

## 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	16/09/2020 11:18
Date Of Accident	15/09/2020 16:05
Exact Location Of Accident	UP THOMSON RD NEAR HAI LAM SUA TEE KENG TOA TEMPLE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA8422C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM CHONG CHIN
NRIC No	S7414723B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97660668
Alternative Phone No	OFFICE-97660668

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 J (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	50929986185-02
Cover Note Number	

### Driver

Name of Driver	LIM CHONG CHIN
NRIC No	S7414723B
Date Of Birth	13/05/1974
Occupation	OUTDOOR
Date Of Driving Pass	10/11/1995
Driving Experience	24 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97660668
Fax Number	
Contact Number	OFFICE-97660668
Email Address	NOEMAIL

Address	BLK 812B CHOA CHU KANG AVENUE 7 #11-645
Postcode	682812
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	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?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### 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	SLW417T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA HWEE NEE
NRIC/Passport Number	S7412235C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

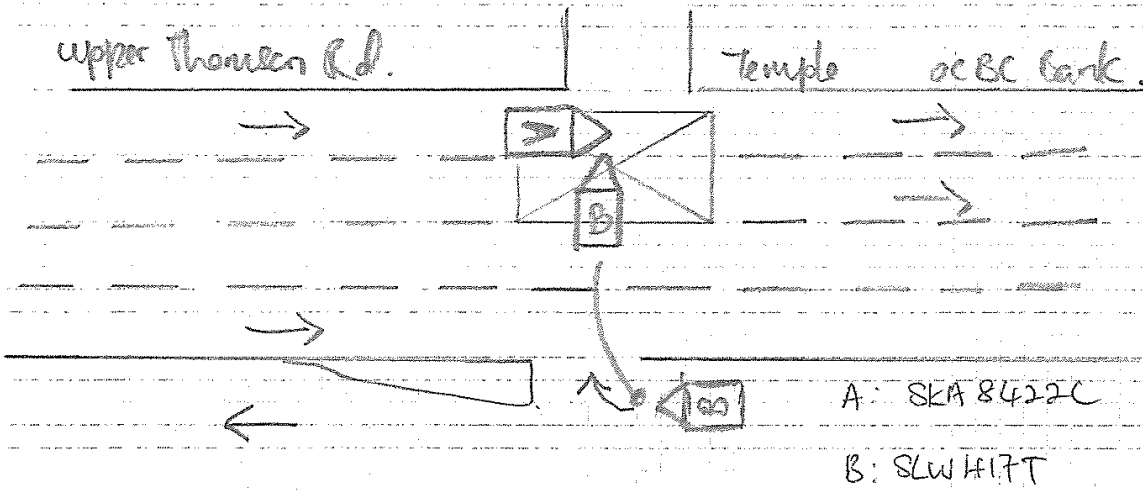
Was this injured conveyed to hospital by ambulance?

Address

Postcode

# Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15.09.2020, I was traveling along upper Thomson Rd near Hai Lam Sua Tee Kong Taa Temple when suddenly a vehicle from my right came and hit on my right fender. I was shock, after that I stop and check if any injuries, we exchange particulars. I feel unwell and need to be checked.

## 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.:

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:

13/9/2016 5:20 PM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

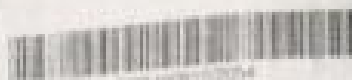
NRIC/FIN No.:



# Police Report



**SINGAPORE  
POLICE FORCE**



CRV00000004

2 of 3

Police Station Of Origin:  
Bukit Panjang N.P.C.  
1 Selegie Road #01-05 SINGAPORE 677735  
Tel No: 1800-8828999

Report No: 1002000180004

## CONTINUATION OF REPORT

### Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: Nil

Use of Pedestrian Crossing: NA

#### Driver

Name: LIM CHONG CHIN

ID No: S74147238

Related Vehicle: SKA0422C (Car)

Contact No: 97000000

Hospital/Clinic: OneCare Choa Chu Kang

Class of Driving Licence & Expiry Date: Class: 3  
Date of Expiry: Nil

Date Treatment: 15/09/2020

Date Discharge: 15/09/2020

No. of Days granted Medical Leave: 03

Degree of Injury: Slight

#### Driver

Name: CHUA HWEE NEE

ID No: S7412235C

Related Vehicle: SLW417T (Car)

Contact No: 96868320

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 15th September 2020 at about 1605hrs, I was travelling along Upper Thomson Road, heading towards Sun Ming. I was driving my vehicle (SKA0422C, Silver Toyota Vio). As I was nearby the Hai Lan Sua, Tee Kong Toa Temple, one vehicle (Black Mercedes, SLW417T) was turning right from the opposite direction of the road and collided with my vehicle on my front right fender.

After the collision, we both alighted and made a check on our vehicles. We also exchanged particulars and she is one namely, Mdm Chua Hwee Nee S7412235C H/P: 96868320. Mdm Chua has one female passenger with her and none of them seemed to be injured. After which, we both parted ways.

I then started to experience pain at my lower back area and I went to see a doctor at OneCare Clinic Choa Chu Kang, Blk 819 Choa Chu Kang Avenue 7 #01-09. I was then given a 03 days MC from 15th September 2020 to 17th September 2020. I have also reported this accident to my insurance company as well. My in-car camera is not in working condition.

# Police Report



SINGAPORE  
POLICE FORCE



10000000000000000000

Police Station Of Origin  
Bukit Panjang N.P.C.  
1 Sagar Road #01-05 SINGAPORE 677734  
Tel No: 1800-9629996

3 of 5

Report No: 10000000000000000000

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

Sgt 3 LUCAS KOH PEI SONG

Signature Of Informant

Date/Time  
16/06/2020 13:51

Signature Of Interpreter  
Not applicable

Officer In Charge Of Case  
TP / AERT /  
Sr Staff Sgt ONG YONG HOCK  
Contact No: 65476436

Classification Of Case

Authorisation Stamp  
10000000000000000000



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo







Accident Photo

