I was turning out as well, ensuring that I did not hit the other vehicle. On 3/7/2020 and 5/7/2020, I have attached photo evidence of the other party's car in the same condition, accident-free and not touched as well.



Policyholder / Driver's Signature
Date: _____

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