

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 Submission	15/12/2020 11:33 (SGT)
Date of Accident	13/12/2020 10:00 (SGT)
Exact Location of Accident	Simei Street 3, Singapore
Additional Location Information	TOWARDS SIMEI AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX4490H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHILLI API CATERING PTE LTD
Company Reg No	2XXXXX964G
Email Address	judy@chillipadi.com.sg
Mobile Phone No	(Phone) +65-97492716
Alternative Phone No	(Office) +65-62479531

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5054004184-08
Cover Note Number	-

DRIVER

Name of Driver	LIM TIAN HOCK
NRIC No	SXXXX594G

Date Of Driving Pass	07/01/1994
Driving experience	26 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97492716
Alt. Phone Number	-
Email Address	judy@chillipadi.com.sg
Address	BLK 63 KALLANG BAHRU
Address complement	#13-439
Postcode	330063
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Kolam Ayer Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002969999
Alt. Police Station Phone No	(Fax) +65-62937659
Police Station Address	Blk 72 Geylang Bahru #01-3038 Singapore 330072
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201213/2078

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	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.

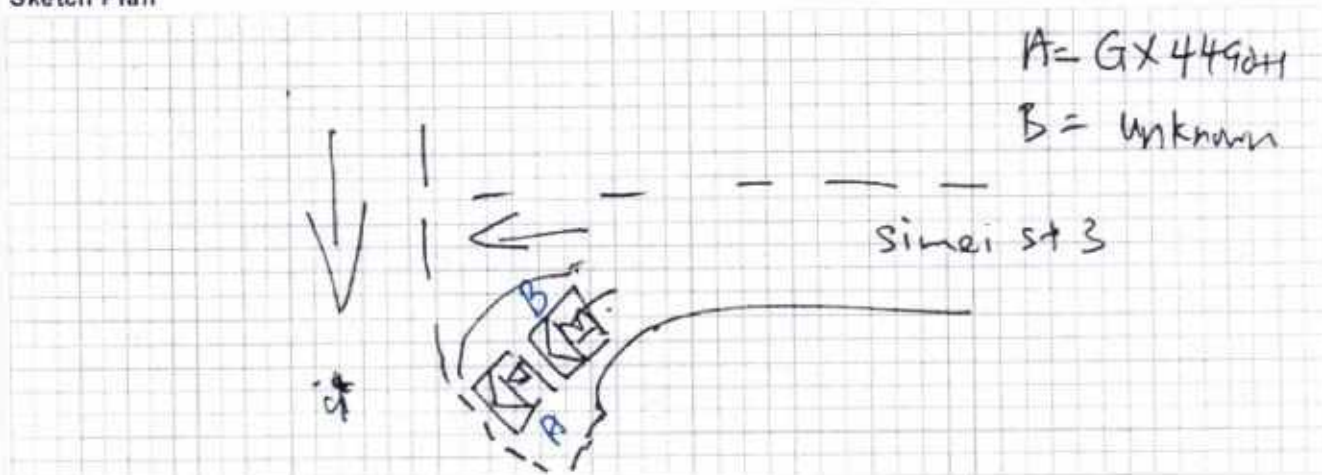


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



ACCIDENT STATEMENT

ACCIDENT DATE: 13/12/2020 (DD/MM/YYYY), TIME: 1000hrs (HH:MM)

LOCATION: Simei Street 3 to Simei Ave (Changi Hospital opposite)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: Gx 4490+1
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Hisson Cebster
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: working (Delivery)
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Chilli Api Catering Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 6247939531
 c) ADDRESS: 18/3015 Bedok North St 5 #06-27

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lim Tians Hock (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1544594 G G CONTACT: 77492716
 c) ADDRESS: B/63 Kallang Behn # 13-439

* d) DATE OF BIRTH: 30/11/1962 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 28

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: N.A. MODEL: Blue color School car
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: 96301584 CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = St judy@chillipadi.com.sg

fax =

video =



**SINGAPORE
POLICE FORCE**



T/20201213/2078

Police Station Of Origin:
Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072

Tel No: 1800-2969999

1 of 3

Report No: T/20201213/2078

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/12/2020 17:14	Vide Report No.:	Station Diary No.: 24
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Informant's Particulars

