

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 | 08/09/2020 12:43 |
| Date Of Accident | 07/09/2020 17:15 |
| Exact Location Of Accident | LAVENDER ST TWDS KALLANG |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJY9712U |
| Insured/Policyholder | |
| Name Of Registered Owner | LIM YAN LING |
| NRIC No | SXXXX792C |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96288665 |
| Alternative Phone No | OFFICE-96288665 |

Vehicle Particulars

| | |
|--|------------------------|
| Manufacturer | TOYOTA |
| Model | COROLLA ALTIS 1.6 AUTO |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| 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 | 5116585155 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | LIM CHYE POH |
| NRIC No | SXXXX621J |
| Date Of Birth | 21/12/1965 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 06/01/1984 |
| Driving Experience | 36 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96510883 |
| Fax Number | |
| Contact Number | OFFICE-96510883 |
| EEmail Address | NOEMAIL |

| | |
|---|--|
| Address | BLK 132 BEDOK RESERVOIR ROAD #02-1263 |
| Postcode | 470132 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SPOUSE |
| 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 | 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? | 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) | 2 |
| Passenger 1 | NAME: : LIM MEE LAN GENDER: : FEMALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | CENTRAL POLICE DIVISIONAL HQ (A DIVISION) |
| Police Station Address | ROAD: 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2240000 - FAX NO: 62200877 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - A/20200909/7035.

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 | GBD2198E |
| Vehicle Make/Model/Colour | NISSAN CABSTAR |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | RIDHWAN BIN AKBARSHA |
| NRIC/Passport Number | SXXXX337B |
| Contact Number | |

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name LIM CHYE POH

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJY9712U

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name LIM MEE LAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJY9712U

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
6. 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.
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.

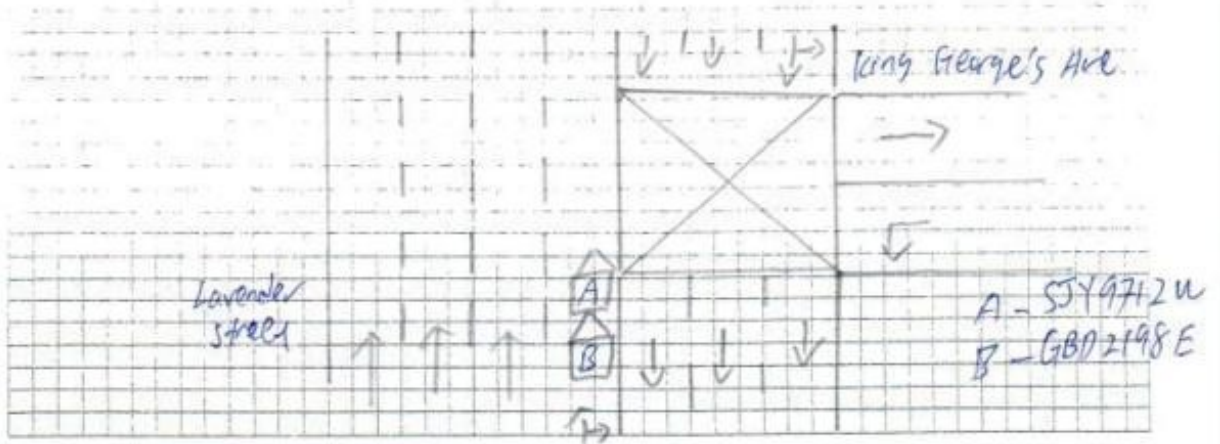

Policyholder's Signature
Date & Time:


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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 07.09.2020, at about 1715, I was travelling on the extreme right lane along Lavender street towards Kallang. While making a right turn to King George's Ave, due to the traffic ahead, I stopped and was stationary, suddenly, I heard a loud bang and impact from the rear of my vehicle A, when I alighted, I realised it was vehicle B failed to stop on time, causing the collision and damages to the rear portion of my vehicle A.

