

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	30/06/2022 18:48 (SGT)
Reported by	Driver
Date of Accident	29/06/2022 17:50 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CTE TOWARDS CITY ANG MO KIO AVENUE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS3984Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SOH POH KEE LYDIA
NRIC No	SXXXX433E
Email Address	shuntian03@hotmail.com
Mobile Phone No	(Phone) +65-90052242
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Estima
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	0

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5124730600

DRIVER

Name of Driver	LIM SHUNTIAN
NRIC No	SXXXX960I
Date Of Birth	31/05/1987
Occupation	Outdoor

Date Of Driving Pass	05/01/2018
Driving experience	4 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91873542
Alt. Phone Number	-
Email Address	shuntian03@hotmail.com
Address	150 CANBERRA DRIVE #12-04
Address complement	-
Postcode	768079
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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?	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	LIM JUN FENG LUCAS
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML8773H
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KAMARUZAMAN BIN ABD RAHMAN
Contact Number	(Phone) +65-87575870
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 SHUNTIAN
Gender	Male
Phone No	(Phone) +65-91873542
Address	150 CANBERRA DRIVE #12-04
Address Complement	-
Post Code	768079
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLS3984Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

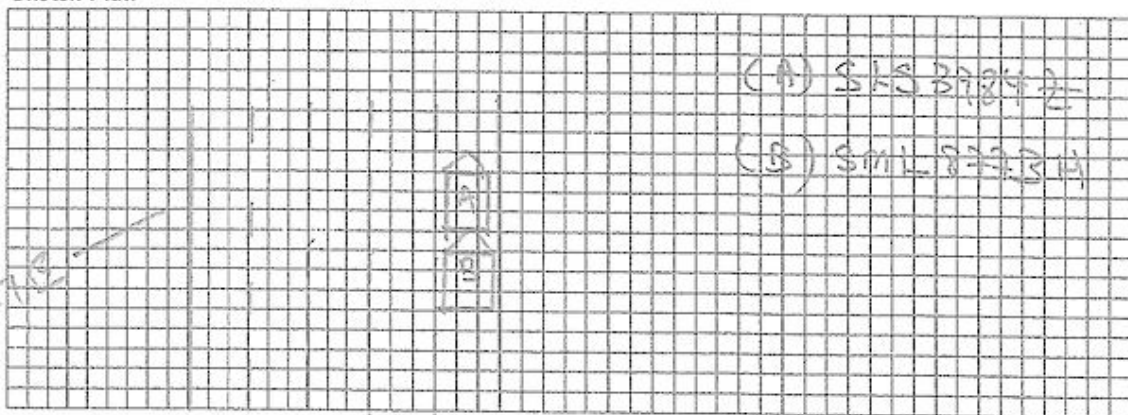
SKETCH PLAN**IMPORTANT NOTICE**

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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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre
Personnel

















**SINGAPORE
POLICE FORCE**



L/20220630/7015

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20220630/7015

Person Name	LIM SHUNTIAN		
ID Type	NRIC NO	ID No	S87149601
Gender	Male	Age	35
Race	Chinese	Language	English
Occupation	Lalamove driver	Address	150 CANBERRA DRIVE #12-04 SINGAPORE 768079
Mobile No	91873542	Is Informant A Victim?	Yes
Person Name	LIM SHUNTIAN (Informant)		

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.
Signature Of Interpreter: Not applicable	Date/Time: 30/06/2022 12:05
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



L/20220630/7015

1 of 2

POLICE REPORT (NP299)

Report No. L/20220630/7015

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 30/06/2022 12:05	Vide Report No.	Station Diary No.
Name Of Informant LIM SHUNTIAN	Address 150 CANBERRA DRIVE #12-04 SINGAPORE 768079	
ID Type / ID No. NRIC NO / S87149601	Contact No. Home/Office:	Mobile: 91873542
Nationality SINGAPORE CITIZEN	Email Address shuntian03@hotmail.com	
Occupation Lalamove driver	Sex Male	Age 35
Institution/School Name	Date of Birth 31/05/1987	Race Chinese
Date/Time Of Incident 29/06/2022 17:50 - 29/06/2022 17:55	Location Of Incident 150 CANBERRA DRIVE #12-04 SINGAPORE 768079	

Brief details.

I am involved in a traffic accident yesterday on 29/06/2022 along CTE. As I am Travelling on the extreme right lane at about 80-90km/hr, the vehicle in front of me jam his brake. I was able to brake in time, but the vehicle SML8773H hit me from my back. We alighted to exchange information and he asked me to claim his insurance. I went to the doctor after the accident as I began to feel my neck and shoulder is stiff and aching. I visited the doctor and was given 3 days MC and to monitor further.

Subjects Involved
Victim

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.
Signature Of Interpreter: Not applicable	Date/Time: 30/06/2022 12:05
Officer In-Charge Of Case:	Classification Of Case: