

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 03/01/2022 15:55 (SGT)
Date of Accident 02/01/2022 15:10 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE Changi at Slip Road to KPE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKW824M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM CHER TONG
NRIC No S 576B
Email Address
Mobile Phone No (Phone) +65-
Alternative Phone No +65-

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Elantra
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1600

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5124032270
Cover Note Number -

DRIVER

Name of Driver LIM CHER TONG
NRIC No S 576B

Date Of Birth	11/02/1965
Occupation	Indoor
Date Of Driving Pass	20/12/1982
Driving experience	39 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-
Alt. Phone Number	+65-
Email Address	
Address	
Address complement	
Postcode	
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	Collision - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

FOREIGN VEHICLE 1

Vehicle Registration Number	BLY3055
Vehicle Category	Goods vehicle

PASSENGER 1

Name	Passenger
Gender	Male

PASSENGER 2

Name	Passenger
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT / SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera? No
Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number BLY3055
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Goods vehicle
Name of Driver JASIN
Contact Number (Phone) +60-139607854
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 03/01/2022 / 15:40

Report No: MT/

D.O.A: 02/01/2022

Time: 15:10 hrs

Vehicle No: SKW824M

Reporting Type:

SKETCH PLAN

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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.



03/01/22 / 15:40

Policyholder's Signature / Date & Time

03/01/22 / 15:40

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

Alan Tang (S098825)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel

SKETCH PLAN

PIE Changi at Slip Road to KPE

Vehicle A: SKW824M Vehicle B: BLY3055

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Refer to Police Report

Declaration

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


 03/01/22 / 15:40
 Policyholder's Signature / Date & Time

03/01/22 / 15:40
 Driver's Signature (If driver is not the policyholder) / Date & Time

Alan Tang (S098825)
 Customer Care Executive
 Motor Service Centre

 Witnessed by Reporting Centre Personnel

















**SINGAPORE
POLICE FORCE**



T/20220103/2047

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 4

Report No. T/20220103/2047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/01/2022 13:38		Vide Report No.: G/20220102/0148		Station Diary No.: 74	
Informant's Particulars					
Name of Informant: LIM CHER TONG			Address:		
ID Type / ID No.: NRIC NO / S :576B			Contact No.: Home/Office: Mobile:		
Nationality: SINGAPORE CITIZEN			Email: chertong@yahoo.com.sg		
Sex: Male	Age: 56	Date of Birth: 11/02/1965	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/01/2022 15:10	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit: 80 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
BLY3055	Lorry				Slightly Damaged	0
SKW824M	Car	HYUNDAI	ELANTRA 1.6 AT ABS D/AB 2WD 4DR	Silver	Slightly Damaged	2

Details of Vehicle Insurance

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



T/20220103/2047

Police Station Of Origin:
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3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20220103/2047

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKW824M	NTUC Income Insurance Co-Operative Limited	5124032270	06/10/2021	05/10/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	JASIN		ID No.	NIL
Related Vehicle	BLY3055 (Lorry)		Contact No.	0139607854
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 CHER TONG		ID No.	S 5576B
Related Vehicle	SKW824M (Car)		Contact No.	
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

Brief Details.

On 02/01/2022 at around 1500hrs, I was fetching a couple with my vehicle (SKW824M) from PIE towards Kallang.

At around 1510hrs, when my vehicle was slow moving on the left lane however a truck (BLY3055) from the right lane cut into my lane and his front bumper scratched my right rear door.
Both of us immediately stopped as my vehicle could not move.

At around 1515hrs, the cisco and LTA officer came and divert the traffic.
At around 1530hrs, the traffic police came and attended my scene.
The traffic police asked me to make a traffic police report for my insurance.



**SINGAPORE
POLICE FORCE**



T/20220103/2047

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Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
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Report No. T/20220103/2047

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20220103/2047

Police Station Of Origin:
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3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20220103/2047

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
L /
SCCPL YIU MING RUI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
03/01/2022 13:38

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MUHAMMAD FARHAN BIN SAIRI
Contact No.: 65476224

Classification Of Case:

Authentication Stamp
NP168

Signature:



Singapore Police Force





IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN072213001E Vehicle Registration No: SKW824M
 Name (as shown in NRIC): LIM CHER TONG NRIC/FIN/Passport No: S 576B
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 94889179
 Email Address: _____
 Date of Accident: 02/01/2022 Time of Accident: 15:10
 Place of Accident: PIE Changi at Slip Road to KPE
 Insurance Company: NTUC INCOME

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend accident date


 X

 Policyholder / Driver's Signature
 Date:

 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: