

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 25/01/2021 17:41 (SGT)
Date of Accident 23/01/2021 23:30 (SGT)
Exact Location of Accident TPE, Singapore
Additional Location Information LAMP POST NO:352
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GW6703L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GREAT STAR INTERIOR
Company Reg No 5XXXX347D
Email Address greatstarinterior@yahoo.com.sg
Mobile Phone No (Phone) +65-97357380
Alternative Phone No +65-97357380

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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 - Claiming third party
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 2070015308
Cover Note Number -

DRIVER

Name of Driver LIM KOK HUAT
NRIC No SXXXX385G
Date Of Birth 21/07/1968
Occupation Outdoor

Date Of Driving Pass	11/09/1990
Driving experience	30 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97357380
Alt. Phone Number	-
Email Address	greatstarinterior@yahoo.com.sg
Address	BLK 201D COMPASSVALE DRIVE #15-507
Address complement	-
Postcode	541201
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	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	Marine Parade Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004428999
Alt. Police Station Phone No	(Fax) +65-62447678
Police Station Address	300 Marine Parade Road Singapore 449296
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210124/2020

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	SMW6559R
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DE COSTA RICHARD BOB
NRIC No	SXXXX452B

Contact Number	(Phone) +65-97527330
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	LIM KOK HUAT
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GW6703L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 if needed.
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 situated 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.

Great Star Interior
Blk 137 Tampines St. 11 #01-59/60
Singapore 521137
Tel / Fax: 6881 4883, HP: 9725 7380

Policyholder's Signature
Date & Time:

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

Repeating Centre Personnel's Signature
Name:
NUIC/IN No:

SKETCH PLAN

A) 4w 6703L
B) Smw 6559R

TPE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report. 7/2021/124/2020

DECLARATION

Great Star Interior
I hereby declare that the information provided by me in every respect is true and correct.

Signature of Driver: [Signature]
Signature of Policyholder: [Signature]

Date & Time: [Signature] 25/10/2021
[Signature] 25/10/2021

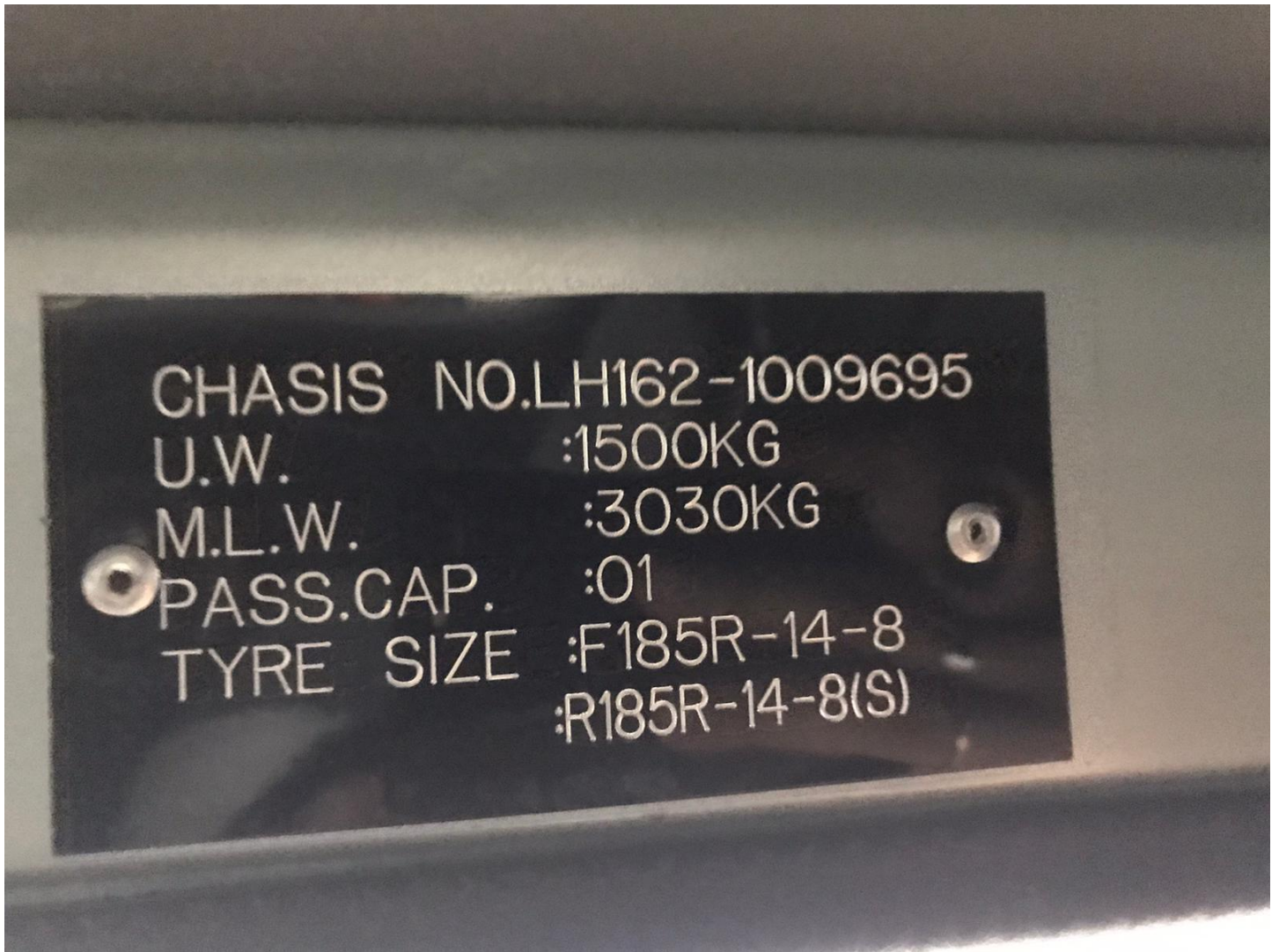
Registering Centre Person(s) Signature: [Signature]
Name: [Signature]
NIC/PIN No.: [Signature]



