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 witholding 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 29/01/2021 15:48 (SGT) Date of Accident 28/01/2021 17:57 (SGT) Exact Location of Accident AYE, Singapore Additional Location Information SLIP ROAD TOWARDS PIE (CITY) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

BMW

Vehicle Registration Number SDD8838D

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LIM KOH SENG NRIC No. SXXXX311Z Email Address teoma@singnet.com.sg Mobile Phone No (Phone) +65-98348863 Alternative Phone No +65-98348863

VEHICLE PARTICULARS

Manufacturer

Model 520i 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 Private car

INSURANCE COMPANY

Name of Insurance Company **NTUC** Type of Coverage Comprehensive Fleet Policy Policy Number 5106590475-01 Cover Note Number

DRIVER

Name of Driver LIM KOH SENG NRIC No SXXXX311Z Date Of Birth 25/10/1960 Occupation Indoor

Date Of Driving Pass 09/03/1981 Driving experience 39 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-98348863 Alt. Phone Number +65-98348863 Email Address teoma@singnet.com.sg Address 40A, CARISBROOKE GROVE Address complement Postcode 558857 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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 Serangoon Neighbourhood Police Centre Police Station Address 50 Serangoon Avenue 2 #01-02 Was notice of intended Prosecution given? No If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20210206/2138

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

 Vehicle Registration Number
 SMM3425R

 Vehicle Manufacturer
 Honda

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver
 LEE MIN KEONG

 NRIC No
 SXXXX222A

 Contact Number
 (Phone) +65-98316981

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	_
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer		XD6871H -
Vehicle Model		-
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 accide	nt	-
No. Of Passenger (Including Driver)		_

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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.
- 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 see 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' law yers/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 delive, y 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre

Personnel

ATE Sidned towards PIE (GTY)

Describe Circumstances of the Accident
I, LIM KOH SENG (SILISBIIZ) HERBRY REPORT AN ACCIDENT THAT TOOK PLACE AT THE SUPERBLY REPORT AN ACCIDENT
AROUND 5: 57 PM ON 28 JAN 2021.
WHILE MY CAR WAS MOVING SLOWING (ALMOST STATIONARY) AT THE
LOCATION NENTIONED ABOVE, THE CAR (SWM 3425R) BEHIND
HIT THE BUMPER OF MY CAR (SDD 8838D).
- (AK (3)10030).
LATER, I REALISED THAT A CHAN COLUSION TOOK PLACE DUE TO
A LORRY (XD GR714) THE TO SEE TO SEE TO THE TO
LORRY (XD 6871 H) FAILED TO STOP IN THE THAT HIT THE CAR (SMM 3425R) WHICH RESULTED IN THE LATER CAR HIT ONTO THE BUMPER OF MY CAR (SWOOD)
HIT ONTO THE BUMPER OF MY CAR (SDD 8238D).
FIN CHE (SPE 8038).
AS FOR AS I KNOW, THERE WAS NO INJURIES AT THE TIME OF
ACCDENT. NO INDURIES AT THE TIME OF

Declaration

We declare the foregoing particulars are true in every respect.

29/1/21

Policyholder's Signature / Date &

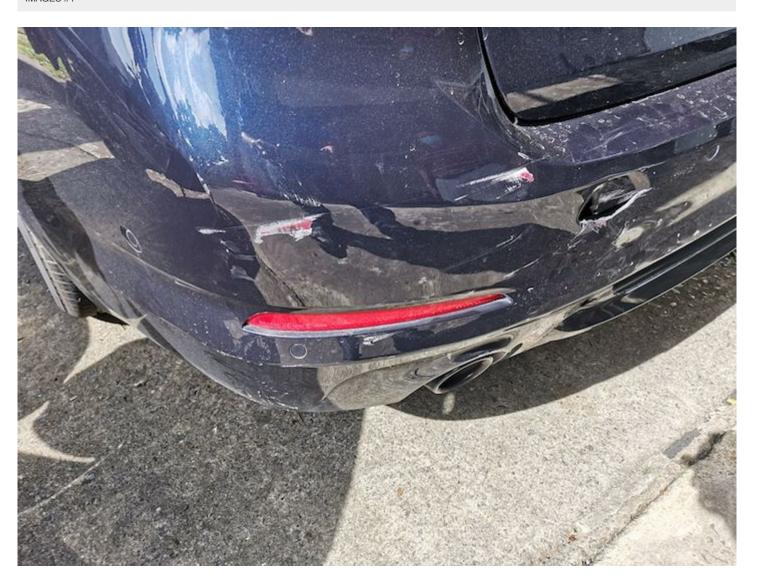
Driver's Signature (if driver is not the policyholder) / Date & Time

