

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	06/01/2021 14:56 (SGT)
Date of Accident	05/01/2021 16:45 (SGT)
Exact Location of Accident	Tuas South Ave 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ9338J
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KEITH LIM
NRIC No	SXXXX433G
Email Address	keithlim79@hotmail.com
Mobile Phone No	(Phone) +65-86999338
Alternative Phone No	+65-86889339

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Accord
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5117344943
Cover Note Number	-

DRIVER

Name of Driver	VALENCIA CHAY
NRIC No	SXXXX149G

Date Of Driving Pass 28/12/2000
 Driving experience 20 YEARS AND 1 MONTH
 Gender Female
 Mobile Number (Phone) +65-86889339
 Alt. Phone Number -
 Email Address keithlm79@hotmail.com
 Address BLK 153 MEI LING STREET #08-18
 Address complement -
 Postcode 140153
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Spouse
 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 Raining
 Road Surface Wet

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? No
 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 Queenstown Neighbourhood Police Centre
 Police Station Phone No (Phone) +65-18004719999
 Alt. Police Station Phone No (Fax) +65-64715299
 Police Station Address No. 3 Queensway #01-03 Singapore 149073
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20210106/2038

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 CB8247G
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category -
 Name of Driver Commercial vehicle
 CO. KILLING

Contact Number	(Phone) +65-97441989
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	VALENCIA CHAY
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND CHEST PAIN
Injured person in which vehicle?	SKJ9338J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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. 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.
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.

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

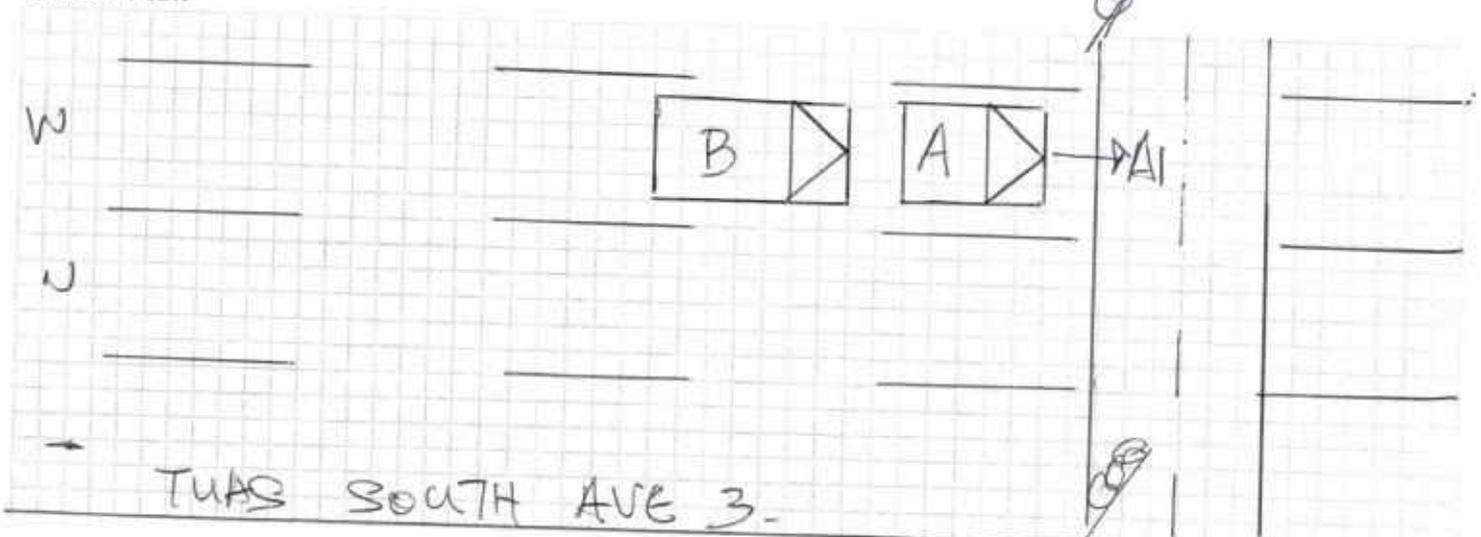
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be used outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A) - SRJ 9338J

B) - CB 8247G

TRAFFIC LIGHT

Describe Circumstances of the Accident

I had approach the Junction and stopped as traffic light was showing red while I was stationary a very strong bang came from the rear of my car

The Impact was so strong it pushed my car forward cross the white line.

POLICE REPORT 7/2021/0106/2038

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Address
Postcode
Was driver an employee of the driver's Company?
If No, Relationship of the Driver with the Employer
Vehicle Registration Number of Driver's Own Vehicle
Insurance Company of Driver's Own Vehicle

Blk 153 Meiling Street #08-18
S(140153)
wife.

