

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 16/04/2021 21:21 (SGT)
Date of Accident 15/04/2021 17:50 (SGT)
Exact Location of Accident Clementi, Singapore
Additional Location Information ALONG AYE CLEMENTI EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJB8262D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM HONG SENG
NRIC No SXXXX956A
Email Address SENG5822@GMAIL.COM
Mobile Phone No (Phone) +65-96377019
Alternative Phone No (Office) +65-96377019

VEHICLE PARTICULARS

Manufacturer Toyota
Model Axio
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1500

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5097831970-02
Cover Note Number -

DRIVER

Name of Driver KENNETH LIM WEI RONG
NRIC No SXXXX333J

Date Of Birth	19/12/1991
Occupation	Indoor
Date Of Driving Pass	17/12/2010
Driving experience	10 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96453524
Alt. Phone Number	-
Email Address	KENNETH019@HOTMAIL.COM
Address	BLK 18 CANBERRA DRIVE #09-37
Address complement	-
Postcode	768098
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ANDRE TANG
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS 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	GBC2331S
Vehicle Manufacturer	Nissan

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MUHAMMAD FARIS HAIGAL BIN ISHAK
NRIC No	SXXXX213A
Contact Number	(Phone) +65-92785512
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	TANG BOK YAN ANDRE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJB8262D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

WITNESS DETAILS

WITNESS 1

Name	TANG BOK YAN ANDRE
Phone	-
Email	-

SKETCH PLAN

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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 sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

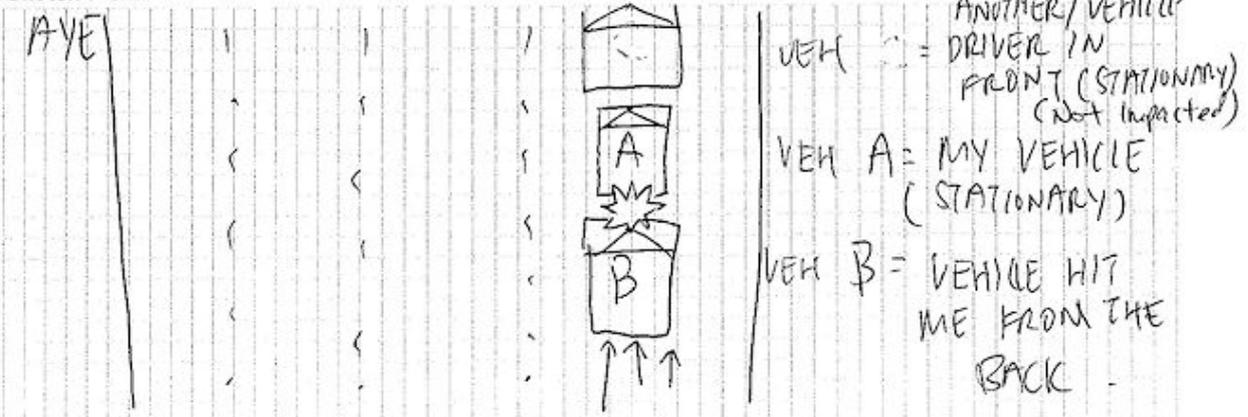
16/04/2021, 2.53pm

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

Witnessed by Reporting Centre Personnel



Sketch Plan



Describe Circumstances of the Accident

Refer Police Report No. T/20210416/2062

* Third Party claim @ Garage R, Email my accident report to them : jason.lin@hks-garage.com.sg

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



16/04/2021, 2.53pm



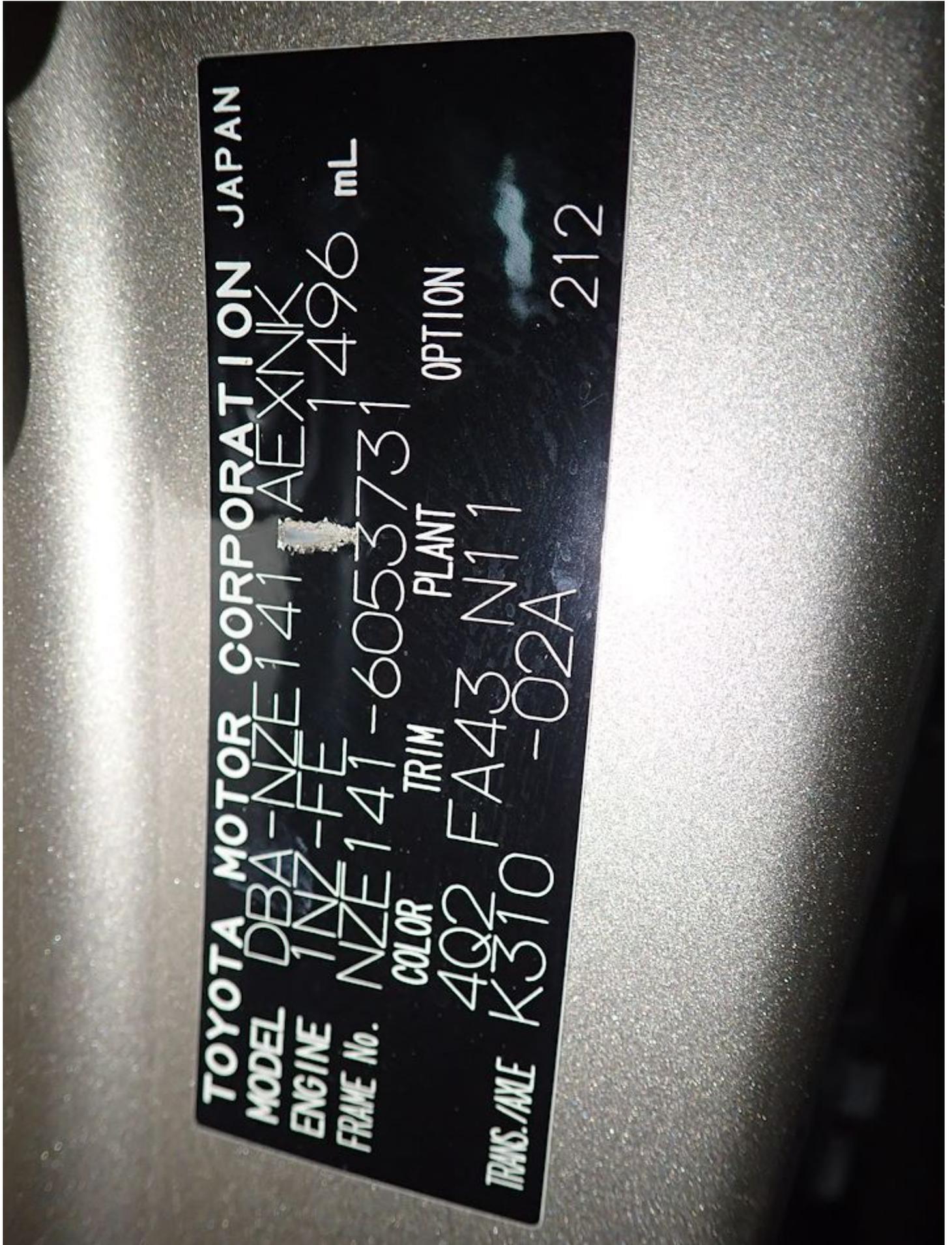


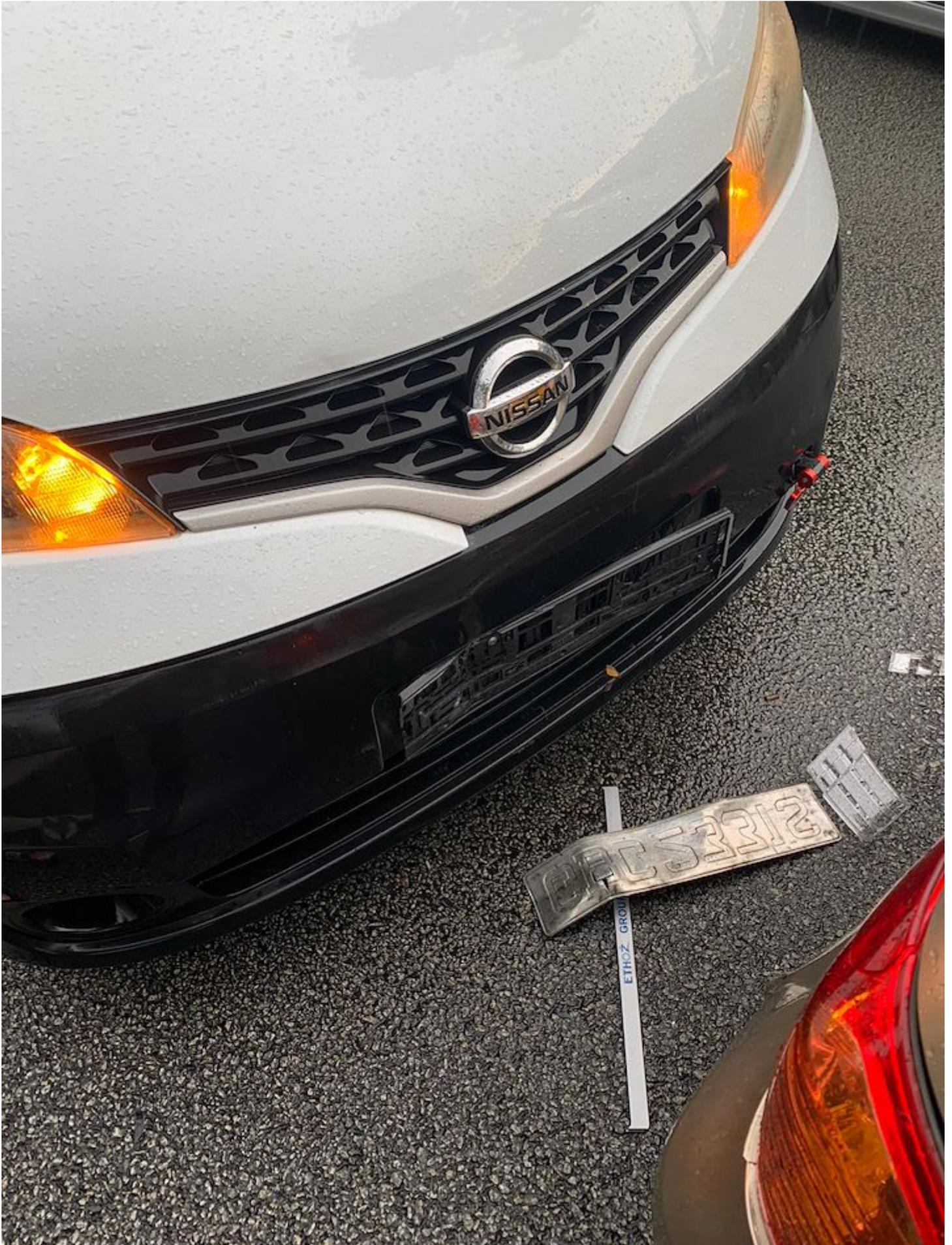

















**SINGAPORE
POLICE FORCE**


T/20210416/2062

1 of 4

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Report No. T/20210416/2062

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/04/2021 14:20	Vide Report No.:	Station Diary No.: 41
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Informant's Particulars			
Name of Informant: LIM WEI RONG		Address: 18 CANBERRA DRIVE #09-37 SINGAPORE 768098	
ID Type / ID No.: NRIC NO / S9149333J		Contact No.:	Mobile: 96453524
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 29	Date of Birth: 19/12/1991	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: banker		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: 15/04/2021 17:50	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: moving vehicle against stationary vehicle (Head to Rear)			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC2331S	Van				Slightly Damaged	0
SJB8262D	Car				Seriously Damaged	1

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



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T/20210416/2062

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Report No. T/20210416/2062

CONTINUATION OF REPORT

Driver			
Name	Muhammad Faris Haiqal Bin Ishak	ID No.	S9234213A
Related Vehicle	GBC2331S (Van)	Contact No.	92785512
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
Driver			
Name	LIM WEI RONG	ID No.	S9149333J
Related Vehicle	SJB8262D (Car)	Contact No.	96453524
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	Tang Bok Yan , Andre	ID No.	S9322534A
Related Vehicle	SJB8262D (Car)	Contact No.	98399288
Hospital/Clinic	MY FAMILY CLINIC (SEGAR)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	15/04/2021	Date Discharge	15/04/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 15/04/2021 at about 1750hrs, I was driving along Ayer Rajah Expressway towards Clementi Road. It was raining heavily and the traffic was heavy. I came to a halt and after five seconds a white van (GBC 2331S) hit my car from behind. After the collision, I came out of the vehicle and exchanged contact information with the van driver who hit my car (Muhammad Faris Haiqal Bin Ishak). We exchanged contact details and agreed on having a settlement.

My passenger (Andre Tang) felt a whiplash on his neck and decided to go to a nearby clinic and got a 3 day MC.

I would like to make this report for record purposes and to claim for insurance.



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T/20210416/2062

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Report No. T/20210416/2062

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210416/2062

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569784
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Report No. T/20210416/2062

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: F / Insp HARIYHARAN S/O TAMIL CHELVAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 16/04/2021 14:20
Officer In Charge Of Case: TP / AEIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185	Classification Of Case:

Authentication Stamp
NP168

	SINGAPORE POLICE FORCE SINGAPORE POLICE FORCE	SN 154
		
SIGNATURE		