

# 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 ..... 17/01/2022 20:30 (SGT)  
Date of Accident ..... 15/01/2022 21:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... NEW UPPER CHANGI RD TWDS BEDOK SOUTH AVE 3  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMG7187H

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LIM KANG LOONG KELVIN  
NRIC No ..... S7700906Z  
Email Address ..... REAL88STATE@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-93800816  
Alternative Phone No ..... +65-93800816

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Vios  
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 hire  
Transmission ..... Auto  
CC ..... 0

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5116262906-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LIM KOK LIAN  
NRIC No ..... S0223863B

Date Of Birth .....	10/11/1952
Occupation .....	Indoor
Date Of Driving Pass .....	15/03/1972
Driving experience .....	49 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93800882
Alt. Phone Number .....	-
Email Address .....	JEFVIN888@YAHOO.COM
Address .....	BLK 412 BUKIT BATOK WEST AVE 4 #14-306
Address complement .....	-
Postcode .....	650412
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Parent
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 - Change/cross lane
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	PASSENGER (GRAB)
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Hong Kah North Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18005679999
Alt. Police Station Phone No .....	(Fax) +65-65652508
Police Station Address .....	Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370
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 .....	after accident video - email ntuc
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SNB1749R
-----------------------------------	----------

Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	NGO CHI ZHI
NRIC No .....	S8913164B
Contact Number .....	(Phone) +65-96633673
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 KOK LIAN
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK PAIN & HEADACHES
Injured person in which vehicle? .....	SMG7187H
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	-

# SKETCH PLAN

## 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. 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 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.

## 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

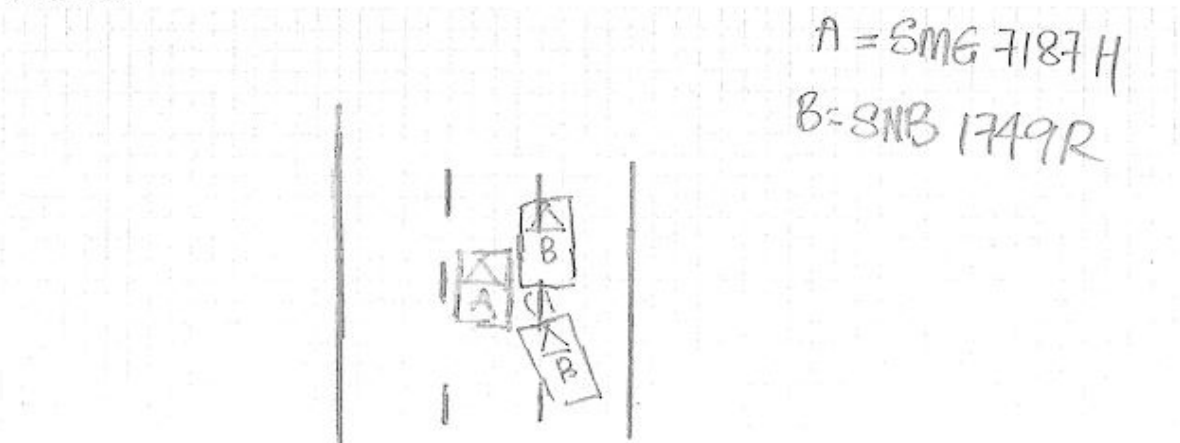
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time  
*5-10 pm*

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

Witnessed by Reporting Centre Personnel

## Sketch Plan



## Describe Circumstances of the Accident

I WAS TRAVELLING ON SECOND LANE, SUNDAY  
VEHICLE B CHANGE LANE AND COLLIDED INTO MY  
VEHICLE AND GRABED MY WHOLE RIGHT SIDE.

