

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	29/03/2021 10:46 (SGT)
Date of Accident	27/03/2021 16:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG HOLLAND ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR2836T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM HUNG TENG
NRIC No	S8724922J
Email Address	vandersar_87@hotmail.com
Mobile Phone No	(Phone) +65-94231133
Alternative Phone No	+65-94231133

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1400

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5115074886-01
Cover Note Number	drivo CLASSIC

DRIVER

Name of Driver	LIM HUNG TENG
NRIC No	S8724922J

Date Of Birth	19/08/1987
Occupation	Outdoor
Date Of Driving Pass	26/10/2007
Driving experience	13 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94231133
Alt. Phone Number	+65-94231133
Email Address	vandersar_87@hotmail.com
Address	BLK 709 #04-110 TAMPINES STREET 71
Address complement	-
Postcode	520709
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

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	SCY21Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	ADELENA SHEE
NRIC No	S8037140C
Contact Number	(Phone) +65-96269888
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM HUNG TENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMR2836T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

INCOME MOTOR SERVICE CENTRE

Report No: ME

D.O.A 27-03-2021

Time: 16:30 hrs

Report Date & Start Time: 29-03-2021 10:39

Vehicle No: SMR2836T Reporting Type:

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 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 (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.



29-03-21 10:39

Policyholder's Signature / Date & Time

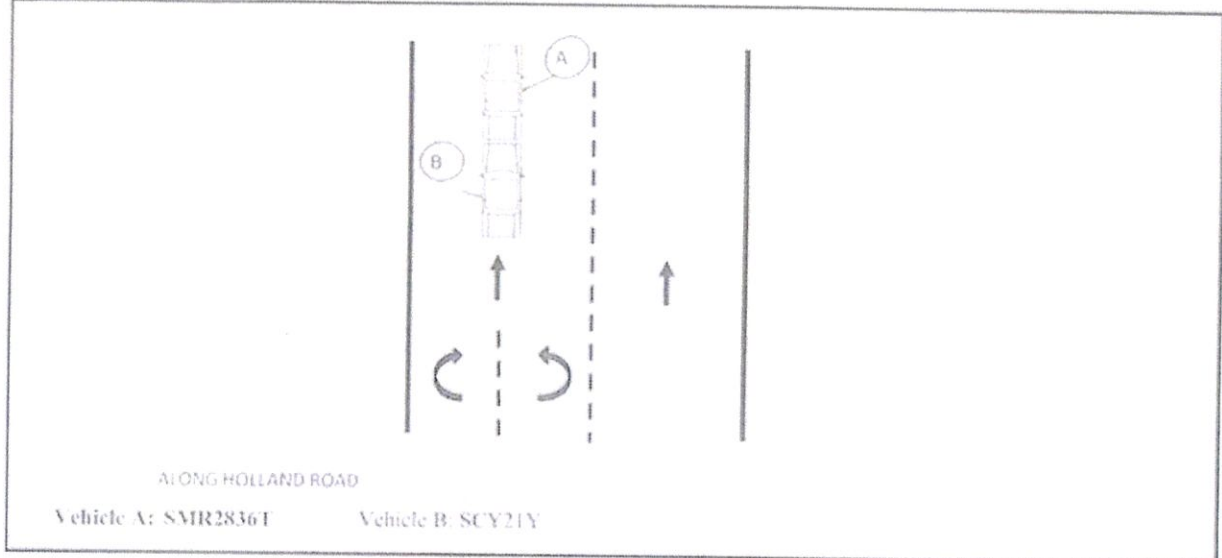
29-03-21 10:39

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

Alan Tang (S098825)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


REFER TO POLICE REPORT

Declaration

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


 29-03-21 10:39
 Policyholder's Signature Date & Time

29-03-21 10:39
 Driver's Signature (If driver is not the policyholder) / Date & Time

Alan Tang (S008825)
 Customer Care Executive
 Motor Service Centre

 Witnessed by Reporting Centre Personnel















**SINGAPORE
POLICE FORCE**



T/20210328/2022

Police Station Of Origin
Tampines N P C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No 1800-5871999

1 of 3

Report No. T/20210328/2022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 28/03/2021 12:27	Vide Report No.	Station Diary No. 36
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Informant's Particulars

Name of Informant LIM HUNG TENG	Address: APT BLK 709 TAMPINES STREET 71 #04-110 SINGAPORE 520709		
ID Type / ID No. NRIC NO / S8724922J	Contact No.: Home/Office: Mobile: 94231133		
Nationality SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 33	Date of Birth: 19/08/1987	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: ENGINEER	Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 27/03/2021 16:30	Type of Location: X-Junction
Location: HOLLAND ROAD			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow:	Traffic Control:	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
SCY21Y	Car	TOYOTA		Black		0
SMR2836T	Car	HONDA	FIT 1.3GF CVT	Grey		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SMR2836T	NTUC Income Insurance Co-Operative Limited	5115074886-01	27/12/2020	26/12/2021



**SINGAPORE
POLICE FORCE**



T/20210328/2022

Police Station Of Origin
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No. 1800-5871999

2 of 3

Report No. T/20210328/2022

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM HUNG TENG	ID No	S8724922J
Related Vehicle	SMR2836T (Car)	Contact No	94231133
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/03/2021	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	NIL

Brief Details.

On the date, time and location mentioned above, V1 (SMR2836T) was travelling along the road on the wanted to make a right turn, and as the traffic was smooth and traffic light was green with green arrow in my favour, as such I make the turn and upon turning, a collision occurred on my vehicle's rear with 1 impact from V2 (SCY21T).

The accident took place, and both parties acknowledge the incident. However, I decided to go for my own medical treatment.

The accident was minor. No Police attended.

There is no mechanical fault. There is in-car CCTV in my vehicle.



**SINGAPORE
POLICE FORCE**



T/20210328/2022

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No: T/20210328/2022

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 GOH JUN KIAT JASON

Signature Of Informant:

Signature Of Interpreter

Not applicable

Date/Time

28/03/2021 12:27

Officer In Charge Of Case

TR 2 CIA SINGAPORE
Sgt 3 WONG SIEU LUI
Contact No: 65476151

Classification Of Case

Authentication Stamp

NP158

SIGNATURE

POLICE REPORT #4

PRIVATE HIRE