Name of Informant: LIM TIAN HOCK	Address: APT BLK 63 KALLANG BAHRU #13-439 SINGAPORE 330063		
ID Type / ID No.: NRIC NO / S1544594G	Contact No.: Home/Office: Mobile: 97492716		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 58	Date of Birth: 30/11/1962	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: CATERING DELIVERY	Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 13/12/2020 10:00	Type of Location: Bend
Location: SIMEI STREET 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing	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 Passenger
GX4490H	Lorry	NISSAN	Cabstar	Blue	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20201213/2078

Police Station Of Origin:
Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

3 of 3

Report No. T/20201213/2078

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:

A /

Sgt 2 WANG CHAOFAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/12/2020 17:14

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168

Claim Handling

Accident MT/1113681

Policy No.	5054004184-08	Vehicle No.	GX4490H	GST Registration No.
Certificate No.				
Policyholder Name	CHILLI API CATERING PTE LTD			Policyholder NRIC
Product Code	COMMERCIAL VEHICLE INSURA	Cover Type	Third Party	Loading
Contact No.(Mobile)	97492716	Contact No.(Office)	62479531	Contact No.(Home)
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	20	Private Hire

Accident Details

Report Date	15/12/2020 11:29	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	13/12/2020	Time of Accident hh:mm	10:00	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	SIMEI STREET 3 TOWARDS SIMEI AVENUE			

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	0.00	
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	

Benefits

GST Registered Information

GST Registered	Yes	GST Registration Date	01/02/200
GST Registration No.	200208964G	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	3015 BEDOK NORTH STREET 5	Address 2	#06-27 SHIMEI EAST KITCHEN	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5069284952-05	

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	LOM TIAN HOCK	Driver NRIC	51544594G	Driver DOB
Register Date of Driver License	07/01/1994	Driver Age	58	Driving Experience
Contact No.(Mobile)	97492716	Contact No.(Office)	62479531	Contact No.(Home)
Address 1	BLK 63 #13-439	Address 2	KALLANG BAHRU	Address 3
Address 4	SINGAPORE 330063	Address Type	Foreign address	Post Code
Unit No.	13-439			
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input checked="" type="radio"/>	Driver Vehicle No.	GX4490H	Driver Insurer Comp.

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes <input type="radio"/> No <input checked="" type="radio"/>

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	CHILLI A
Contact No.(Mobile)		Contact No.(Home)	
Email Address	judy@chillipadi.com.sg	O1 Vehicle Number	GX4490H
Claim Description	GX4490H / UNKNOWN ON 13 Dec 2020		
Preferred Workshop		Insured Liability	Not at Fault
Contract No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
			15/12/2020 11:42
			Claim Close Date

12/15/2020

Claim Handling(accident reporting Claim Task)

Report Taken By

ROSLI WAHAB

Print AK letter

Save Submit

Attachment

Accident No. MT/1113681 Claim No. 001
Last Doc. Received ☒ Yes ☐ No Upload Date 15/12/2020 11:44

Path *	Category *	Confidential
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>
<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/>

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Descr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 15 Dec 2020 11:44	Photos		Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 15 Dec 2020 11:44	Photos		Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 15 Dec 2020 11:44	Photos		Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 15 Dec 2020 11:44	Photos		Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 15 Dec 2020 11:44	Photos		Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 15 Dec 2020 11:44	Photos		Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 15 Dec 2020 11:42	Photos		Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 15 Dec 2020 11:42	Photos		Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 15 Dec 2020 11:42	Photos		Normal	Photos 20
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 15 Dec 2020 11:42	NRIC/ Driving License	Y	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 15 Dec 2020 11:42	NRIC/ Driving License	Y	Normal	NRIC/ Driving Lic
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 15 Dec 2020 11:42	SAS		Normal	SAS 20

Video List

Uploaded By/Date	Folder Date	File Name	
			<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="13/12/2020 11:13"/>
Vehicle No.(For Motor)	<input type="text" value="GX4490H"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5054004184-08		CHILLI API CATERING PTE LTD	200208964G	GCV	Third Party	GX4490H	GX4490H	26/05/2020	25/05/2021

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No. : SN/0820CF0001 Vehicle Registration No. : GTX 4890 H
Name (as shown in NRIC) : Lim Tian Hock NRIC/FIN/Passport No. : XXXX5946
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 9749 2716
Email Address : _____
Date of Accident : 13/10/2020 Time of Accident : 10:00
Place of Accident : Simkei St 3 Towards Simkei Ave
Insurance Company : MYIC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DRIVER NAME TO Lim Tian Hock

Policyholder / Driver's Signature

Date:

Reporting Centre Personnel's Signature

Name:

15/12/2024

Keshi Noor