General Information of the Accident

Type Of Accident: Frt to Rear
Weather Conditions: Rain
Road Surface: wet

Other Information

Was any foreign vehicle involved in this accident?
Was any body injured in the accident? Yes
Was any other material or property damaged? Yes
I have been approached by any person(s) soliciting/offering accident claims assistance

Number of Passengers (including Driver): 1

Details of Police Action

Was the accident reported to the police? Yes
If Yes, Please state which Police Station
Was notice of intended Prosecution given?
If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Sketch(es)

Are accident photos available to you at this time?

Was there any video captured by Car Camera?

Remarks/Reasons

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number: CB8247G
Vehicle Make/Model/Colour: Bus
Details Of Property:
Name of Driver: So Kin Hong
NRIC/Passport Number: S2563518C
Contact Number: 97441989
Address:
Postcode:
Insurance Company (if any):
Nature Of Damage:
No. Of Passenger (Including Driver): 1
Details of Witness:
Name:
Phone Number:
Email Address:



**SINGAPORE
POLICE FORCE**



T/20210106/2038

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3

Report No. T/20210106/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/01/2021 11:38		Vide Report No.:		Station Diary No.: 20
Informant's Particulars				
Name of Informant: VALENCIA CHAY		Address: APT BLK 153 MEI LING STREET #08-18 SINGAPORE 140153		
ID Type / ID No.: NRIC NO / S7515149G		Contact No.: Home/Office: Mobile: 86889338		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 45	Date of Birth: 22/05/1975	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: PURCHASING EXECUTIVE		Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/01/2021 16:45	Type of Location: Straight Road
Location: TUAS SOUTH AVENUE 3				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
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
CB8247G	Bus/Coach/Minibus				Slightly Damaged	1
SKJ9338J	Car				Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKJ9338J	NTUC Income Insurance Co-Operative Limited			



**SINGAPORE
POLICE FORCE**



T/20210106/2038

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No. T/20210106/2038

CONTINUATION OF REPORT

Brief Details.

On 05/01/2021 at about 1645hrs I was on my way home from work. I was on Tuas South Avenue 3 and there was a traffic light. Traffic light turn red and I halted my black Honda car bearing number SKJ9338J. Subsequently the bus bearing number CB8247G hit the rear of my car and the rear of my car sustained serious damaged. The boot went inwards then expanding the rear of my car upwards. I observed the bus to sustain dents and scratches on the front of the bus after it collided onto my car. At that point of time, it was raining and the road was wet. I exchanged details with the bus driver namely So Kin Hing S2563518C H/P: 97441989 and he informed that he was unable to stop the bus as the brake was not working. I suffered neck and chest pain after the collision and went to see a doctor at Alexandra Hospital.

My medical certificate: ALEX21000242
4 days of outpatient sick leave 05/01/2021 to 08/01/2021



**SINGAPORE
POLICE FORCE**



T/20210106/2038

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No: T/20210106/2038

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:

D /
Sgt 1 TERRY ONG JU QUAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
06/01/2021 11:38

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Classification Of Case:

Authentication Stamp
NP168

Claim Handling

Accident MT/1116314

Policy No.	5117344943	Vehicle No.	SKJ9338J	GST Registration No.
Certificate No.				
Policyholder Name	KEITH LIM			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Driver Type	drive CLASSIC	Loading
Contact No.(Mobile)	86999338	Contact No.(Office)		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	Yes	NCD Entitlement(%)	50	Private Hire

▼ **Accident Details**

Report Date	06/01/2021 14:50	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	05/01/2021	Time of Accident hh:mm	16:45	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	TUAS SOUTH AVENUE 3			

▼ **Total Excess Applicable**

Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	600.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?
Additional Excess	0.00			
Total OD Excess Applicable	600.00	Total TP Excess Applicable	0.00	

▼ **Benefits**

▼ **GST Registered Information**

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ **Policyholder Mailing Address**

Address 1	BLK 153 #08-18	Address 2	MEI LING STREET	Address 3
Address 4	SINGAPORE 140153	Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5117344943	

▼ **OI Driver Info**

Driver Name	Valencia Chay	Driver Type	Named Driver
Unnamed driver Name		Driver NRIC	97515149G
Register Date of Driver License	28/12/2000	Driver Age	45
Contact No.(Mobile)	86889338	Contact No.(Office)	
Address 1		Address 2	
Address 4		Address Type	Foreign address
Unit No.			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Drive Vehicle No.	SKJ9338J
			Driver Insurer Comp

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

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	KEITH
Contact No.(Mobile)	86999338	Contact No.(Home)	647361
Email Address	keithlim79@hotmail.com	DI Vehicle Number	SKJ933
Claim Description	SKJ9338J / CB8247G ON 5 Jan 2021		
Preferred Workshop	Insured Liability	Not at Fault	
Repair Option	Preferred	Preferred Workshop, Name unknown	GIA report
Date Registered	06/01/2021 15:00	Claim Close Date	

Hello, NAC_PAYA_UBI_800601

Change Language Change Password Log Out

My Desktop
Notice of Loss

Policy Query

Policy No.

Vehicle No. (For Motor)

Date of Accident

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5117344943		KEITH LIM	S7921433G	GPC	drive CLASSIC	SKJ9338J	SKJ9338J	13/05/2020	12/05/2021

Continue