TP: other workshop

## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &  
Time 5.10pm

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

Witnessed by Reporting Centre  
Personnel





































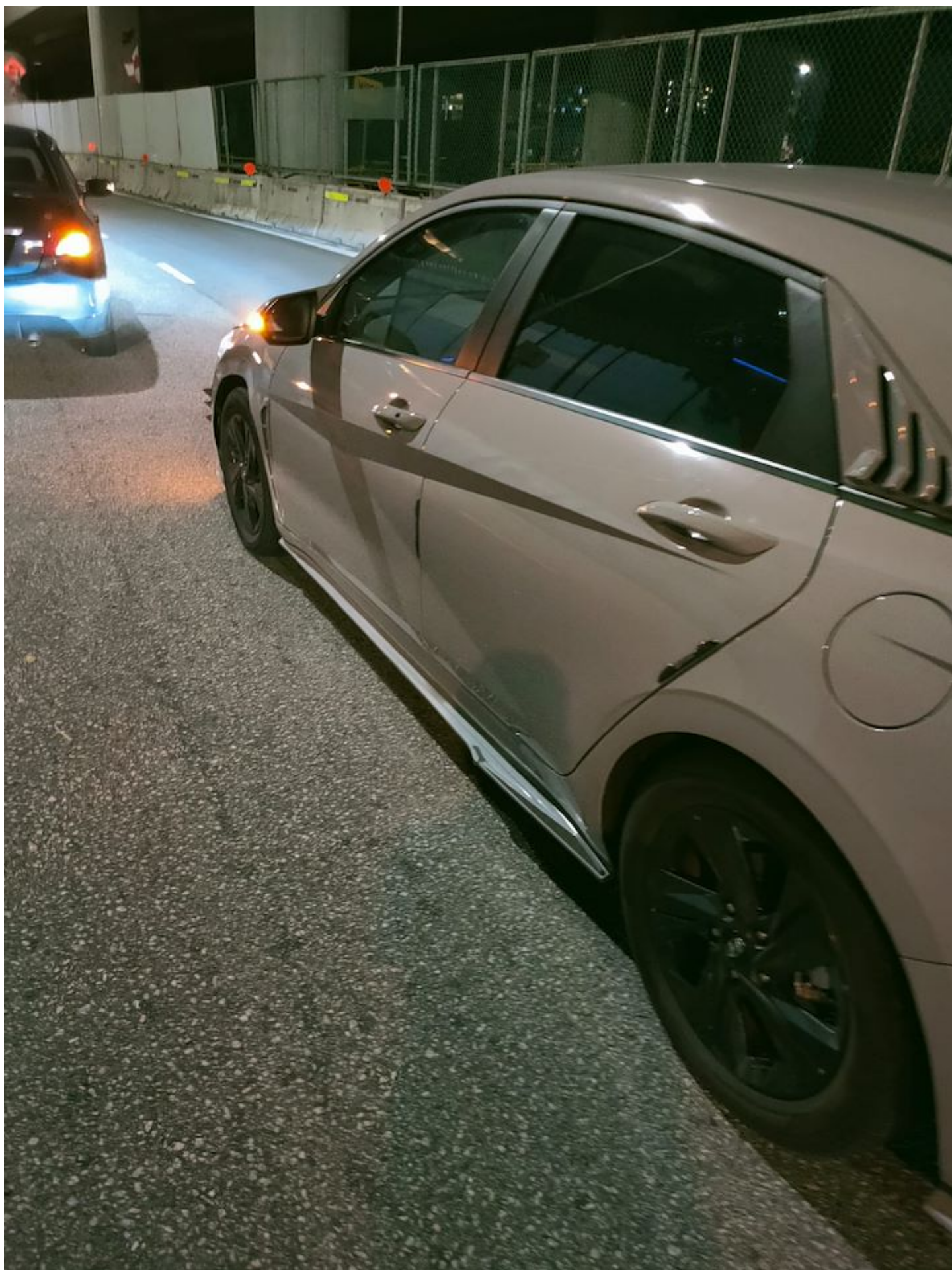








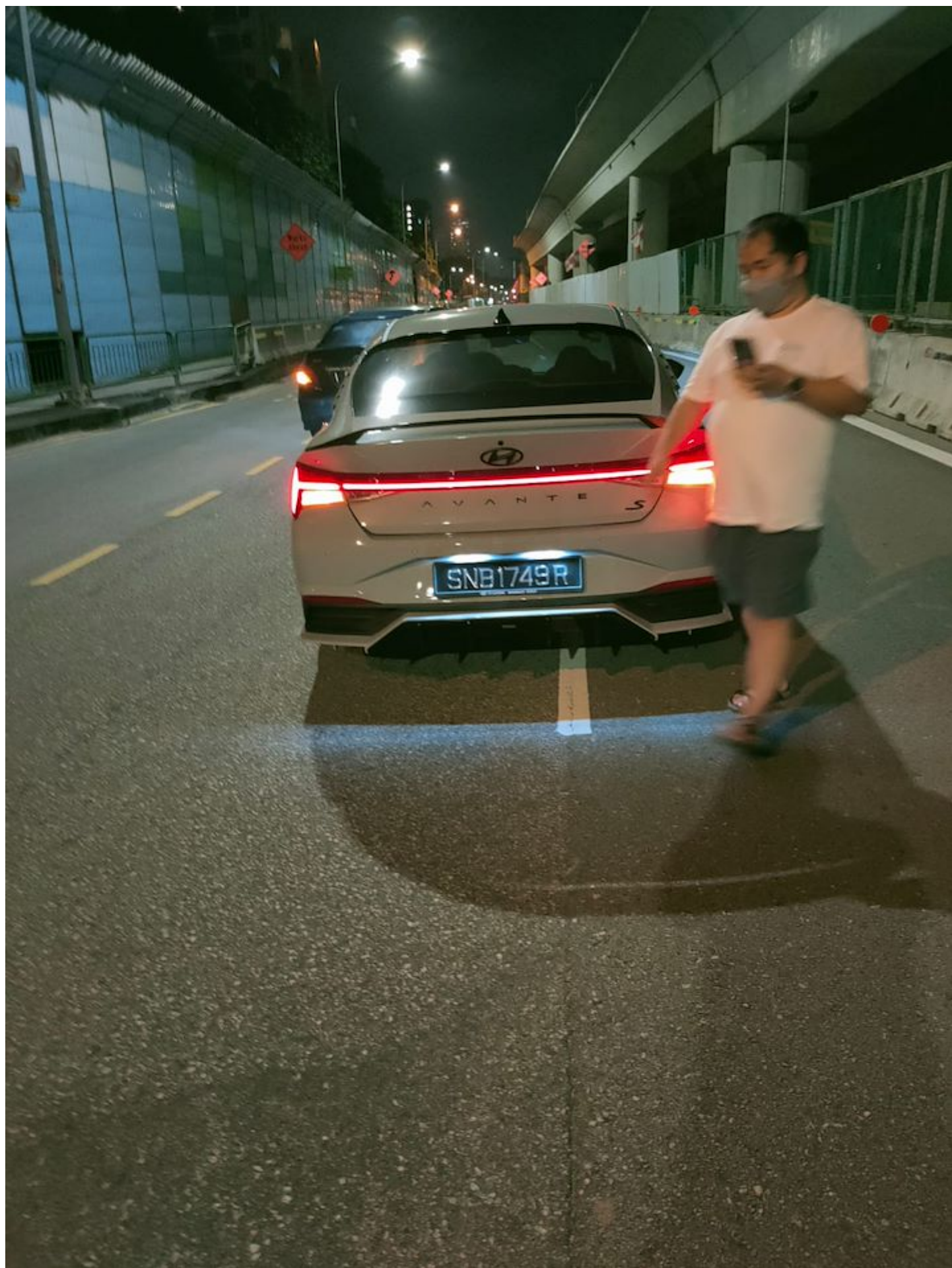




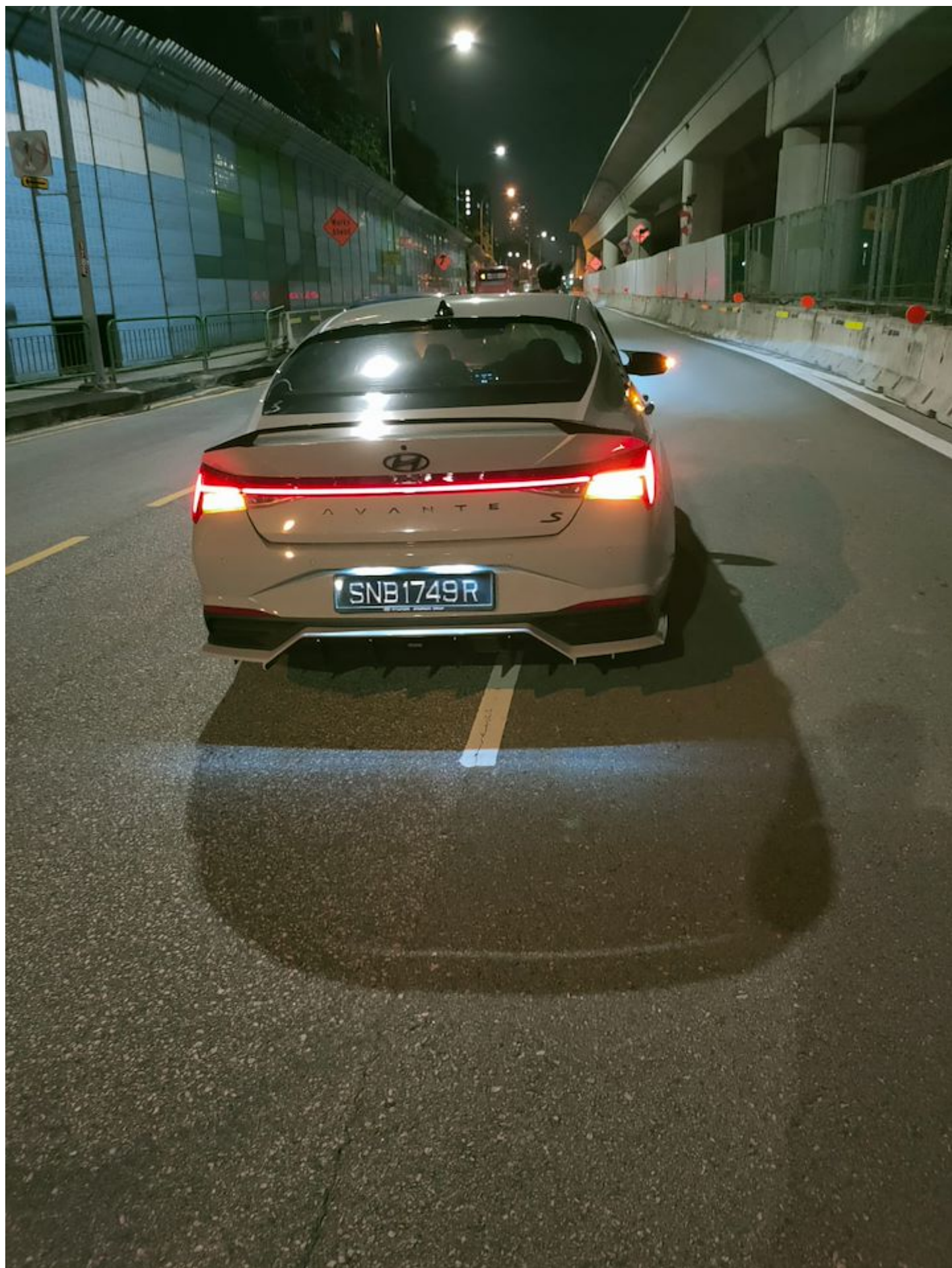












CONFIDENTIAL

Annex B

## NOTICE OF REPORTING

This is to confirm that Lim Kok Lian NRIC: S0223863B HP: 93800882 has reported to the Police a non-injury traffic accident which occurred along New Upper Changi Rd towards Bedok South Avenue 3 on 15/01/2022 at about 2100hrs involving the following vehicles:

- 1) SMG7187H driven by Lim Kok Lian NRIC: S0223863B HP: 93800882
  - 2) SNB1749R driven by Ngo Chi Zhi NRIC: S8913164B HP: 96633673
- 2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.
- 3 The traffic accident does not consist of the below following criteria:
- i) Involvement with Pedestrian/Cyclist
  - ii) At this moment, involving parties did not obtain more than 3 days of Medical Leave.
  - iii) No Government property/vehicle damaged
  - iv) Hit and Run Accident
  - v) No foreign vehicle was involved
  - vi) Nobody involved in the accident was conveyed by ambulance

Rank/Name of Issuing Officer: SGT T190215 Lim Rong Feng

Date: 16/01/2022

Time: 1625hrs

S/D Ref: 36

Police Post/Unit: Hong Kah North NPP



Original - to be issued to informant  
Duplicate - to be submitted to Traffic Police

CONFIDENTIAL