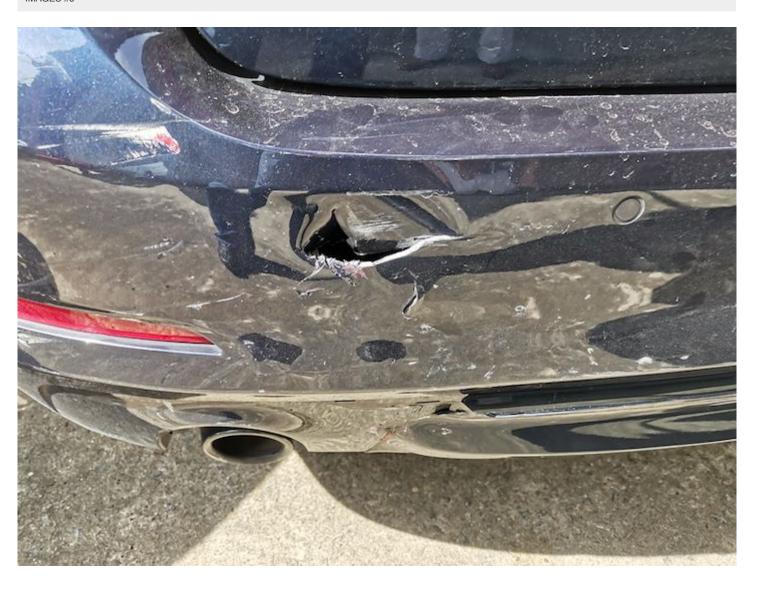
Witnessed by Reporting Centre Personnel























SINGAPORE POLICE FORCE



Police Station Of Origin Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE 556129

Tel No: 1800-4880999

Report No. T/20210206/2138

REPORT OF A TRAFFIC ACCIDENT

06/02/20	e Report M 21 21:04	lade:	Vide Report No.:	71		
Informa	nt's Particu	ılars				
	Informant:		Address: 40A CARISBROOKE GROVE SINGAPORE 558857			
	/ ID No.: D / S14153	11Z	Contact No : Home/Office: Mobile: 98348863			
National SINGAP	ty: ORE CITIZ	EN	Email:			
Sex: Male	Age:	Date of Birth: 25/10/1960	Type of Informant: Driver			
Race: Chinese			Language	Institution / School Name:		
Chaupat HR DIR			Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident	Non-Injury	Drink Drive: No	Date/Time of Accident: 28/01/2021 17:45	Type of Location Slip Road
Weather	EXPRESSWAY	Road Surface:	1	Road Speed Limit
Clear Traffic Flow:		Dry Traffic Control		Traffic Volume:
		Not Controlled		munic volume.
One Way				

_hicle No.	Type	Make	Model	Color	Condition	No of Passenger
S D8838D	Car	BMW	520I LED NAV	Blue	Slightly Damaged	0
SMM3425R	Car					0
XD6871H	Lorry					0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



T/20210206/2138

2 of 4

Report No. T/20210206/2138

Police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE 556129 cc

CONTINUATION OF REPORT

	Insurance No	Effective	Expiry Date
rative	5106590473-01	28/02/2020	27/02/2021
-	rative	Insurance No rative 5106590475-01	Insurance No Effective rative 5106590475-01 28/02/2020

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100			
Detnils of Person	Involved			
Any Padestrian In	volved: No			
No. of Pedestrian	s Inured: NII	I Hannith		
Driver	- 11Jan - 04, 111L	Use of Pec	lestrian Cros	ssing: NA
Name	LIM KOH SENG		IPS NO.	044450447
			ID No.	S1415311Z
Related Vehicle	SDD8838D (Car)		Contact No	98348863
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc		
	ted Medical Leave NIL	Degree of		
Driver				
Name	LEE MIN KEONG		ID No.	S1730222A
Related Vehicle	SMM3425R (Car)		Contact No	98316981
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Dat	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge NIL	
	ted Medical Leave NIL	Degree of	Injury NIL	
Driver				
Name	RENGASAMY RAMACHANDR	RAN	ID No	F7996758X
Related Vehicle	XD6871H (Lorry)		Contact N	o. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Da	
Date Treatment	NIL	Date Dis		
No. of Days gran	Degree of Injury NIL			



Police Station Of Origin: Serangoon N.P.C

Report No. T/20210206/2138

50 Serangoon Avenue 2 #01-02 SINGAPORE 556129

Tel No: 1800-4880999

Brief Details.

