

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 Actual 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 27/07/2022 15:19 (SGT)
Reported by Both
Date of Accident 26/07/2022 13:45 (SGT)
Exact Location of Accident Farrer Rd, Singapore
Additional Location Information FARRER ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKV4940P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM BAN CHIT ANDY
NRIC No S8010029I
Email Address ND.ROCKSTAR@GMAIL.COM
Mobile Phone No (Phone) +65-98596562
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model Fit
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 car
Transmission Auto
CC 1339

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number 5123359763

DRIVER

Name of Driver LIM BAN CHIT ANDY
NRIC No S8010029I
Date Of Birth 10/04/1980
Occupation Outdoor

Date Of Driving Pass	07/07/2008
Driving experience	14 YEARS
Gender	Male
Mobile Number	(Phone) +65-98596562
Alt. Phone Number	-
Email Address	ND.ROCKSTAR@GMAIL.COM
Address	BLK 145 YISHUN ST 11 #05-41
Address complement	-
Postcode	760145
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	1
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	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Commonwealth Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004749999
Alt. Police Station Phone No	(Fax) +65-64715297
Police Station Address	Blk 111 Commonwealth Crescent (Annex) #01-288A Singapore 140111
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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC1008L
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SNG5050U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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 BAN CHIT ANDY
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKV4940P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

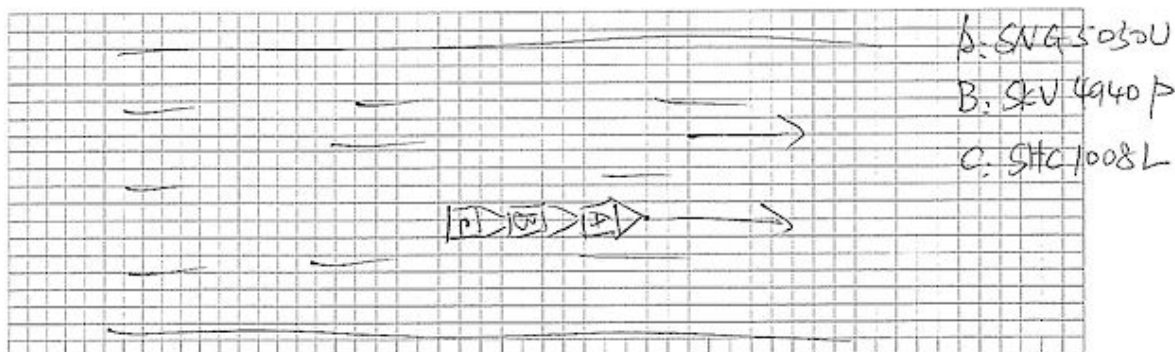
SKETCH PLAN**IMPORTANT NOTICE**

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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

Describe Circumstances of the Accident

Refe to the 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 : Supreme

Email address : admin@supreme.sg

Myself email :


