

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 10/06/2022 15:22 (SGT)
Date of Accident 09/06/2022 22:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information Sengkang Central towards Compassvale Drive, Lamp Post 48
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLJ5490R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner LAY AUTO LEASING PTE LTD
Company Reg No 201310521C
Email Address FIONA@LAYAUTO.COM
Mobile Phone No (Phone) +65-87973443
Alternative Phone No +65-87973443

VEHICLE PARTICULARS

Manufacturer Toyota
Model Wish
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 1800

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number 5126325143
Cover Note Number -

DRIVER

Name of Driver Lim Boon Huat Joseph
NRIC No S7042634Z

Date Of Birth	08/12/1970
Occupation	Indoor
Date Of Driving Pass	01/12/1997
Driving experience	24 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87660043
Alt. Phone Number	-
Email Address	FIONA@LAYAUTO.COM
Address	256 KIM KEAT AVE #13-160
Address complement	-
Postcode	310256
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	Yes

PASSENGER 1

Name	LIM SIEW HUEY
Gender	Female

PASSENGER 2

Name	LIM SIEW MOI
Gender	Female

PASSENGER 3

Name	LIM SENG CHYE
Gender	Male

PASSENGER 4

Name	NEO KIM GUAN
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

Refer to Police Report

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 File too large, advised to send to motorvideo@income.com.sg
 Was there any audio recorded? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SG5069H
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Bus
 Name of Driver ELANGO VAN A/L KUPPUSAMY
 Work Permit No G7873307T
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) 25

INJURED PERSONS DETAILS

INJURED 1

Name of injured person LIM SIEW MOI
 Gender -
 Phone No (Phone) +65-92323557
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained Left wrist swelling, abrasions on the both legs
 Injured person in which vehicle? SLJ5490R
 Were seat belts worn? No
 Was this injured conveyed to hospital by ambulance? Yes

INJURED 2

Name of injured person NEO KIM GUAN
 Gender Male
 Phone No (Phone) +65-98223557
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained Abrasions and swelling on both leg.
 Injured person in which vehicle? SLJ5490R
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? Yes

WITNESS DETAILS

WITNESS 1

Name Ms. Ho
 Phone (Phone) +65-90929798
 Email -

SKETCH PLAN**IMPORTANT NOTICE**

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7. 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) 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.
- (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:
 - (i) 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.

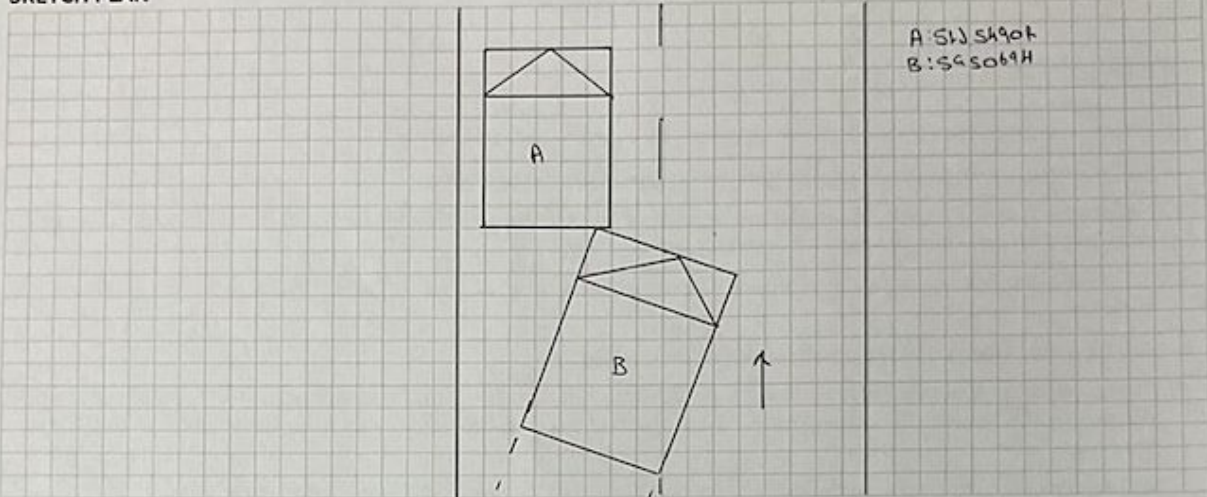


Policyholder's Signature
Date & Time: 10/06/2022 1510h

Driver's Signature
(If driver is not the policyholder)
Date & Time: 10/06/2022 1510h