On 28/01/2021 at about 1757hrs, I was driving my vehicle SDD8838D along AYE slip road towards PIE (City). While my vehicle was moving slowly (almost stationary), a vehicle SMM3425R behind, hit the bumper of my vehicle. Later I then realized that there was a chain collision took place due to a lorry XD6871H, failed to stop in time that hit the car SMM3425R which resulted in the later car onto the bumper of my vehicle.

CONTINUATION OF REPORT

No one was injured at that point of time.

The rear bumper of my vehicle was badly dented. I have also report the accident to my insurance company.





Police Station Of Origin: Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE 556129 CONTINUATION OF REPORT Tel No: 1800-4880999

Report No. T/20210206/2138

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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:

F /
Sgt 3 YUANA BINTE KASSIM

Signature Of Interpreter:
Not applicable

Date/Time:
06/02/2021 21:04

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp

NP168



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CONTRACTOR OF SINGAPORE SINGAPORE SINGAPORE SINGAPORE SINGAPORE SINGAPOR SINGAPORE S

6 Raffles Quay #18-00 Singapore 048580 6 Ratfles Quay #18-00 Singapore 048380
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: \$665500206 / GST Reg. No.: M400017735

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

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Vehicle Registration No: Original Report No : SMOS211 FOROK _NRIC/FIN/PassportNo:_ Name(as shownin NRIC): (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate _Singapore(Address Mobile No.:_ Contact (Tel) Email Address _Time of Accident : ____ Date of Accident Place of Accident Insurance Company: I have made a report on the above mentioned accident and would like to include additional information or (B) ADDITIONALINFORMATION / AMENDMENTS: make the following amendments: Reporting Centre Personnel's Signature Policyholder / Driver's Signature Name:

Date:



Traffic Police Singapore Police Force 10. Ubi Avenue 3 Singapore 408865 Tel 6547 0000 Fax 6547 6259

Date: 03 Feb 2021

Your Ref

Our Ref : TP/IP/05979/2021

LIM KOH SENG 40A CARISBROOKE GROVE SINGAPORE 558857

կուսուկեկնորհվակիկ

Dear Sir / Madam,

CASE OF TRAFFIC ACCIDENT INVOLVING SDD8838D ALONG AYER RAJAH EXPRESSWAY ON 28 JAN 2021 @ 5.45 PM

000017

Please be informed that Traffic Police is investigating into the above matter and will update you the status in due course.

- 2 IF you have not lodged a Police Report of a Traffic Accident (NP168) in respect of the said accident which is now required for police investigation, please do so as soon as possible at the nearest police station. Neighbourhood Police Centre (NPC). Neighbourhood Police Post (NPP) or online via Singapore Police Force Electronic Police Centre (http://www.police.gov.sg/epc).
- 3 Please note that the information given by you in the Police Report of a Traffic Accident (NP168) will be carefully considered. You may not be called upon for an interview if the information in the Police Report is sufficient for our investigation. However, if you have any further information or other evidence (such as CCTV footages) which you have not stated in your report and which you think will assist in the investigation, you are advised to contact the Investigation Officer within 2 weeks of this letter to arrange for an appointment.
- 4 You may contact the Investigation Officer SYEO ZAYID MUHAMMAD B SYED ABDUL WAHID ALHINDUAN at his / her office number: 65476404 or the supervisor YIP YEW SENG NELSON at 65476182 if you have any further queries.
- 5 Thank you.

Yours faithfully.

PUTEH BTE SHARIFF (SUPT) CHIEF INVESTIGATION OFFICER INVESTIGATION BRANCH TRAFFIC POLICE

This is computer generated and does not require a signature.

A FORCE FOR THE NATION