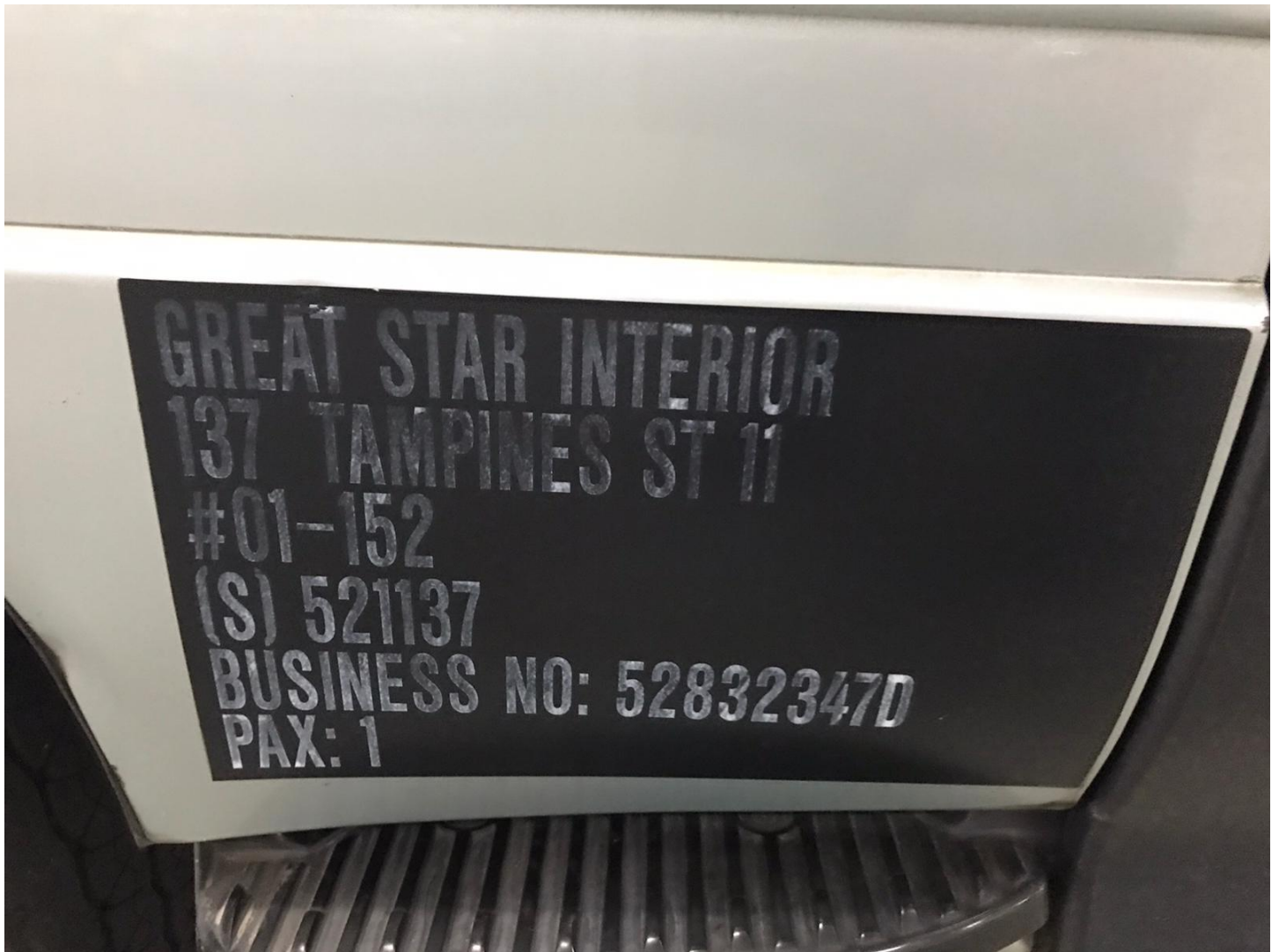












GREAT STAR INTERIOR
137 TAMPINES ST 11
#01-152
(S) 521137
BUSINESS NO: 52832347D
PAX: 1







**SINGAPORE
POLICE FORCE**



T/20210124/2020

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449298
Tel No: 1800-4428999

1 of 4
Report No. T/20210124/2020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/01/2021 11:24		Vide Report No.:	Station Diary No.: 46
Informant's Particulars			
Name of Informant: LIM KOK HUAT		Address: APT BLK 201A COMPASSVALE DRIVE #15-507 SINGAPORE 541201	
ID Type / ID No.: NRIC NO / S6822385G		Contact No.: Home/Office:	Mobile: 97357380
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 52	Date of Birth: 21/07/1968	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SELF-EMPLOYED		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/01/2021 23:30	Type of Location: Straight Road
Location: TAMPINES EXPRESSWAY				
Lamp Post Number: 352				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume:	
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
GW6703L	Van				Slightly Damaged	0
SMW6559R	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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Tel No: 1800-4428999

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Report No. T/20210124/2020

CONTINUATION OF REPORT

Driver			
Name	LIM KOK HUAT	ID No.	S6822385G
Related Vehicle	GW6703L (Van)	Contact No.	97357380
Hospital/Clinic	C & K FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/01/2021	Date Discharge	24/01/2021
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	De Costa Richard Bob	ID No.	S1685452B
Related Vehicle	SMW6559R (Car)	Contact No.	97527330
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 23/01/2021 at about 1130hrs, I was driving my Van(bearing registration plate number: GW6703L) along TPE towards SLE near to lamp post 352. The car in front of me suddenly braked. I then proceed to brake as well and I heard a thud from the back of my Van. The car (bearing Registration plate number: SMW6559R) behind me hit onto the back of my Van. I then went to exchange particulars with the driver behind me.

My Van suffered a dent at the rear bumper and the other driver car suffered a dent on the front bumper of his car.

The Driver particulars are as follows:

De Costa Richard Bob
S1685452B
11/04/1965
Contact number: 97527330

On 24/01/2021 at about 0800hrs, I wake up and I feel pain on my neck and back hence I went to see a doctor and was given 7 days of Medical Leave. Medical Certificate number: MC/66812. I am lodging this report for insurance claim



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T/20210124/2020

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Report No. T/20210124/2020

CONTINUATION OF REPORT



**SINGAPORE
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300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999



T/20210124/2020

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Report No. T/20210124/2020

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:

G /
Sgt 3 CHO JIA LI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Authentication Stamp
NP158

Signature Of Informant:

Date/Time:
24/01/2021 11:24

Classification Of Case:

SIGNATURE