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



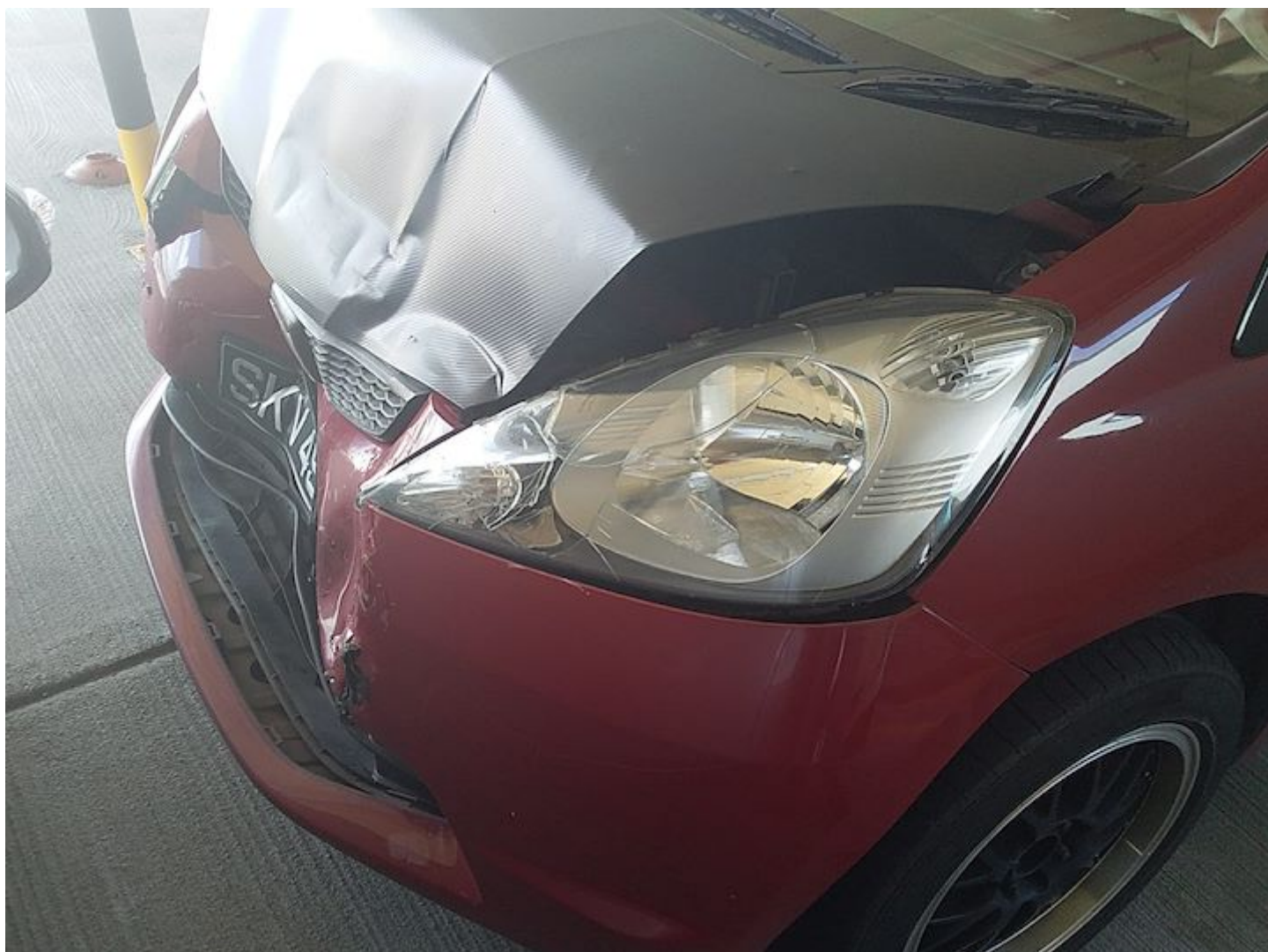
Witnessed by Reporting Centre Personnel

















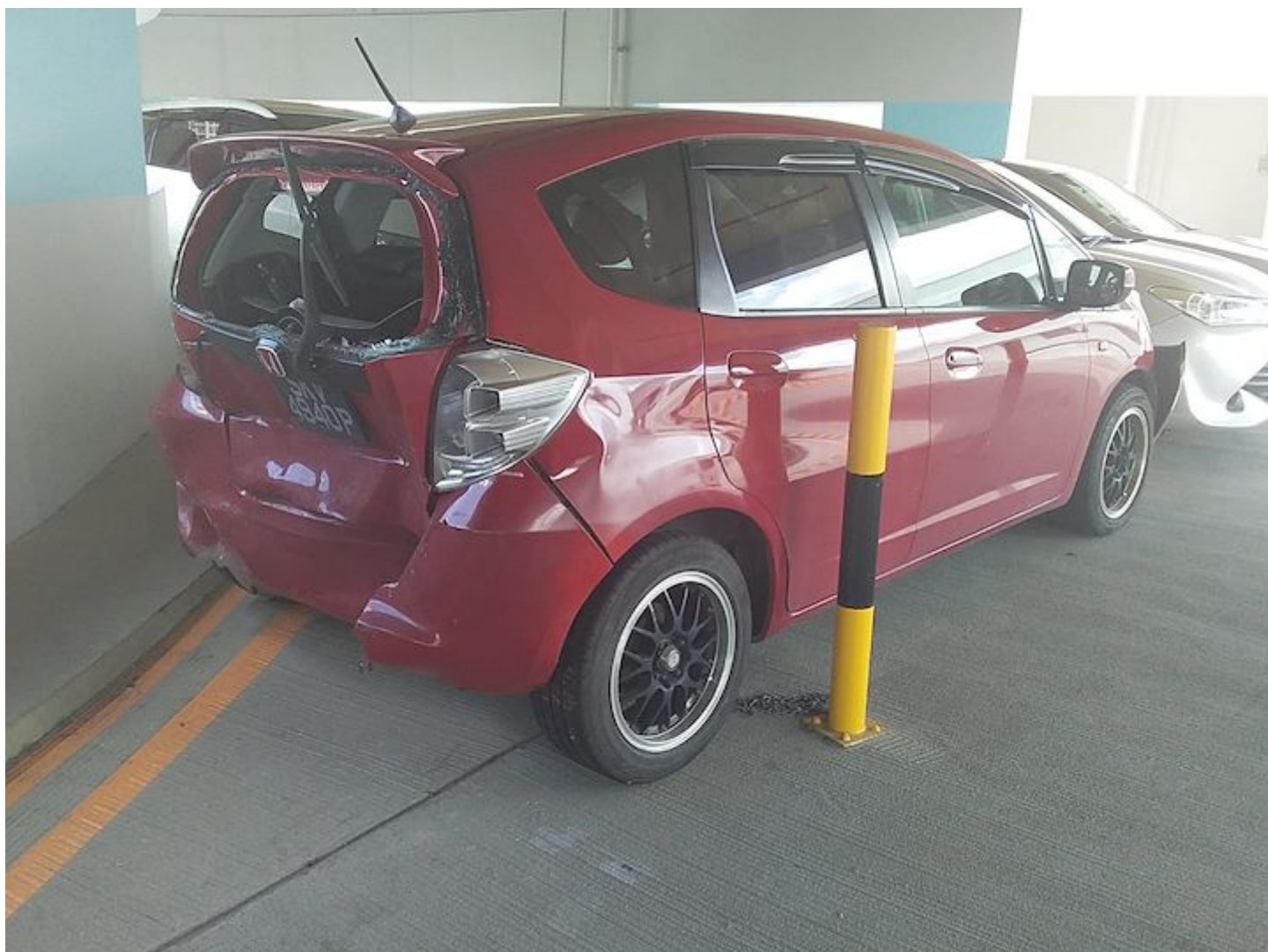
















**SINGAPORE
POLICE FORCE**



T/20220726/2124

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

1 of 4

Report No. T/20220726/2124

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/07/2022 19:52	Vide Report No.:	Station Diary No.: 23
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Informant's Particulars

Name of Informant: LIM BAN CHIT, ANDY			Address: APT BLK 145 YISHUN STREET 11 #05-41 SINGAPORE 760145	
ID Type / ID No.: NRIC NO / S8010029I			Contact No.: Home/Office: Mobile: 98596562	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 42	Date of Birth: 10/04/1980	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Salesman			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/07/2022 13:45	Type of Location: Straight Road
Location: FARRER ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC1008L	Car				Seriously Damaged	0
SKV4940P	Car	HONDA	FIT 1.3G A	Red	Seriously Damaged	0
SNG5050U	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20220726/2124

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

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Report No. T/20220726/2124

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKV4940P	NTUC Income Insurance Co-Operative Limited	5123359763	18/08/2021	17/08/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	OH BOON SENG		ID No.	S1796059H
Related Vehicle	SHC1008L (Car)		Contact No.	90283303
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
