

# 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 ..... 13/09/2022 16:51 (SGT)  
Reported by ..... Both  
Date of Accident ..... 12/09/2022 11:00 (SGT)  
Exact Location of Accident ..... Changi N Cres, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLF5848P

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LIM HWEE SIONG  
NRIC No ..... SXXXX200E  
Email Address ..... limhweesiong@gmail.com  
Mobile Phone No ..... (Phone) +65-81889096  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Sylphy  
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 hire  
Transmission ..... Auto  
CC ..... 1598

### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5121259840-01

### DRIVER

Name of Driver ..... LIM HWEE SIONG  
NRIC No ..... SXXXX200E  
Date Of Birth ..... 21/01/1956  
Occupation ..... Outdoor

Date Of Driving Pass .....	22/04/1975
Driving experience .....	47 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81889096
Alt. Phone Number .....	-
Email Address .....	limhweesiong@gmail.com
Address .....	BLK 302 HOUGANG AVENUE 5
Address complement .....	#10-449
Postcode .....	530302
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 .....	Side Swipe
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) .....	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 .....	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 SKETCH PLAN 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 .....	XE5284D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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 HWEE SIONG
Gender .....	Male
Phone No .....	(Phone) +65-81889096
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	7 DAYS OF MEDICAL LEAVE
Injured person in which vehicle? .....	SLF5848P
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

CS.

## SKETCH PLAN

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6. This report will be forwarded by the insurers to 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' 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.

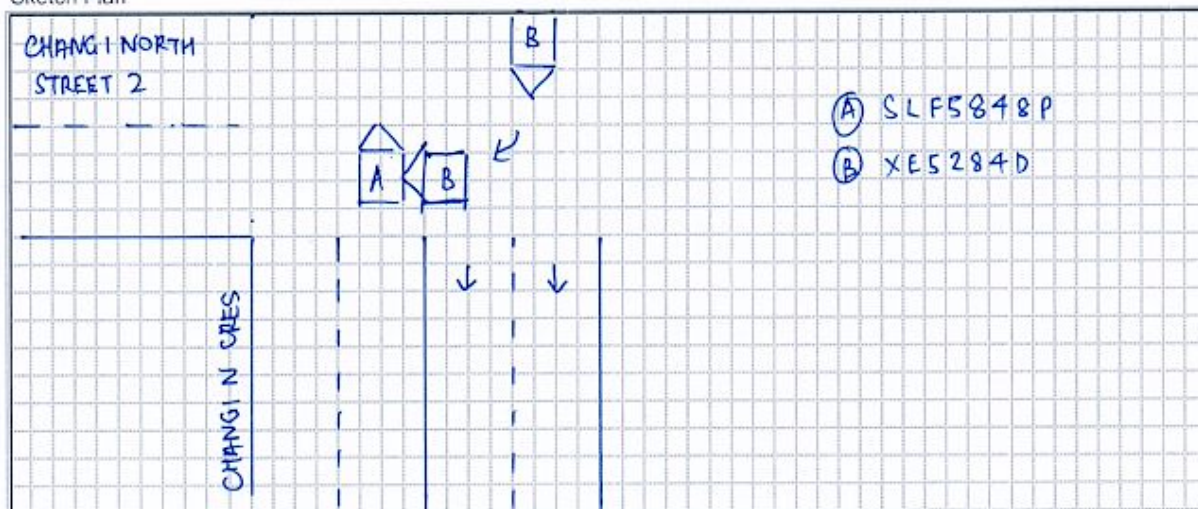
*Hui Seng*  
Policyholder's Signature / Date & Time

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

*[Signature]*  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



## Sketch Plan



## Describe Circumstance of the Accident

I WAS TRAVELLING STRAIGHT ALONG CHANGI

NORTH CRESCENT.

AS I WAS APPROACHING THE JUNCTION OF CHANGI

NORTH CRESCENT AND CHANGI NORTH STREET 2, A

VEHICLE SUDDENLY COLLIDE ONTO THE RIGHT SIDE OF

MY VEHICLE. THE IMPACT CAUSED MY VEHICLE TO

SWERVE AND WENT UP THE CURB.

I FELT UNWELL AFTER THE ACCIDENT AND PLAN


TO VISIT THE CLINIC.

## 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 policy holder) / Date & Time

  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



























**SINGAPORE  
POLICE FORCE**



T/20220913/7004

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

1 of 3

Report No. T/20220913/7004

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/09/2022 09:28		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LIM HWEE SIONG			Address: 302 HOUGANG AVENUE 5 #10-449 SINGAPORE 530302		
ID Type / ID No.: NRIC NO / S1188200E			Contact No.: Home/Office: Mobile: 81889096		
Nationality: SINGAPORE CITIZEN			Email: LIMHWEESSIONG@GMAIL.COM		
Sex: Male	Age: 66	Date of Birth: 21/01/1956	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/09/2022 11:00	Type of Location: Straight Road
Location:  CHANGI NORTH CRESCENT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLF5848P	Car	NISSAN	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR	Blue	Seriously Damaged	0
XE5284D	Lorry					0



**SINGAPORE  
POLICE FORCE**



T/20220913/7004

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

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Report No. T/20220913/7004

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLF5848P	NTUC Income Insurance Co-Operative Limited	5121259840-01	08/03/2022	07/03/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM HWEE SIONG		ID No. S1188200E
Related Vehicle	SLF5848P (Car)		Contact No. 81889096
Hospital/Clinic	NEO MEDICAL CENTRE		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	12/09/2022	Date	12/09/2022
No. of Days granted Medical Leave	07	Degree of	Slight

**Brief Details.**

I was travelling straight along Changi North Crescent.  
As I was approaching the junction of Changi North Crescent and Changi North Street 2, a vehicle suddenly collide onto the right side of my vehicle.  
The impact caused my vehicle to swerve and went up the curb.  
I felt unwell after the accident and visited Neo Medical Centre and was given 7 days MC (12.09.22 to 18.09.22)





**SINGAPORE  
POLICE FORCE**

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



T/20220913/7004

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Report No. T/20220913/7004

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
13/09/2022 09:28

Classification Of Case:





### Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5121259840-01

**Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SLF5848P**  
 Chassis Number : MNTBBAB17Z0027933
2. Name of Policyholder : LIM HWEE SIONG
3. Effective Date of Insurance : 08 Mar 2022
4. Expiry Date of Insurance : 07 Mar 2023
5. Persons or Classes of Persons entitled to drive#  
 (a) The Policyholder.  
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.  
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

**6. Limitations as to Use#**

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.  
 (b) Use for the carriage of goods (other than samples) in connection with any trade or business.  
 (c) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: S\$1,500
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
ROADSIDE ASSISTANCE AND WELLNESS COVER	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LIM HWEE SIONG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : INXPRESS INSURANCE AGENCY PTE. LTD. (00000610870)  
 Date of Issue : 21 Feb 2022 16:10 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive