

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	22/10/2020 14:20
Date Of Accident	21/10/2020 13:40
Exact Location Of Accident	PIE (TUAS) TWDS CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD8305Z
Insured/Policyholder	
Name Of Registered Owner	QJ & J TRADING
Co Reg No	5XXXX454J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93651871
Alternative Phone No	OFFICE-93651871

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350 PANEL VAN 2.5 5MT 5DR EURO V
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099254971-02
Cover Note Number	

Driver

Name of Driver	LIM WEI QIANG
NRIC No	SXXXX592C
Date Of Birth	01/10/1987
Occupation	OUTDOOR
Date Of Driving Pass	28/11/2008
Driving Experience	11 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93651871
Fax Number	
Contact Number	OFFICE-93651871
Email Address	NOEMAIL

Address	BLK 808B CHOA CHU KANG AVENUE 1 #08-572
Postcode	682808
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)	2
Passenger 1	NAME: : CHUA GEOK SHENG 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/20201022/7012.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ5081M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WANG ZOE YING
NRIC/Passport Number	

Contact Number 82985696
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LIM WEI QIANG
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? GBD8305Z
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name CHUA GEOK SHENG
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? GBD8305Z
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
 - ii. For complying with the requirements under any regulations, law or court orders.


Policyholder's Signature
Date & Time: _____


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


Reporting Centre Personnel's Signature
Name: _____
NRIC/ FIN No: _____

Accident Sketch Plan




On 21st October 2020 at 13:40 pm.

DECLARATION

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


Policyholder's Signature
Date & Time:




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


Reporting Centre Personnel's Signature
Name:
NRIC/ FIN No:

Police Report



**SINGAPORE
POLICE FORCE**



A/20201022/7012

1 of 2

POLICE REPORT (NP299)

Report No. A/20201022/7012

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 22/10/2020 12:07	Vide Report No.	Station Diary No.
Name Of Informant LIM WEI QIANG	Address 808B CHOA CHU KANG AVENUE 1 #08-572 SINGAPORE 682808	
ID Type / ID No. NRIC NO / S8729592C	Contact No. Home/Office: Mobile: 93651871	
Nationality SINGAPORE CITIZEN	Email Address XIAOQIANG8787@GMAIL.COM	
Occupation Despatch worker	Sex Male	Age 33
Institution/School Name	Date of Birth 01/10/1987	Race Chinese
Date/Time Of Incident 21/10/2020 13:35 - 21/10/2020 13:40	Location Of Incident PAN ISLAND EXPRESSWAY	

Brief details.

On 21/10/20, at about 1.40pm, when we are travelling on PIE towards Tuas, entering CTE towards AMK, a white toyota SLJ5081M hit the side of our van from the back and caused an impact towards the driver and passenger.

after the accident both myself and my wife is feeling unwell and when to visited UNIHEALTH 24-HR CLINC (JURONG EAST)

I Lim Wei Qiang (S729592C) was given 3 days MC (MC No.0000003248)

my wife Chua Geok Sheng (S9011234A) was given 3 days MC (0000003249)

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: 22/10/2020 12:07
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Police Report



**SINGAPORE
POLICE FORCE**



A/20201022/7012

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20201022/7012

Subjects Involved			
Victim			
Person Name	LIM WEI QIANG		
ID Type	NRIC NO	ID No	S8729592C
Gender	Male	Age	33
Race	Chinese	Language	English
Occupation	Despatch worker	Address	808B CHOA CHU KANG AVENUE 1 #08-572 SINGAPORE 682808
Mobile No	93651871	Is Informant A Victim?	Yes
Person Name	LIM WEI QIANG (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: 22/10/2020 12:07
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