Driver				
Name	LIM BAN CHIT, ANDY		ID No.	S8010029I
Related Vehicle	SKV4940P (Car)		Contact No.	98596562
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/07/2022		Date Discharge	26/07/2022
No. of Days granted Medical Leave	05		Degree of Injury	Slight
Driver				
Name	Phoebe AnG		ID No.	S7637853C
Related Vehicle	SNG5050U (Car)		Contact No.	81555933
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



**SINGAPORE
POLICE FORCE**



T/20220726/2124

Police Station Of Origin:

Commonwealth NPP

111 Commonwealth Crescent (Annex) #01-

288A SINGAPORE 140111

Tel No: 1800-4749999

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Report No. T/20220726/2124

CONTINUATION OF REPORT

Brief Details.

On 26/07/2022 at about 1345hrs my vehicle was stationary at junction of Farrer road waiting for traffic light to turn green suddenly I felt collision from the rear (SHC1008L) and due to the impact it cause my vehicle to roll forward and collide into the vehicle(SNG5050U) infront of me. No police or ambulance came down. All of us exchange particulars and decide to go for insurance claim. I does not have any inbuilt camera inside my vehicle. I was given 5days outpatient sick leave.



**SINGAPORE
POLICE FORCE**



T/20220726/2124

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

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Report No. T/20220726/2124

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: D / SGT 3 LIAN YONG MING 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 26/07/2022 19:52
Officer In Charge Of Case: TP / AEIT / SSI TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:

NP168