

SINGAPORE ACCIDENT STATEMENT

Accident Details

Who reported the accident? Owner / Driver / Both

Date of Accident: 12/09/2022

Time of Accident: 11:00 (AM / PM)

Location of Accident: CHANGI NORTH CRESCENT

Country/State of Loss: SINGAPORE

Type of Accident: HEAD TO SIDE

Weather Condition: Clear / Raining Road Surface: Dry / Wet

If Not in List, please specify -

Are you claiming under your own insurance policy for repair to your vehicle? Yes / No

If No, please state action to be taken Third Party / Reporting Only

Was any foreign vehicle involved in accident? Yes / No

If yes, please state Vehicle No & Vehicle Type: -

No. of vehicles Involved in the accident (include own vehicle) 2

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / No

Was the accident reported to the police? Yes / No

If yes, police station name: -

Was notice of Prosecution given? Yes / No

If yes, against whom? -

Files

Are accident photos available for attachment? Yes / No

Was there any video captured? Yes / No

Was there any audio captured? Yes / No

### Details of Own Vehicle

Vehicle Registration No: SLF5848P

Vehicle Category: \_\_\_\_\_

Vehicle Manufacturer: NISSAN Vehicle Model: SLYPHY

Transmission: Manual / Auto Cc: \_\_\_\_\_

Exact purpose for which vehicle was being used at the time of accident:

Private Car / Private Use / Employment

No. of passengers (including driver) 1

Passenger Name: \_\_\_\_\_

Gender: Male / Female

Passenger Name: \_\_\_\_\_

Gender: Male / Female

### Own Vehicle Policy

Handling Insurer: NTUC INCOME

Coverage Type: ACT / Comprehensive / Third Party / Third Party, Fire & Theft

Fleet Policy: Yes / No

Registered Owner Name: LIM HWEE SIONG

ID Type: UEN / NRIC / Passport or FIN / Work Permit

Registered Owner ID: S1188200E

Email: LIMHWEESSIONG @ GMAIL.COM

Mobile No: 8188 9096

Alt. No Type: Home / Office / Not in List

If Not in List, please specify \_\_\_\_\_

Owner Alt Phone No: \_\_\_\_\_

### Driver's Information

Is the driver the policy holder? ☒ Yes / No

Name of Driver: LIM HWEE SIONG

Gender: ☒ Male / Female

ID Type: ☒ NRIC / Passport or FIN / Work Permit

Driver's ID: S1188200E

Date of Birth: 21-01-1956

Driving Pass Date: 22-04-1975

Mobile No: 8188 9096

Email: LIMHWEE SIONG @GMAIL.COM

Address 1: BLK 302 HOUGANG AVE 5 #10-449

Address 2: \_\_\_\_\_ Postal Code: 530302

Occupation: Indoor / ☒ Outdoor

Driver Owner Relationship OWNER

Does Driver own other vehicles? Yes / ☒ No

If yes, please provide Vehicle Registration No: -

Handling Insurer: -

### TP Vehicle or Property

Was there any other vehicle or property damaged? ☒ Yes / No

If yes, please provide:

(i) Vehicle Registration No: XES284D

(ii) Vehicle Category: -

(iii) No. of passengers (including driver) -

Passenger Name: \_\_\_\_\_

Gender: Male / Female

RUTH RAKUMARAN

RICHLAND

MOY: 9766 0799  
(MANAGER)

### Translation

Was the Sketch Plan Statement translated from another language?

Yes / ☒ No

Name of Translator: \_\_\_\_\_

ID Type: \_\_\_\_\_ NRIC / Passport or FIN / Work Permit

Phone No: \_\_\_\_\_

Email: \_\_\_\_\_

What is the original language used in the statement?

English / Mandarin / Malay / Tamil / Others: \_\_\_\_\_

**Please attach the following documents:**

- **Original report in original language**
- **Translated report to English**

### Injured Person's Details

Was anyone injured in the accident? ☒ Yes / ☐ No

Any injured conveyed to hospital by Ambulance? Yes / ☒ No

If yes, please provide:

(i) Name: \_\_\_\_\_

(ii) Gender: \_\_\_\_\_ Male / Female

(iii) Injured Person in which Vehicle? \_\_\_\_\_

(iv) Full Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Witness Details

Was there any witnesses? Yes / ☒ No

If yes, please provide:

Witness Name: \_\_\_\_\_

Witness Contact: \_\_\_\_\_



## 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 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 Traffic Police Department for investigation.**
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:

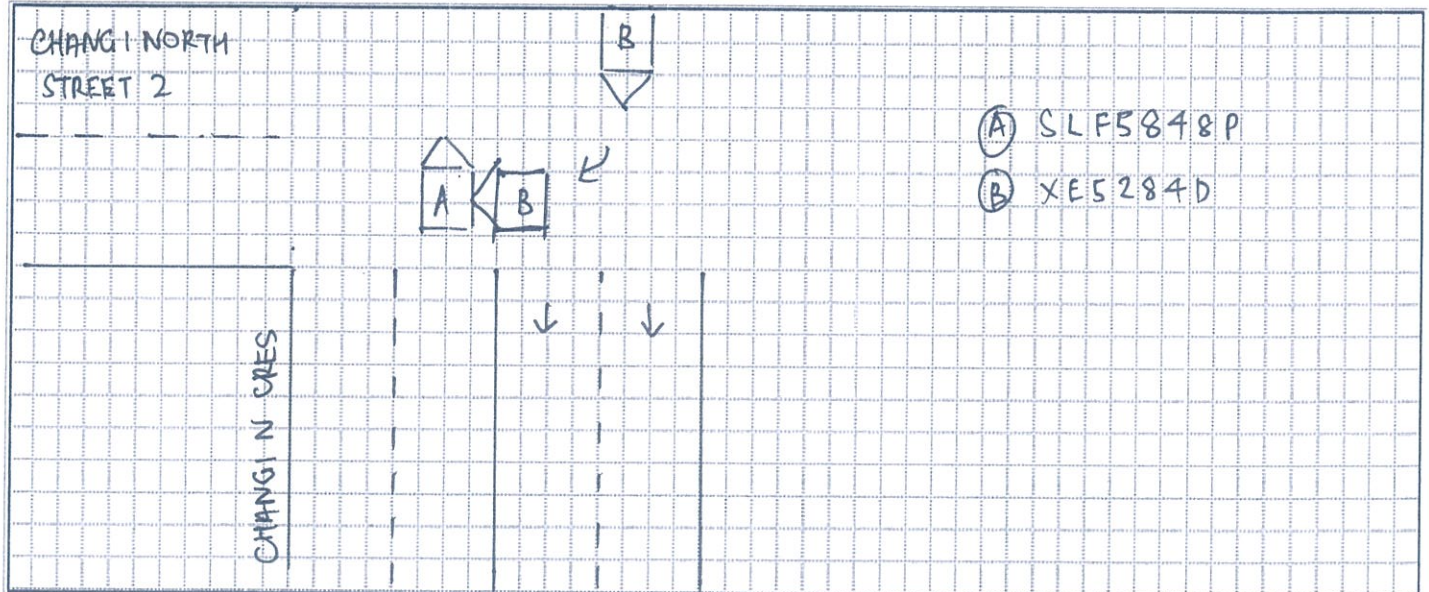
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

*[Signature]*  
Policyholder's Signature / Date & Time

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

\_\_\_\_\_  
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

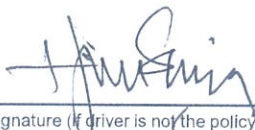
TO VISIT THE CLINIC.

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 policyholder) / Date  
& Time

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




**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S1188200E**  
 Name: **LIM HWEE SIONG**

Birth Date: **21 Jan 1956**  
 Issue Date: **22 Apr 2005**



**001337662E**



**REPUBLIC OF SINGAPORE**  
 IDENTITY CARD NO. **S1188200E**

Name: **LIM HWEE SIONG**

**林惠祥**  
 Race: **CHINESE**  
 Date of Birth: **21-01-1956** Sex: **M**  
 Country of Birth: **SINGAPORE**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

		PASS DATE
Class 2B	Motorcycles $\leq$ 200cc / Electric Motorcycles $\leq$ 15kW	22 May 1974
Class 2A	Motorcycles between 201cc and 400cc / Electric Motorcycles between 15.1kW and 25kW	22 May 1974
Class 2	Motorcycles $>$ 400cc / Electric Motorcycles $>$ 25kW	22 May 1974
Class 3	Ambulances / Motor cars $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver / motor tractors or vehicles $\leq$ 2500kg	22 Apr 1975

S1188200E S / No.9000343615

**Licence No: S1188200E**


NP 428A

**24618**

**NRIC No. S1188200E**

Blood Group: **O+** Date of issue: **08-10-1994**

**APT BLK 302 HOUGANG AVENUE 5 #10-449**  
**SINGAPORE 530302**  
 NRIC No: **S1188200E** Date: **07-01-2007** No: **5602777**



## 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 :** drivo 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