

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	23/05/2022 16:18 (SGT)
Date of Accident	21/05/2022 15:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CROSS JUNCTION OF NORTH BRIDGE RD & HIGH ST & PARLIAMENT PL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML8661Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM KOK GIAP
NRIC No	SXXXX408B
Email Address	rlite@singnet.com.sg
Mobile Phone No	(Phone) +65-97510659
Alternative Phone No	+65-97510659

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5109791492-02
Cover Note Number	-

DRIVER

Name of Driver	LIM KOK GIAP
----------------	--------------

NRIC No	SXXXX408B
Date Of Birth	25/06/1958
Occupation	Outdoor
Date Of Driving Pass	26/10/1977
Driving experience	44 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97510659
Alt. Phone Number	+65-97510659
Email Address	rlite@singnet.com.sg
Address	BLK 889A TAMPINES STREET 81
Address complement	#08-1030
Postcode	521889
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 - Cross Junction
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	N.A
Gender	Male

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?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE SEE ATTACHED SKETCH PLANS.

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 TRAFFIC POLICE.
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKB9143X
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 KOK GIAP
Gender	Male
Phone No	(Phone) +65-97510659
Address	BLK 889A TAMPINES STREET 81
Address Complement	#08-1030
Post Code	521889
Approximate Age Years Old	-
Injuries Sustained	REFER POLICE REPORT
Injured person in which vehicle?	SML8661Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	N.A (PASSENGER)
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	REFER POLICE REPORT
Injured person in which vehicle?	SML8661Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

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 willful 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.

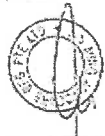
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

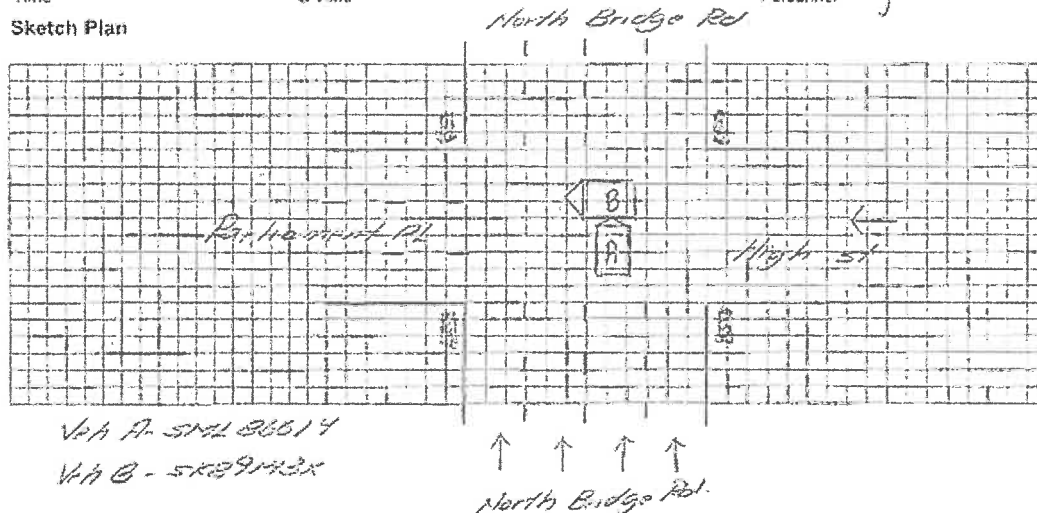
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' law firms/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' law firms/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/are be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their law firms/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

Please refer to attached Police Report.

☐ Claim OD ☐ Claim Third Party ☒ Claim OD/TP at other workshop ☐ Reporting Only

Please forward a copy of my efile accident report to:

My workshop : *Hui Yang Motor Pte Ltd*


Email address : *hui-yang-motor@hotmail.com*


Myself email : *rlite@singnet.com.sg*


Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

Declaration

I/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



**SINGAPORE
POLICE FORCE**



T/20220522/2016

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20220522/2016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/05/2022 10:44		Vide Report No.: A/20220521/0079		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM KOK GIAP			Address: APT BLK 889A TAMPINES STREET 81 #08-1030 TAMPINES GROVE SINGAPORE 521889		
ID Type / ID No.: NRIC NO / S1304408B			Contact No.: Home/Office: Mobile: 97510659		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 25/06/1958	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: Yes	Date/Time of Accident: 21/05/2022 15:30	Type of Location: X-Junction
Location: NORTH BRIDGE ROAD				
Lamp Post Number: 77				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		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
SKB9143X	Car					0
SML8661Y	Car	HONDA	SHUTTLE HYBRID 1.5 AUTO	Blue		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20220522/2016

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20220522/2016

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SML8661Y	NTUC Income Insurance Co-Operative Limited	5109791492-02	07/06/2021	06/06/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: Nil		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM KOK GIAP	ID No.	S1304408B
Related Vehicle	SML8661Y (Car)	Contact No.	97510659
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	21/05/2022	Date Discharge	21/05/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME, I WAS TRAVELLING ON THE SECOND LANE OF THE FOUR LANE ROAD ALONG NORTH BRIDGE ROAD TOWARDS SOUTH BRIDGE ROAD AS I APPROACHED THE SIGNALLISED JUNCTION OF HIGH STREET. THE LIGHT WAS GREEN IN MY FAVOUR AND I THEREFORE PROCEEDED. AS I WAS CROSSING THE SAID JUNCTION, I SUDDENLY SAW A BLACK SUV APPEAR FROM MY RIGHT TO LEFT AND I WAS UNABLE TO STOP IN TIME. A COLLISION THEREFORE OCCURRED BETWEEN THE FRONT PORTION CAME INTO CONTACT WITH THE LEFT CENTRE PORTION OF THE BLACK CAR. I THINK THE BLACK CAR HAD BEATEN THE RED LIGHT AS THE LIGHT WAS DEFINITELY GREEN IN MY FAVOUR. AFTER THE ACCIDENT, I WAS CONVEYED TO RAFFLES HOSPITAL, TOGETHER WITH MY PASSENGER AND I WAS DISCHARGED ON THE SAME DAY AND GIVEN FIVE DAYS OF OUTPATIENT MEDICAL LEAVE. I SUFFERED BODILY PAIN AND SUSTAINED NO FRACTURE OF ANY SORT AS A RESULT OF THE ACCIDENT.



SINGAPORE
POLICE FORCE



T/20220522/2016

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3


Report No. T/20220522/2016

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 65474886 stating the report number as reference.

Signature of Officer Recording The Report: TP / Other ARSHATH	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIT / SR STAFF SGT ABDUL RAHIM BIN SALIM Contact No.: 65476433	IC SHIVASURIA 6547 6356 9156 4781

NP165

Signature Of Informant:	
Date/Time: 22/05/2022 10:44	
Classification Of Case:	