

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.

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 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 15/11/2021 19:08 (SGT) Date of Accident 15/11/2021 08:35 (SGT) Exact Location of Accident Singapore Additional Location Information SOUTH BRIDGE RD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

2000

Vehicle Registration Number SKH5535T

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner KOH BOON HOCK LLP Company Reg No T16LL1145L Email Address ALSONALSON1994@GMAIL.COM Mobile Phone No (Phone) +65-91162968 Alternative Phone No (Home) +65-91162968

VEHICLE PARTICULARS

Manufacturer

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

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5099750898-03 Cover Note Number

DRIVER

CC

Name of Driver ALSON LIM CHUN WEI NRIC No. S9470083C

Date Of Birth 26/04/1994 Occupation Outdoor Date Of Driving Pass 23/01/2014 Driving experience 7 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-91162968 Alt. Phone Number Email Address ALSONALSON1994@GMAIL.COM Address 119A RIVERVALE DR #10-304 Address complement Postcode 541119 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **OWNER** 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 Side Swipe 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? Yes Was any injured conveyed to hospital by ambulance? Nο Was any other vehicle 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 Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHED 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 WITH OWNER Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **SLQ2153Y** Vehicle Manufacturer

Accident report SY0921BF000C

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 Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn?	ALSON LIM CHUN WEI Male SKH5535T Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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 interested parties.
- 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)
 - 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 invoive 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:
 - 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.

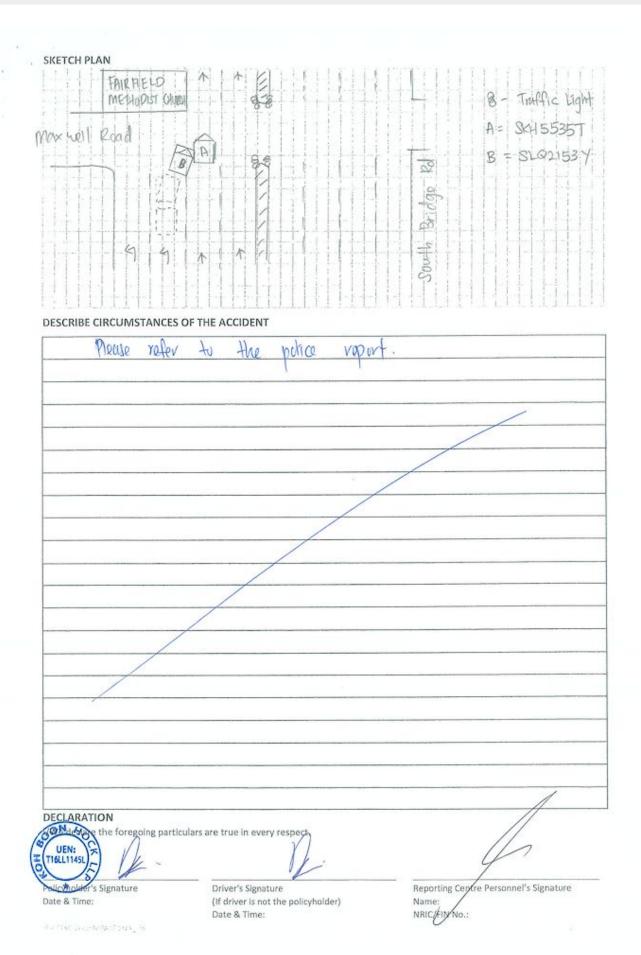
Policyholder's Signature Date & Time:

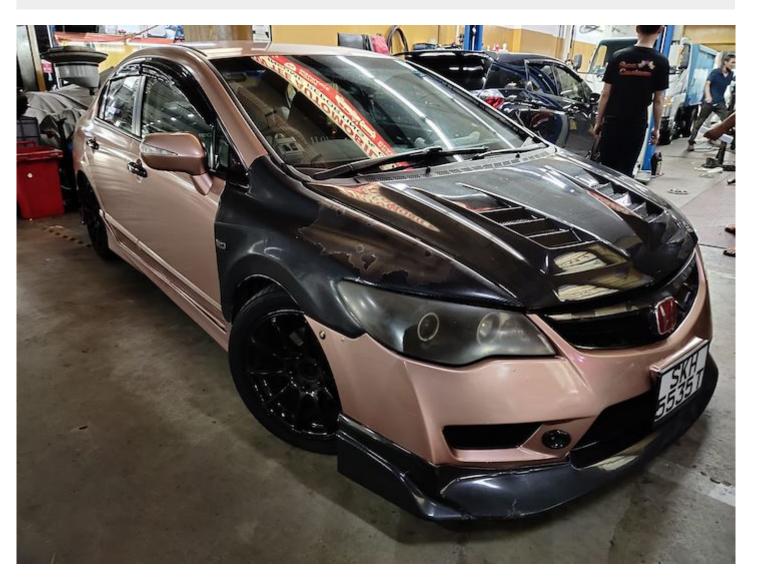
UEN: 116LL1145

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

Reporting Centre Personnel's Signature Name:

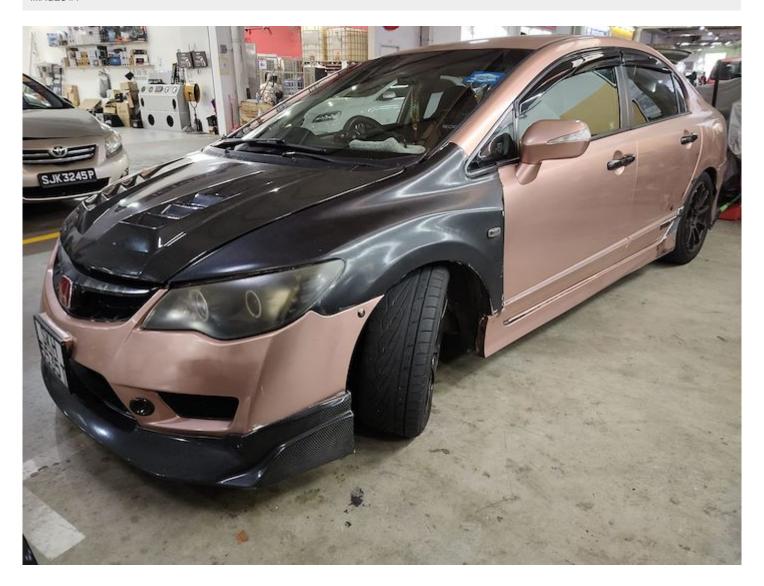
NRIG FIN No.:



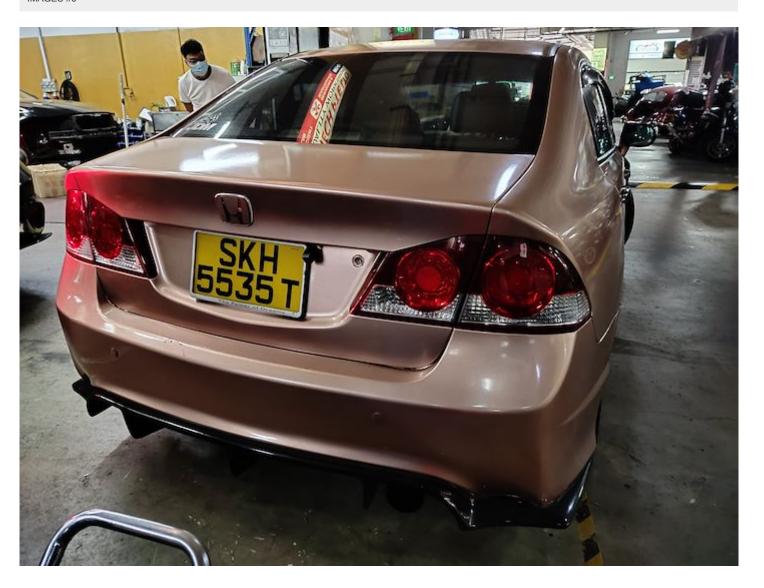


















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20211115/7025

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:
The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
15/11/2021 14:08

Officer In Charge Of Case:
TP / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Signature Of Informant:
The identity of the person making this report has been authenticated by Singpass. No signature is required.

Classification Of Case:

Classification Of Case:

NP168





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20211115/7025

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 15/11/2021 14:08		Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
	Informant: LIM CHUN		Address: 119A RIVERVALE DRIVE #10-304 SINGAPORE 541119			
	/ ID No.: D / S94700	83C	Contact No.: Home/Office:	Mobile: 91162968		
Nationality: SINGAPORE CITIZEN		Email: alsonalson1994@gmail.com				
Sex: Age: Date of Birth: Male 27 26/04/1994		Type of Informant: Driver				
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Grab driver/ PHD		11	Driving Licence Information: Class: 3A Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/11/2021 08:35	Type of Location T-Junction
Location: SOUTH BRID	GE ROAD	IB10 f		
Weather:		Road Surface:		Road Speed Limit:
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
		2.00		

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SKH5535T	Car	HONDA	Civic	Gold	Slightly Damaged	1
SLQ2153Y	Car	HONDA	Vezel	Gold	Slightly Damaged	2





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20211115/7025

CONTINUATION OF REPORT

	Details of Vo	ehicle Insurance			
OUR PEOPLE NEW YORK AND ADDRESS OF THE PEOPLE AND ADDRESS OF THE PEOPL	Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKH55351 NTUC Income Insurance Co-Operative 5099750898-03 28/08/2021 28/08/202 Limited	SKH5535T	NTUC Income Insurance Co-Operative Limited	5099750898-03	28/08/2021	28/08/2022
	Details of Pe	erson Involved			
Details of Person Involved	Any Pedestri	an Involved: No			

Details of Perso	n Involved						
Any Pedestrian I	nvolved: No						
No. of Pedestrian	ns Injured: NIL		Use of P	Use of Pedestrian Crossing: NA			
Driver							
Name	ALSON LIM CHUN	WEI		ID No	١.	S9470083C	
Related Vehicle	SKH5535T (Car)	* 141		Conta	ect No.	91162968	
Hospital/Clinic	HEALTHWAY MEDICAL CLINIC			Class Drivin Licen Expin	g ce &	Class: 3A Date of Expiry: NIL	
Date	15/11/2021 Date		15/1		/2021		
No. of Days gran	ted Medical Leave	Degree					
Driver							
Name	DHANUSKODI SENTHIL KUMAR			ID No		S7760556H	
Related Vehicle	SLQ2153Y (Car)			Contact No.		94883377	
Hospital/Clinic	NIL			Class Drivin Licen Expin	g ce &	Class: 3,3A Date of Expiry: NIL	
Date	NIL		Date		NIL		
No. of Days gran	ted Medical Leave	NIL	Degree	of	NIL		

Brief Details.

There are 4 lane on this road,

lane 1 and 2 is turn left only.(turn left to maxwell road)

Lane 3 and 4 is going straight only. (go straight to tanjong pagar road)

I (skh5535t) am driving at lane 3 roughly 30km/h to 35km/h going straight to tanjong pagar road, there is honda vezel (slq2153y) at lane 2 instead of turn left, he went straight and hit my rear fender and passenger door.

As i cant upload the video, please contact me at 91162968.

