

# 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 ..... 24/12/2020 12:49 (SGT)  
Date of Accident ..... 23/12/2020 12:10 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... KIAN TECK WAY TOWARDS PIONEER ROAD NORTH  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBG2356A

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... PDS INTERNATIONAL PTE LTD  
Company Reg No ..... A199302758Z  
Email Address ..... minna\_lim@safety.com.sg  
Mobile Phone No ..... (Phone) +65-87822291  
Alternative Phone No ..... +65-87822291

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Nv200  
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? ..... Yes  
Vehicle Category ..... Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company ..... Sompo  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... D20MTPCVE007183  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LIM MEI NART  
NRIC No ..... S8463515D  
Date Of Birth ..... 17/10/1984  
Occupation ..... Outdoor

Date Of Driving Pass .....	13/03/2017
Driving experience .....	3 YEARS AND 9 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-87822291
Alt. Phone Number .....	-
Email Address .....	lmn0808@gmail.com
Address .....	BLK 477 JURONG WEST STREET 41 #03-358
Address complement .....	-
Postcode .....	640477
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 - Cross Junction
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
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 .....	JURONG WEST N.P.C
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO:- T/20201223/2113

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	YQ197E
Vehicle Manufacturer .....	Isuzu
Vehicle Model .....	NPR75UH5AMT
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-

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

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... YQ197E  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... Yes

SKETCH PLAN

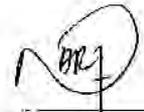
**IMPORTANT NOTICE**

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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)**

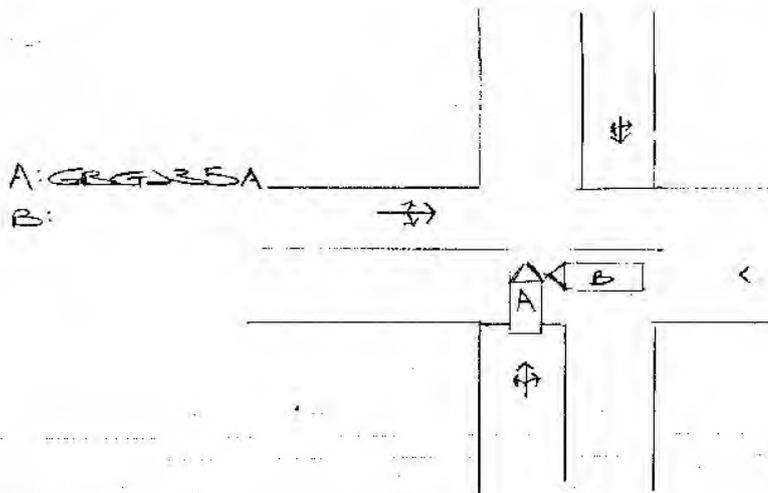
I understand, acknowledge, agree and consent that:

- (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 (c) 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: 22/12/2020

  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 22/12/2020

  
 Reporting Centre Personnel's Signature  
 Name: Wong Chuan  
 NRIC/PIH No: 2150001



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO POLICE REPORT NO: T/00001223/2113

DECLARATION

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

*[Signature]*

Policyholder's Signature

Date & Time: 23/12/2011

*[Signature]*

Driver's Signature

(If driver is not the policyholder)

Date & Time: 23/12/2011

*[Signature]*

Reporting Centre Personnel's Signature

Name: Wong Chai Han

NRIC No. 31150222















**SINGAPORE  
POLICE FORCE**



T/20201223/2113

Police Station Of Origin  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

1 of 3  
Report No T/20201223/2113

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made 23/12/2020 19:19	Vide Report No., J/20201223/0071	Station Diary No.: 112
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<b>Informant's Particulars</b>	
Name of Informant: LIM MEI NART	Address: APT BLK 477 JURONG WEST STREET 41 #03-358 SINGAPORE 640477
ID Type / ID No.: NRIC NO / S8463515D	Contact No: Home/Office: Mobile: 87822291
Nationality: MALAYSIAN	Email:
Sex: Female	Age: 36
Date of Birth: 17/10/1984	Type of Informant: Driver
Race: Chinese	Language:
Occupation: SALES EXECUTIVE	Institution / School Name:
Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 12/12/2020 12:10	Type of Location: X-Junction
Location: KIAN TECK AVENUE				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

GBG2356A	Van	NISSAN	NV200 1.5 MT ABS AIRBAG 2WD 6DR ES WRC	White	Slightly Damaged	D
YQ197E	Lorry	ISUZU	NPR75UH5A AMT	White	Slightly Damaged	D



SINGAPORE  
POLICE FORCE



T20201223/2113

Police Station Of Origin  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No 1800-2689095

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Report No: T20201223/2113

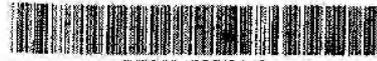
CONTINUATION OF REPORT

Brief Details.

On 23/12/2020 around 1210hrs I was travelling along Kian Teck Way towards Pioneer Rd North. While I was proceeding straight, I did not realise there was a stop line before reaching Kian Teck Ave by Kian Teck Way which is an uncontrolled cross junction. Thus, I proceeded straight at the cross junction. Subsequently a lorry collided onto the right front tyre of my vehicle. My vehicle suffered damage on the windscreen (cracked), right side mirror badly damaged, and dent on the right side of my vehicle. Thereafter I got off from my vehicle and asked if he was okay and needed any medical assistance and thus, he claimed that he was feeling pain on his right knee. I suffer a light sprain on my neck and will be going to TCM for check. Thereafter my manager and his manager discussed and agreed to exchange as well as claim insurance. After the agreement upon the vehicles being towed away the other party decided to call for ambulance and hence, we also left. No government property was damaged. The other party was conveyed by ambulance (unsure who was conveyed). I am lodging this report as I was instructed by the TPO in charge of the case.



**SINGAPORE  
POLICE FORCE**



T/2020/223/2113

Police Station Of Origin  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No T/2020/223/2113

**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:  
JY  
SC2 MOHAMAD SYAFIQ BIN MOHAMAD SAID

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
23/12/2020 19:19

Officer In Charge Of Case:  
TP / GIT /  
SI YEO CHUN JIAN  
Contact No.: 65476213

Classification Of Case:

Authentication Stamp  
NP168

Signature:  
**Singapore Police Force**