

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	11/11/2020 14:44
Date Of Accident	10/11/2020 14:05
Exact Location Of Accident	KANG CHING ROAD TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN3238U
Insured/Policyholder	
Name Of Registered Owner	LMH GRAB
Co Reg No	53366434M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97693615

Vehicle Particulars

Manufacturer	HONDA
Model	OTHERS
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	5092614522-02 (COMP)
Cover Note Number	

Driver

Name of Driver	LIM MENG HOCK
NRIC No	S0239029I
Date Of Birth	26/04/1953
Occupation	OUTDOOR
Date Of Driving Pass	13/03/1974
Driving Experience	46 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97693615
Fax Number	
Contact Number	OTHERS-97693615
Email Address	NOEMAIL

Address	APT BLK 537 JURONG WEST AVENUE 1 #08-1004
Postcode	640537
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?	NO
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: : GRAB PASSENGER
	GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI POLICE DIVISIONAL HQ (D DIVISION)
Police Station Address	ROAD: 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7740000 - FAX NO: 67741705
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT ATTACH *****COMPANY STAMP NOT HAVE (ATTACH ACRA IN EBAO)*****

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	GBE5165A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LEOW LIH YENN
NRIC/Passport Number	S1735298I
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

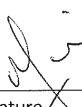
1. Please report **correctly** the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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.

IDAC BUKIT BATOK (VAC)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6560 3312 Fax: 6569 0722
Email: vacbb@singnet.com.sg

Policyholder's Signature
Date & Time:



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

Reporting Centre Personnel's Signature
Name:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refu to Police Report-

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

IDAC BUKIT BATOK (VAC)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6560 3312 Fax: 6569 0722
Email: vacbb@singnet.com.sg

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**SINGAPORE
POLICE FORCE**



D/20201111/7010

1 of 2

POLICE REPORT (NP299)

Report No. D/20201111/7010

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Date/Time Report Made 11/11/2020 10:21	Vide Report No.	Station Diary No.
Name Of Informant LIM MENG HOCK	Address 537 JURONG WEST AVENUE 1 #08-1004 SINGAPORE 640537	
ID Type / ID No. NRIC NO / S0239029I	Contact No. Home/Office: Mobile: 97693615	
Nationality SINGAPORE CITIZEN	Email Address bethock@yahoo.com	
Occupation Other car and light goods vehicle drivers nec	Sex Male	Age 67
Institution/School Name	Date of Birth 26/04/1953	Race Chinese
Date/Time Of Incident 10/11/2020 14:05	Location Of Incident YUAN CHING ROAD	

Brief details.

Location : Yuan Ching Road turning left into Jalan Ahmad Ibrahim.

I stopped at the exit from Yuan Ching Road and Jalan Ahmad Ibrahim. I was travelling from Yuan Ching Road towards the city. Due to road works on the inner lane of Jalan Ahmad Ibrahim, I stopped before the line separating the 2 lanes. Suddenly I heard a bang and my car moved forward. My car was crashed in the back by vehicle no. GBE5165A, driven by a Mr Leow Lih Yenn.

IC no. S1735298I.

Mr Leow said that he wants to settle privately and he provide me his car repair workshop contact. He left

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: 11/11/2020 10:21
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



D/20201111/7010

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20201111/7010

the location after giving his contact.

I have a GRAB passenger at the time of the accident. I was taking him from Kang Ching Road to Harbor Front. My passenger managed to call GRAB to inform about the accident.

Subjects Involved			
Victim			
Person Name	LIM MENG HOCK		
ID Type	NRIC NO	ID No	S0239029I
Gender	Male	Age	67
Race	Chinese	Language	English
Occupation	Other car and light goods vehicle drivers nec	Address	537 JURONG WEST AVENUE 1 #08-1004 SINGAPORE 640537
Mobile No	97693615	Is Informant A Victim?	Yes
Person Name	LIM MENG HOCK (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: 11/11/2020 10:21
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Accident Photo



Accident Photo



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Accident Photo



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