

## 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	03/09/2020 15:31
Date Of Accident	03/09/2020 10:30
Exact Location Of Accident	CTE(SLE) AFTER BRADELL ROAD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC8786E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM YEW PENG
NRIC No	SXXXX550D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90212599
Alternative Phone No	OTHERS-90212599
<b>Vehicle Particulars</b>	
Manufacturer	HONDA
Model	HONDA / VEZEL 1.5X CVT

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

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110001918-01
Cover Note Number	

### Driver

Name of Driver	LIM YEW PENG
NRIC No	SXXXX550D
Date Of Birth	21/08/1968
Occupation	OUTDOOR
Date Of Driving Pass	15/07/1989
Driving Experience	31 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90212599
Fax Number	
Contact Number	OTHERS-90212599
EMail Address	NOEMAIL

Address	BLK 465 #09-1078 ANG MO KIO AVENUE 10 TECK GHEE HORIZON
Postcode	560465
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	SIDE SWIPE
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	3
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)	3
Passenger 1	NAME: : NICOLE GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN FEMALE GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER ATTACHED;

#### 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	SKS6803E
Vehicle Make/Model/Colour	HONDA / FIT 1.3G F- PACKAGE
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)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBE7370K  
Vehicle Make/Model/Colour TOYOTA / TOYOTA HIACE VAN TURBO 5 DR MANUAL  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name LIM YEW PENG  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SLC8786E  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name NICOLE  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SLC8786E  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

Figure 1. The effect of the concentration of the *Agrobacterium* suspension on the transformation efficiency of *Agrobacterium* strains.

Figure 1. The effect of the concentration of the *Agrobacterium* suspension on the transformation efficiency of *Agrobacterium* strains. The concentration of the *Agrobacterium* suspension was 10<sup>6</sup> cells/ml (A), 10<sup>7</sup> cells/ml (B), 10<sup>8</sup> cells/ml (C), and 10<sup>9</sup> cells/ml (D). The concentration of the *Agrobacterium* suspension was 10<sup>6</sup> cells/ml (A), 10<sup>7</sup> cells/ml (B), 10<sup>8</sup> cells/ml (C), and 10<sup>9</sup> cells/ml (D). The concentration of the *Agrobacterium* suspension was 10<sup>6</sup> cells/ml (A), 10<sup>7</sup> cells/ml (B), 10<sup>8</sup> cells/ml (C), and 10<sup>9</sup> cells/ml (D). The concentration of the *Agrobacterium* suspension was 10<sup>6</sup> cells/ml (A), 10<sup>7</sup> cells/ml (B), 10<sup>8</sup> cells/ml (C), and 10<sup>9</sup> cells/ml (D).

2000

1.  $\frac{1}{2} \frac{d}{dt} \int_{\mathbb{R}^n} |u|^2 dx = \int_{\mathbb{R}^n} u \Delta u dx = - \int_{\mathbb{R}^n} |\nabla u|^2 dx \leq 0$  (by the divergence theorem,  $\int_{\mathbb{R}^n} \nabla \cdot (u \nabla u) dx = 0$ ).

[illegible]

The Insured hereby irrevocably and exclusively assigns and authorizes the Singapore Police Force (SPF) to use, disclose and disseminate any personal data/personal information submitted in this (form) and any documents or information provided by me or provided by my insurer (collectively, the "Personal Information") and disclose and transfer such Personal Information to all insurers 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/follow firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes of

Figure 1. Schematic representation of the experimental design. The subjects were divided into two groups: the control group (CG) and the experimental group (EG). The CG received a standard diet (SD) and the EG received a high-fat diet (HFD). The subjects were divided into two groups: the control group (CG) and the experimental group (EG). The CG received a standard diet (SD) and the EG received a high-fat diet (HFD). The subjects were divided into two groups: the control group (CG) and the experimental group (EG). The CG received a standard diet (SD) and the EG received a high-fat diet (HFD).

$$d(\mu) = \frac{1}{2} \left( \frac{1}{\mu} + \mu \right), \quad d(\mu) = \frac{1}{2} \left( \frac{1}{\mu} + \mu \right), \quad d(\mu) = \frac{1}{2} \left( \frac{1}{\mu} + \mu \right), \quad d(\mu) = \frac{1}{2} \left( \frac{1}{\mu} + \mu \right), \quad d(\mu) = \frac{1}{2} \left( \frac{1}{\mu} + \mu \right)$$

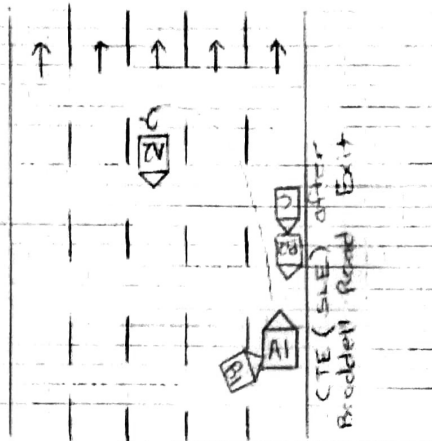
Figure 1 shows the results of the analysis of variance. The main effect of the type of the stimulus was significant ( $F(1, 10) = 10.00, p < 0.01$ ). The interaction effect of the type of the stimulus and the type of the stimulus was also significant ( $F(1, 10) = 10.00, p < 0.01$ ). The interaction effect of the type of the stimulus and the type of the stimulus was also significant ( $F(1, 10) = 10.00, p < 0.01$ ).

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Yancy

(C)-GBE 7370K



was also facing the opposite direction in Lane 1. It was Vehicle (B) who has caused the collision with my Vehicle (A), and the Vehicle (B) hit Vehicle (C). I have 2 other passengers in my vehicle.

060427-01

Table 1. *Salmonella* serotypes and their associated diseases

Yezzy

1. *Chlorophyll a* (Chl *a*)  
 2. *Chlorophyll b* (Chl *b*)  
 3. *Chlorophyll c* (Chl *c*)  
 4. *Chlorophyll d* (Chl *d*)  
 5. *Chlorophyll e* (Chl *e*)  
 6. *Chlorophyll f* (Chl *f*)  
 7. *Chlorophyll g* (Chl *g*)  
 8. *Chlorophyll h* (Chl *h*)  
 9. *Chlorophyll i* (Chl *i*)  
 10. *Chlorophyll j* (Chl *j*)  
 11. *Chlorophyll k* (Chl *k*)  
 12. *Chlorophyll l* (Chl *l*)  
 13. *Chlorophyll m* (Chl *m*)  
 14. *Chlorophyll n* (Chl *n*)  
 15. *Chlorophyll o* (Chl *o*)  
 16. *Chlorophyll p* (Chl *p*)  
 17. *Chlorophyll q* (Chl *q*)  
 18. *Chlorophyll r* (Chl *r*)  
 19. *Chlorophyll s* (Chl *s*)  
 20. *Chlorophyll t* (Chl *t*)  
 21. *Chlorophyll u* (Chl *u*)  
 22. *Chlorophyll v* (Chl *v*)  
 23. *Chlorophyll w* (Chl *w*)  
 24. *Chlorophyll x* (Chl *x*)  
 25. *Chlorophyll y* (Chl *y*)  
 26. *Chlorophyll z* (Chl *z*)  
 27. *Chlorophyll aa* (Chl *aa*)  
 28. *Chlorophyll ab* (Chl *ab*)  
 29. *Chlorophyll ac* (Chl *ac*)  
 30. *Chlorophyll ad* (Chl *ad*)  
 31. *Chlorophyll ae* (Chl *ae*)  
 32. *Chlorophyll af* (Chl *af*)  
 33. *Chlorophyll ag* (Chl *ag*)  
 34. *Chlorophyll ah* (Chl *ah*)  
 35. *Chlorophyll ai* (Chl *ai*)  
 36. *Chlorophyll aj* (Chl *aj*)  
 37. *Chlorophyll ak* (Chl *ak*)  
 38. *Chlorophyll al* (Chl *al*)  
 39. *Chlorophyll am* (Chl *am*)  
 40. *Chlorophyll an* (Chl *an*)  
 41. *Chlorophyll ao* (Chl *ao*)  
 42. *Chlorophyll ap* (Chl *ap*)  
 43. *Chlorophyll aq* (Chl *aq*)  
 44. *Chlorophyll ar* (Chl *ar*)  
 45. *Chlorophyll as* (Chl *as*)  
 46. *Chlorophyll at* (Chl *at*)  
 47. *Chlorophyll au* (Chl *au*)  
 48. *Chlorophyll av* (Chl *av*)  
 49. *Chlorophyll aw* (Chl *aw*)  
 50. *Chlorophyll ax* (Chl *ax*)  
 51. *Chlorophyll ay* (Chl *ay*)  
 52. *Chlorophyll az* (Chl *az*)  
 53. *Chlorophyll aza* (Chl *aza*)  
 54. *Chlorophyll abz* (Chl *abz*)  
 55. *Chlorophyll acz* (Chl *acz*)  
 56. *Chlorophyll adz* (Chl *adz*)  
 57. *Chlorophyll aez* (Chl *aez*)  
 58. *Chlorophyll afz* (Chl *afz*)  
 59. *Chlorophyll agz* (Chl *agz*)  
 60. *Chlorophyll ahz* (Chl *ahz*)  
 61. *Chlorophyll aiz* (Chl *aiz*)  
 62. *Chlorophyll ajz* (Chl *ajz*)  
 63. *Chlorophyll akz* (Chl *akz*)  
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 65. *Chlorophyll amz* (Chl *amz*)  
 66. *Chlorophyll anz* (Chl *anz*)  
 67. *Chlorophyll aoz* (Chl *aoz*)  
 68. *Chlorophyll apz* (Chl *apz*)  
 69. *Chlorophyll aqz* (Chl *aqz*)  
 70. *Chlorophyll arz* (Chl *arz*)  
 71. *Chlorophyll asz* (Chl *asz*)  
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 77. *Chlorophyll ayz* (Chl *ayz*)  
 78. *Chlorophyll azz* (Chl *azz*)  
 79. *Chlorophyll azaa* (Chl *aza*)  
 80. *Chlorophyll abz* (Chl *abz*)  
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 105. *Chlorophyll azaa* (Chl *aza*)  
 106. *Chlorophyll abz* (Chl *abz*)  
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 129. *Chlorophyll ayz* (Chl *ayz*)  
 130. *Chlorophyll azz* (Chl *azz*)  
 131. *Chlorophyll azaa* (Chl *aza*)  
 132. *Chlorophyll abz* (Chl *abz*)  
 133.

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