# 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	02/11/2020 12:03
Date Of Accident	01/11/2020 11:20
Exact Location Of Accident	MACPHERSON ROAD TRAFFIC LIGHT NO 4
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLF6768E
Insured/Policyholder	
Name Of Registered Owner	LIM BAOYING (LIN BAOYING)
NRIC No	SXXXX191D
Email Address	LIMBAOYING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97440384
Alternative Phone No	OTHERS-97440384
Vehicle Particulars	
Manufacturer	HONDA
Model	JAZZ
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?	YES
If No, Please state action to be taken	
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	5115928281
Cover Note Number	

### **Driver**

Name of Driver LIM BAOYING (LIN BAOYING)

NRIC No SXXXX191D
Date Of Birth 21/01/1982
Occupation INDOOR
Date Of Driving Pass 21/07/2004

Driving Experience 16 YEARS AND 3 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-97440384

Fax Number

Contact Number OTHERS-97440384

EMail Address LIMBAOYING@GMAIL.COM

Address 6 DERBYSHIRE RROAD

#26-03

Postcode 309462

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

-

1

NO

1

#### **General Information of the Accident**

Type Of Accident COLLIDED INTO PROPERTY

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by NO

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

#### **Details of Police Action**

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 21 KAMPONG JAVA ROAD, POSTCODE: 228892, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-2959999 - **FAX NO**: 63918499

Was notice of intended Prosecution given? NO

If Yes, against whom?

# **Circumstances of Accident**

PLS REFER TO THE POLICE REPORT:T/20201101/2049

### 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

Vehicle Make/Model/Colour

Details Of Properties TRAFFIC LIGHT NO 4
Vehicle Category NA/UNKNOWN

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Accident Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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.
- 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 insurers) 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:
  - 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:
  - 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: 1/11/2020

11 28

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

02/11/20

Name:

NRIC/FIN No.:

BIARMS SkotchPtanForm\_VII

# **Accident Sketch Plan**

# SKETCH PLAN AS PER ATTACHED DESCRIBE CIRCUMSTANCES OF THE ACCIDENT po hie report: 7/20201101/2049 the PIS DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Date & Time: 2/1/12020 Reporting Centre Personnel's Signature Driver's Signature

(If driver is not the policyholder)

Date & Time:

1178

Name:

NRIC/FIN No.:

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# **Accident Sketch Plan**

WISMA Gulob building

-> MacPherson Road to City

OTL4 Contral divider

A-SLEG768E

B-TRAPPIC LIGHT NO 4

#### **Individual Statement**





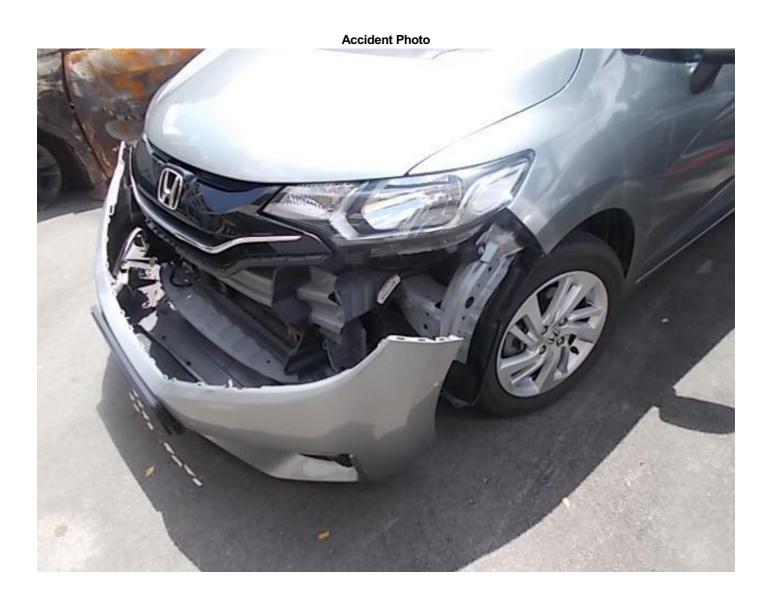
Police Station Of Origin: Kampong Java N.P.C 21 Kampong Java Road SINGAPORE 228892 Tel No: 1800-2959999 2 of 3 Report No. T/20201101/2049