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**



A/20200909/7035

1 of 2

POLICE REPORT (NP299)

Report No. A/20200909/7035

Police Station Of Origin
Central Division HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

| | | |
|--|--|---------------------|
| Date/Time Report Made 09/09/2020 22:52 | Vide Report No. | Station Diary No. |
| Name Of Informant LIM CHYE POH | Address 132 BEDOK RESERVOIR ROAD #02-1263 SINGAPORE 470132 | |
| ID Type / ID No. NRIC NO / S1723621J | Contact No. Home/Office: | Mobile: 96510883 |
| Nationality SINGAPORE CITIZEN | Email Address yanlinggg@hotmail.com | |
| Occupation Part Time Driver | Sex Male | Age 54 |
| Institution/School Name | Date of Birth 21/12/1965 | Race Chinese |
| Date/Time Of Incident 07/09/2020 17:15 - 07/09/2020 17:20 | Location Of Incident 85 LAVENDER STREET HOTEL 81 - LAVENDER SINGAPORE 338716 | |

Brief details.

On 7 Sep 2020 at about 1715, I was travelling at the extreme right lane along Lavender Street toward Kallang. While making a right turn to King George Avenue, due to the traffic ahead, i stopped and was stationary, then suddenly, i heard a loud bang and impact from the rear of my Vehicle (SJY9712U) , when i alighted, i realized it was Vehicle (GBD2198E) failed to stop on time, causing the collision and damages to rear portion of my vehicle. Due to the great impact, my wife LIM MEE LAN (S6924691E) and myself LIM CHYE POH (S1723621J) felt a pain on my neck and back after the collision. We have consulted the

| | |
|--|--|
| 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: 09/09/2020 22:52 |
| Officer In-Charge Of Case: | Classification Of Case: |

Authentication Stamp

Police Report



**SINGAPORE
POLICE FORCE**



A/20200909/7035

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20200909/7035

doctor, we were given 3 days of MC each. The lodging of this police report is for insurance report.

| | | | |
|-------------------|--------------------------|---------------------------|--|
| Subjects Involved | | | |
| Victim | | | |
| Person Name | LIM CHYE POH | | |
| ID Type | NRIC NO | ID No | S1723621J |
| Gender | Male | Age | 54 |
| Race | Chinese | Language | English |
| Occupation | Part Time Driver | Address | 132 BEDOK RESERVOIR ROAD #02-1263 SINGAPORE 470132 |
| Mobile No | 96510883 | Is Informant A Victim? | Yes |
| | | | |
| Person Name | LIM CHYE POH (Informant) | | |
| | | | |

| | |
|--|--|
| 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: 09/09/2020 22:52 |
| Officer In-Charge Of Case: | Classification Of Case: |
| Authentication Stamp | |

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



TOYOTA MOTOR CORPORATION

MODEL ZRE141R-GEPEK 1598 mL

ENGINE

1ZR-EE

FRAME No.

MRO53REE104102530

COLOR

TRIM

PLANT

GVM (kg)

1D4 EA40 Z35

TWA/BUILT

U340E

-02A

SEP

10

PROD. BY: TOYOTA MOTOR THAILAND CO., LTD.

MADE IN THAILAND

Accident Photo



Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

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 : MMA120077632 Vehicle Registration No : SJY 9712U
Name(as shown in NRIC) : Lim Chye Poh
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
NRIC/Passport No : 51723621J
Address : Blk 132 Bedok Reservoir Road, #02-1263, S(470132)
Contact (Tel) : 96510883 (H/P) : _____
(Email) : _____
Date of Accident : 07.09.2020 Time of Accident : 1715
Place of Accident : Lavender Street towards Kallang
Insurance Company : NTUC

(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 wish to add in a police report A/20200909/7035
to my GIA Report.



Signature of Vehicle Owner / Driver
Date: _____