

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	14/08/2020 17:51
Date Of Accident	13/08/2020 09:30
Exact Location Of Accident	ALONG CTE (AYE) BEFORE BALESTIER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS4373T
Insured/Policyholder	
Name Of Registered Owner	LIM WAI MENG JOEL
NRIC No	SXXXX217I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97517215
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C200-2.0 AVANTGARDE (R17 LED) (A)
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5117957879
Cover Note Number	

Driver

Name of Driver	LIM WAI MENG JOEL
NRIC No	SXXXX217I
Date Of Birth	31/07/1987
Occupation	INDOOR
Date Of Driving Pass	27/06/2008
Driving Experience	12 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97517215
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	NOEMAIL

Address	247 LOYANG RISE
Postcode	507354
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5871999 - FAX NO: 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT AND SKETCH PLAN ATTACHED. REPORT NO: T/20200814/2021

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG2449Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	NOOR RAMLI BIN MD NOR
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

3

DETAILS OF INJURED PERSON 1

Name	LIM WAI MENG JOEL
Approximate Age	33
Injuries Sustain	REAR RIGHT HEAD, RIGHT SHOULDER, NECK & LOWER BACK
Injured person in which vehicle?	SMS4373T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	247 LOYANG RISE
Postcode	507354

Accident Sketch Plan

ACCIDENT INVESTIGATION

TO ACT

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.:

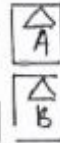
Accident Sketch Plan

SKETCH PLAN

Vehicle A: CMS4373T

Vehicle B: SG62449Y

CTE (AYE), before BALISTIC



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

7/20200814/2021

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.:

Scanned with CamScanner

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200814/2021

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20200814/2021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/08/2020 11:06	Vide Report No.:	Station Diary No.: 20
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Informant's Particulars

Name of Informant: LIM WAI MENG, JOEL			Address: 247 LOYANG RISE SINGAPORE 507354	
ID Type / ID No.: NRIC NO / S87222171			Contact No.: Home/Office: Mobile: 97517215	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 33	Date of Birth: 31/07/1987	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: MANAGING DIRECTOR			Driving Licence Information: Class: 2B 3 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: 13/08/2020 09:30	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	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
SLG2449Y	Car	TOYOTA		Silver	Slightly Damaged	2
SMS4373T	Car	MERCEDES BENZ	C200 AVANTGARDE (R17 LED)	Blue	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Scanned with CamScanner

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200814/2021

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Report No. T/20200814/2021

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMS4373T	NTUC Income Insurance Co-Operative Limited	5117957879	22/06/2020	21/06/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM WAI MENG, JOEL	ID No.	S87222171
Related Vehicle	SMS4373T (Car)	Contact No.	97517215
Hospital/Clinic	HONG FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	14/08/2020	Date Discharge	14/08/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the above-mentioned date and time, I was driving my vehicle SMS4373T along CTE towards AYE on the extreme right lane. The incident happened just before Bendemeer Road exit. It was raining at that point of time, and the traffic volume was heavy. The vehicle ahead of me have jammed brake, thus I applied my brake too and have came to a complete stop when suddenly and impact hit onto the rear of my vehicle. I have alighted from my vehicle and the driver who have hit me alighted too. We have exchange particulars however the said driver was seen to be in a hurry. I wish to state that he was driving a private hirer labeled car and behind a saw a female passenger with a toddler sitting on her lap.

I sustained aching on the right rear side of my head, right shoulder, neck and lower back. I was given 3 days MC due to the injuries. My car sustained dents and scratches on rear. The impact have resulted my rear bumper to fall off and my rear boot could not be opened.

The driver who have hit me is Mr Noor Ramli Bin Md Nor S21750445Z

Individual Statement



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Tampines N.P.C.
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999



TR2020/08140921

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Report No: TR2020/08140921

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 3 MUHAMMAD AZFAR BIN ALI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
14/08/2020 11:06

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZLI BIN ABDULLAH
Contact No.: 65476204

Classification Of Case:

Authentication Stamp
NP158

Identification Card

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S87222171



Name

LIM WAI MENG, JOEL
(LIN WEIMING)

林 伟 明

Race

CHINESE

Date of birth

31-07-1987

Sex

M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S87222171

Name:

LIM WAI MENG, JOEL
(LIN WEIMING)

Birth Date: 31 Jul 1987

Issue Date: 19 Jan 2006



Identification Card



NRIC No. S87222171

Date of issue
24-12-2012

247 LOYANG RISE
SINGAPORE 507354

S87222171

08/07/2013

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

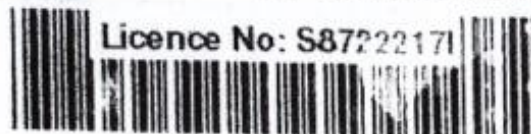
- C
- | | |
|----------|---|
| Class 2B | Motorcycles =< 200 CC |
| Class 3 | Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg |

19 Jan 2006
27 Jun 2008

S87222171

S / No. 9000080115

NP 428A



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Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

