

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 10/05/2022 17:30 (SGT)
Date of Accident 10/05/2022 08:50 (SGT)
Exact Location of Accident KPE, Singapore
Additional Location Information KPE BEFORE EXIT 9A
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJX8797L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM ENG HOCK
NRIC No SXXXX268H
Email Address LIMENGHOCK@GMAIL.COM
Mobile Phone No (Phone) +65-88575869
Alternative Phone No (Home) +65-88575869

VEHICLE PARTICULARS

Manufacturer Toyota
Model Prius
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 1497

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5123174699
Cover Note Number -

DRIVER

Name of Driver LIM ENG HOCK
NRIC No SXXXX268H

Date Of Birth	27/05/1970
Occupation	Outdoor
Date Of Driving Pass	15/04/2000
Driving experience	22 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-88575869
Alt. Phone Number	(Home) +65-88575869
Email Address	LIMENGHOCK@GMAIL.COM
Address	158 LORONG 1 TOA PAYOH
Address complement	04-1516
Postcode	310158
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?	Yes
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	Hougang Neighbourhood Police Post
Police Station Address	Blk 357 Hougang Avenue 7 #01-805 Singapore 530357
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT 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	SD CARD WITH TP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBS4169Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOTORCYCLIST
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBS4169Y
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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



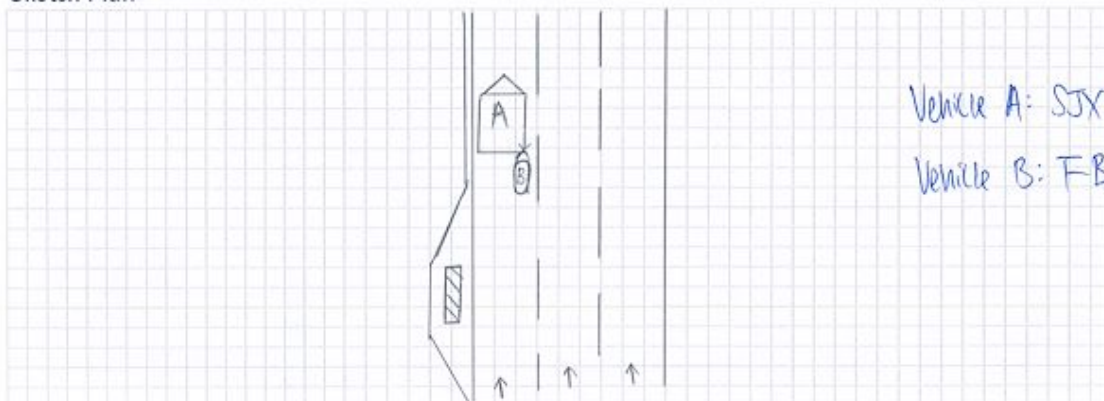
Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel



Sketch Plan



Describe Circumstances of the Accident

— Refer to Police Report —
— T/20220510/2032 —

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



























Hougang NRP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

Report No. T/20220510/2032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/05/2022 12:23	Vide Report No.: F/20220510/0065	Station Diary No.: 9
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Informant's Particulars				
Name of Informant: LIM ENG HOCK		Address: APT BLK 158 LORONG 1 TOA PAYOH #04-1516 SINGAPORE 310158		
ID Type / ID No.: NRIC NO / S7018268H		Contact No.: Home/Office: Mobile: 88575869		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 51	Date of Birth: 27/05/1970	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: SINGPOST CONTRACTOR		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/05/2022 08:50	Type of Location: Straight Road
Location: KALLANG PAYA LEBAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS4169Y	Motorcycle				Slightly Damaged	0
SJX8797L	Car	TOYOTA	PRIUS AUTO	Silver	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJX8797L	NTUC Income Insurance Co-Operative Limited	5123174699	04/08/2021	03/08/2022

357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

Report No. T/20220510/2032

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM ENG HOCK	ID No.	S7018268H
Related Vehicle	SJX8797L (Car)	Contact No.	88575869
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

Brief Details.

On 10/05/2022 at about 0850hrs, I was driving my car plate number SJX8797L on the extreme most lane along KPE. I was intending to exit the expressway to exit 9A as such I release my accelerator to slow down. Suddenly I felt an impact coming from the back. I realised that there was an LTA marshal riding motorcycle plate FBS4169Y who had collided with my left rear. *left*

The rider did not fell as he managed to control his motorcycle. I then stopped my car at the side and render assistance on the rider. I called for the ambulance as I saw that the rider was injured on his left leg. Ambulance came down first and attended to the rider. Traffic police came and interviewed me. The traffic police seized the SD card to my in-car camera and gave me a case card. He advised me to lodge a traffic report with the case card given at the nearest police station. *right*

I wish to inform that I did not take the particulars of the LTA marshal as he was injured and I did not wish to disturb him further. My left rear of my car was damaged and the rear bumper was dislodged due to the impact. That is all. *right*

HOUGANG APP
BLK 357 HOUGANG AVE 7
SINGAPORE 530357
TEL 1800-2869999

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 /

Other MUHAMMAD IZZUWAN
BIN SYED



Signature Of Informant:



Signature Of Interpreter:
Not applicable

Date/Time:
10/05/2022 12:23

Officer In Charge Of Case:
TP / GIT /
SI VILTON HIA WEE SIANG
Contact No.: 65476232

Classification Of Case:

NP168