CONTINUATION OF REPORT

# Brief Details.

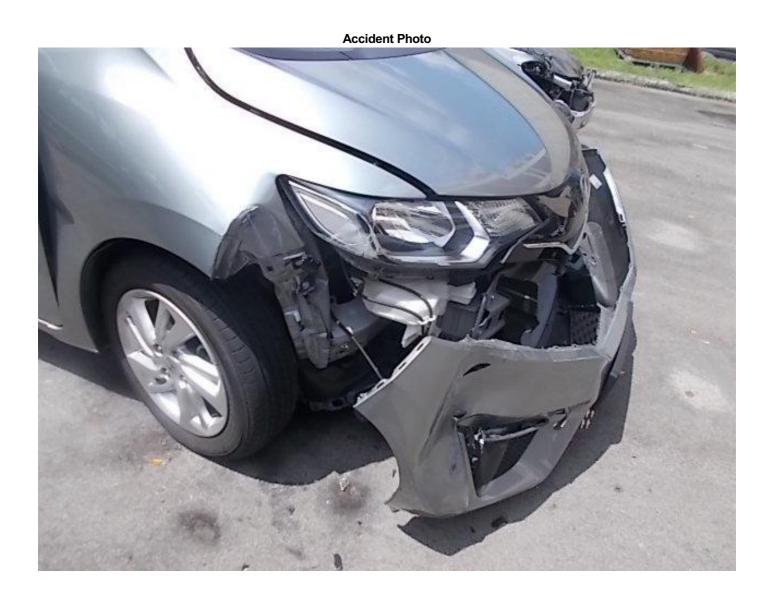
On the 1/11/2020 at about 11.20 am, I was driving along Jalan Wangi making an exit towards Mac Pherson Road. I am supposed to turn right at the traffic junction at the signallised T junction Macpherson Road and Jalan wangi lamp post 34. As the traffic light was green and was on my favour, I steered my car at the bend turning into Mac Pherson Road. As I was doing so, I oversteared my vehicle SLF6768E whilst turning and causing my front bumper to hit the center divider and the traffic light no. 4. The traffic light pole no. 4 and the center divider was still functionable and standing strong however due to collision it was tilted inwards. I immediately stopped the vehicle and my motor vehicle Insurance agent called for traffic Police. I was not injured and no others were at the junction. No other person were injured. I was attended to by Traffic Police and was advised to make a Police report. I also made a electronic report no T/20201101/7008.





# **Accident Photo**





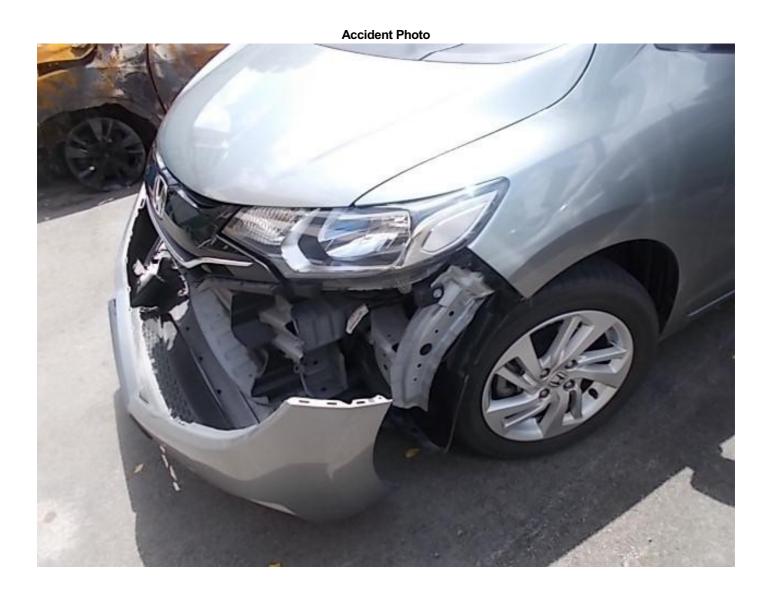
# **Accident Photo**



# **Accident Photo**









# **Police Report**





1 of 3

Police Station Of Origin: Kampong Java N.P.C. 21 Kampong Java Road SINGAPORE

228892

Tel No: 1800-2959999

Report No. T/20201101/2049

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: Vide Report No.: Station Diary No.: 01/11/2020 15:54 G/20201101/0160 33 Informant's Particulars Name of Informant: Address: LIM BAOYING 6 DERBYSHIRE ROAD #26-03 SINGAPORE 309452 ID Type / ID No .: Contact No.: NRIC NO / S8202191D Home/Office: Mobile: 97440384 Nationality: Email: SINGAPORE CITIZEN Sex: Age: Date of Birth: Type of Informant Female: 38 31/01/1982 **Driver** Race: Language: Institution / School Name: Chinese English Occupation: Driving Licence Information: Doctor Class: 3 Date of Expiry:

Type of Accident	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/11/2020 11:20	Type of Location T-Junction	
MACPHERSO					
Weather: F		Road Surface: Dry		Road Speed Limit: 40 Km/h	
	Traffic Flow: Tra			Traffic Volume:	
Traffic Flow: Dual Carriage		Traffic Control: Traffic Light - Wor	king		

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLF6768E	Car	HONDA	JAZZ 1.3 CVT ABS D/AIRBAG 2WD	Silver	Slightly Damaged	0

Details of V	ehicle Insurance	SANGE OF THE STREET	Mark Calling to the Auto	No. of Concession, Name of Street, or other Designation, Name of Street, or other Designation, Name of Street, or other Designation, Name of Street, Original Property and Name of Stree
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLF6788E	NTUC Income Insurance Co-Operative	5115928281	07/03/2020	04/03/2021

## **Police Report**





Police Station Of Origin: Kampong Java N.P.C 21 Kampong Java Road SINGAPORE 228892 2 of 3 Report No. T/20201101/2049

Tel No: 1800-2959999

CONTINUATION OF REPORT

# Brief Details.

On the 1/11/2020 at about 11.20 am, I was driving along Jalan Wangi making an exit towards Mac Pherson Road. I am supposed to turn right at the traffic junction at the signallised T junction Macpherson Road and Jalan wangi lamp post 34. As the traffic light was green and was on my favour, I steered my car at the bend turning into Mac Pherson Road. As I was doing so, I oversteared my vehicle SLF6768E whilst turning and causing my front bumper to hit the center divider and the traffic light no. 4. The traffic light pole no. 4 and the center divider was still functionable and standing strong however due to collision it was tilted inwards. I immediately stopped the vehicle and my motor vehicle Insurance agent called for traffic Police. I was not injured and no others were at the junction. No other person were injured. I was attended to by Traffic Police and was advised to make a Police report, I also made a electronic report no T/20201101/7008.

# Police Report





Police Station Of Origin: Kampong Java N.P.C 21 Kampong Java Road SINGAPORE 228892 Tel No: 1800-2959999

S of 3 Report No. T/20201101/2849

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 85474885 stating the **report number** as reference.

Signature Of Officer Recording The Report E / SI ANDREW KUMARESAN S/O RAMAIAH	Signature Of Informant
Signature Of Interpreter: Not applicable	Date/Time: 01/11/2020 15:54
Officer In Charge Of Case: TP / GIT / Staff Sgt SYED MUHAMMAD ISA BIN OMAR ALHABSHEE Contact No.: 65476214	Classification Of Case:
Staff Sgt SYED MUHAMMAD ISA BIN OMAR	JH - J