Reporting Centre Personnel's Signature
Name: Ashi Kanne
NRIC/FIN No.: S9943916

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Large lined area for describing the circumstances of the accident.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]

Policyholder's Signature

Date & Time: 10/06/2022 1510W

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time: 10/06/2022 1510W

[Signature]

Reporting Centre Personnel's Signature

Name: PRA KUMAR

NRIC/FIN No.: S994376














**SINGAPORE
POLICE FORCE**


T/20220610/2022

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

1 of 3

Report No. T/20220610/2022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/06/2022 11:11	Vide Report No.: F/20220609/0163	Station Diary No.:
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Informant's Particulars

Name of Informant: LIM BOON HUAT			Address: APT BLK 256 KIM KEAT AVENUE #13-160 SINGAPORE 310256	
ID Type / ID No.: NRIC NO / S7042634Z			Contact No.:	Mobile: 87660043
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 51	Date of Birth: 08/12/1970	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: BUSINESSMAN			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 09/06/2022 22:50	Type of Location: Straight Road
Location: SENGKANG CENTRAL				
Lamp Post Number: 48				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
SG5069H	Bus/Coach/Minibus	VOLVO	B9TL 9.4L AUTO TURBO ABS	Multi-Colored		0
SLJ5490R	Car	TOYOTA	WISH 1.8X CVT ABS D/AIRBAG 2WD 5DR	Black		4



**SINGAPORE
POLICE FORCE**



T/20220610/2022

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

Report No. T/20220610/2022

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM BOON HUAT	ID No.	S7042634Z
Related Vehicle	NIL	Contact No.	87660043
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	ELANGO VAN A/L KUPPUSAMY	ID No.	G7873307T
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON 9 JUNE 2022, AT ABOUT 2250HRS, I BEARING PLATE NUMBER SLJ5490R, WAS DRIVING ALONG SENGKANG CENTRAL TOWARDS COMPASSVALE DRIVE. I WAS ALIGHTING MY 4 PASSENGERS DOWN NEAR LAMP POST 48. FOR ABOUT FEW MINUTES, MY HAZARD LIGHTS WERE ON. SUDDENLY I FELT AN IMPACT ON THE REAR OF MY VEHICLE. I PROCEED TO LOOK WHAT WAS THE CAUSE OF THE IMPACT, IT WAS AN SBS BUS THAT COLLIDED ITS FRONT SIDE OF THE VEHICLE ONTO THE REAR OF MY VEHICLE. 2 OF MY PASSENGERS WAS FLUNG OUT OF THE VEHICLE AND THEY SUSTAINED SEVERAL INJURIES. THE OTHER PARTY WAS BEARING THE PLATE NUMBER SG5069H. 2 OF MY PASSENGERS WERE CONVEYED TO THE HOSPITAL BY THE AMBULANCE DUE TO THEM SUSTAINING INJURIES. WE EXCHANGED PARTICULARS AND POLICE ATTENDED TO THE ACCIDENT. IO GHAZALI INFORMED ME TO MAKE A POLICE REPORT REGARDING ABOUT THIS ACCIDENT. THEREFORE I CAME TO TPHQ TO LODGE THE ACCIDENT REPORT AS TOLD. THAT'S ALL.

**SINGAPORE
POLICE FORCE**

T/20220610/2022

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

3 of 3

Report No. T/20220610/2022

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:

TP /

Other MUHAMMAD DANIEL
SYAIKHUL BIN RONIZAM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/06/2022 11:11

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH
Contact No.: 65476178

Classification Of Case:

NP168