

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	07/09/2020 15:48
Date Of Accident	06/09/2020 13:20
Exact Location Of Accident	JUNCTION OF JALAN BAHAR & PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE8173A
Insured/Policyholder	
Name Of Registered Owner	LIM POH HIAP (LIN BAOXIE)
NRIC No	SXXXX897E
Email Address	KENEVX@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81566669
Alternative Phone No	OFFICE-81566669
Vehicle Particulars	
Manufacturer	HONDA
Model	INSIGHT 1.3L IMA CVT
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	5108186951-01 CLASSIC
Cover Note Number	
Driver	
Name of Driver	LIM POH HIAP (LIN BAOXIE)
NRIC No	SXXXX897E
Date Of Birth	02/05/1978
Occupation	OUTDOOR
Date Of Driving Pass	17/08/1995
Driving Experience	25 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81566669
Fax Number	
Contact Number	OFFICE-81566669
E-Mail Address	KENEVX@GMAIL.COM

Address	BLK 841 JURONG WEST STREET 81 #10-129
Postcode	640841
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	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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE

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 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	GX9049S
Vehicle Make/Model/Colour	TOYOTA/ DYNA 150 D
Details Of Properties	

Vehicle Category
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

DETAILS OF INJURED PERSON 1

Name	LIM POH HIAP (LIN BAOXIE)
Approximate Age	42
Injuries Sustain	
Injured person in which vehicle?	SKE8173A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 841 JURONG WEST STREET 81 #10-129
Postcode	640841

Sketch Plan

SKETCH PLAN

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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 future claims 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;
 - (ii) regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (iii) for complying with requirements under any regulations, law or court orders.

22 KAKI BUKIT (VAC)
22 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 7416697 Fax: 67492305
Email: vac@vicom.com.sg

Policyholder's Signature
Date & Time:

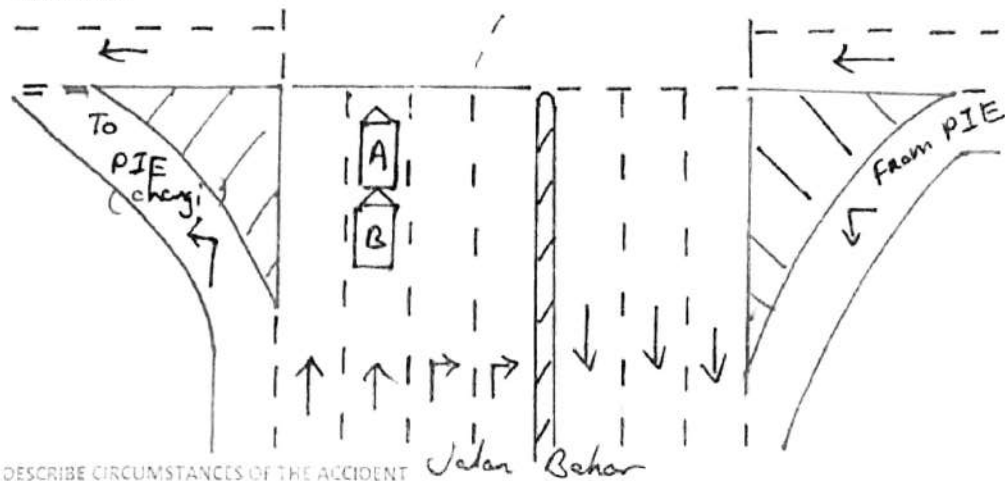
- 7 SEP 2020

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

Reporting Centre Personnel's Signature
Name:
ID No./TA No:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(A) SKE 8173 A

(B) GX 9049 S

Refer to Police Report

Report No:-

T/20200907/7006

[Handwritten signature]

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: - 7 SEP 2020

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackibvsc.com.sg

Signature of Driver
Name:
NPT/IN/20

Individual Statement



**SINGAPORE
POLICE FORCE**



T 20200907 7006

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T 20200907/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/09/2020 11:04	Video Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LIM POH HIAP			Address: 841 JURONG WEST STREET 81 #10-129 SINGAPORE 640841		
ID Type / ID No. NRIC NO / S7810897E			Contact No.: Home/Office Mobile: 81566669		
Nationality: SINGAPORE CITIZEN			Email: KENEVX@GMAIL.COM		
Sex: Male	Age: 42	Date of Birth: 02/05/1978	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Grab driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/09/2020 13:20	Type of Location: X-Junction
Location: JALAN BAHAR				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
GX9049S	Lorry					0
SKE8173A	Car	HONDA	INSIGHT 1.3L IMA CVT	Blue		3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Individual Statement



**SINGAPORE
POLICE FORCE**



T 20200907 7006

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No: T 20200907 7006

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKE8173A	NIUC Income Insurance Co-Operative Limited	5108186951-01	03/04/2020	02/04/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM POH HIAP	ID No.	S7810897E
Related Vehicle	SKE8173A (Car)	Contact No.	81566669
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On 06/09/2020 at about 1320hrs at junction of Jalan Bahar and PIE. I was travelling on the 2nd lane from the left along Jalan Bahar towards Jurong West Avenue 2 and came to a stop before the 'red' traffic light at the above mentioned junction. Suddenly I felt a great impact from the rear and when I alighted, I realized that it was vehicle (B) who hit onto my rear portion of my vehicle (A) causing damages to my vehicle. I have 3 passengers inside my vehicle. I have 5 days MC.

Vehicle A: SKE8173A

Vehicle B: GX9049S

Individual Statement



SINGAPORE
POLICE FORCE



1070009077006

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

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Report No: 1070009077006

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch.

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
JUREMAH BINTE AHMAD
Contact No: 65476219

Authentication Stamp
1070009077006

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
07/09/2020 11:04

Classification Of Case: