

# 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 .....	02/08/2021 11:52 (SGT)
Date of Accident .....	31/07/2021 18:15 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	TAMPINESS EXPRESSWAY
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMM5755A
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LIM JUN JIE
NRIC No .....	SXXXX822F
Email Address .....	JJ_0990@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-92974999
Alternative Phone No .....	+65-92974999

### VEHICLE PARTICULARS

Manufacturer .....	Daihatsu
Model .....	Copen
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
Transmission .....	Auto
CC .....	659

### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	5122350284
Cover Note Number .....	-

### DRIVER

Name of Driver .....	LIM JUN JIE
NRIC No .....	SXXXX822F

Date Of Birth .....	13/09/1990
Occupation .....	Indoor
Date Of Driving Pass .....	15/04/2011
Driving experience .....	10 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92974999
Alt. Phone Number .....	+65-92974999
Email Address .....	JJ_0990@HOTMAIL.COM
Address .....	BLK 34 LORONG GEYLANG
Address complement .....	03-02
Postcode .....	387989
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 - Major/Minor Rd
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 vehicle 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 .....	Geylang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008486999
Alt. Police Station Phone No .....	(Fax) +65-68486799
Police Station Address .....	1 Cassia Link Singapore 397618
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? .....	Yes
Reasons for not uploading a video of the accident .....	PASS TO OWN WORKSHOP
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SCU3188B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
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 JUN JIE
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMM5755A
Were seat belts worn? .....	-
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.
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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.
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5. Any false reporting may be referred to the Police for investigation.
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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)**

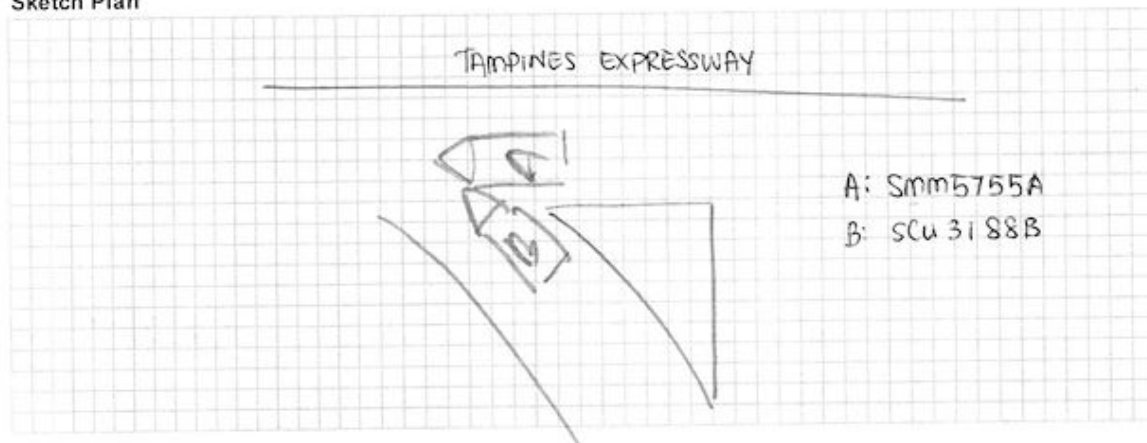
I understand, acknowledge, agree and consent that:

- (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

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

  
Witnessed by Reporting Centre Personnel

**Sketch Plan**

REFER TO POLICE REPORT T/20210731/2093

CLAIM REPAIR UNDER S26 KAHZ AUTOMOBILE

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre  
Personnel



















**SINGAPORE  
POLICE FORCE**



T/20210731/2093

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

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Report No. T/20210731/2093

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/07/2021 22:00		Vide Report No.:		Station Diary No.: 105	
<b>Informant's Particulars</b>					
Name of Informant: LIM JUN JIE			Address: BLK 34 LORONG 33 GEYLANG #03-02 SINGAPORE 387989		
ID Type / ID No.: NRIC NO / S9077822F			Contact No.: Home/Office: Mobile: 92974999		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth: 13/09/1990	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PROJECT ENGINEER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

#### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/07/2021 18:15	Type of Location: Y-Junction
Location:  TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

#### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCU3188B	Car	LEXUS		Black	Slightly Damaged	1
SMM5755A	Car	DAIHATSU	COPEN 660 A	Red	Slightly Damaged	0

#### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMM5755A	NTUC Income Insurance Co-Operative Limited	5122350284	31/05/2021	30/05/2022





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T/20210731/2093

Police Station Of Origin:  
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1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

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Report No. T/20210731/2093

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	DZULKARAIN BIN KAMARON	ID No.	S1470256C
Related Vehicle	SCU3188B (Car)	Contact No.	97313997
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
Driver			
Name	LIM JUN JIE	ID No.	S9077822F
Related Vehicle	SMM5755A (Car)	Contact No.	92974999
Hospital/Clinic	C3 FAMILY CLINIIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	31/07/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Serious

**Brief Details.**

On the above mentioned date, time and location, I was driving along the said location when said lexus vehicle collided into the left front side of my vehicle. I have suffered some injuries and had went to the mentioned clinic for treatment. I would like to inform that I had the right of way however the said vehicle drove forward and collided into my vehicle's front left side. As such I am lodging this report for record and insurance purposes.



**SINGAPORE  
POLICE FORCE**



T/20210731/2093

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

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Report No. T/20210731/2093

**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 2 CHIAN JUN YING

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Insp BOON YEN KIAN  
Contact No.: 65476172

Authentication Stamp  
NP168



Signature Of Informant:

Date/Time:  
31/07/2021 22:00

Classification Of Case:

SIGNATURE