

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 willful 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	24/11/2022 11:21 (SGT)
Reported by	Driver
Date of Accident	23/11/2022 20:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PAN ISLAND EXPRESSWAY NEARBY BEDOK RESERVOIR EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL6753R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	WT LIMO PTE LTD
Company Reg No	201632961K
Email Address	WTLIMO888@GMAIL.COM
Mobile Phone No	(Phone) +65-81185292
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	COROLLA ALTIS
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	Income Insurance Limited
Policy Number / Cover Note Number	5121843244-01

DRIVER

Name of Driver	LOW CHUNG LEONG
NRIC No	S7728246G
Date Of Birth	10/10/1977

Occupation	Outdoor
Date Of Driving Pass	10/10/2006
Driving experience	16 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90666665
Alt. Phone Number	-
Email Address	LOW_CL_PAT@YAHOO.COM.SG
Address	BLK 253 TAMPINES STREET 21
Address complement	#07-410
Postcode	521253
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	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)	3
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	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT AND SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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* Accident report SN0722BO0006

*Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA4868L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	LIM CHEE KIONG
NRIC No	S7509737I
Contact Number	(Phone) +65-96917196
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SBR118B
*Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DY NORBERT L
NRIC No	S2186861B
Contact Number	(Phone) +65-91450030
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LOW CHUNG LEONG
Gender	Male
Phone No	(Phone) +65-90666665
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	45
Injuries Sustained	BACK AND NECK PAIN
Injured person in which vehicle?	SLL6753R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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7. By the lodgement of this report to the insurer, you hereby consent to the archiving of this report at the centre and to copies of the report being made available if so used.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my broker and the General Insurance Association of Singapore ("GIA") may be 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' law firm/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 claim;

(ii) investigating the accident and/or my claims;

(iii) claim control and/or dealing with my instructions or responding to any enquiries by me;

(iv) administration of my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of my personal data about me to bring about delivery of the same as well as on the external cover of any postal parcel) and/or

(v) compliance 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 the accident and the Insurers' law firm/law firms, may be 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 be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (located in or outside of Singapore), which may be located outside of Singapore, for one or more of the above Purposes.



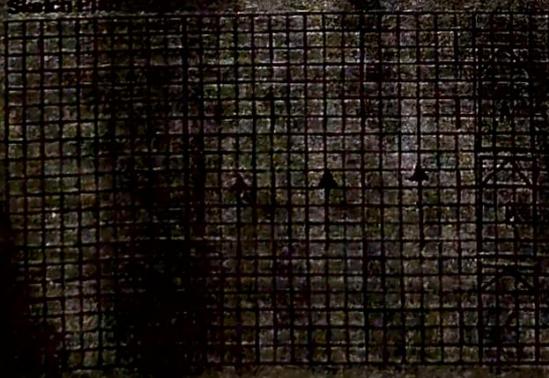


Policyholder / Authorized Driver: _____ Date: _____
 (Print Name) (Print Name) (Print Name) (Print Name)

Driver's Consent (Driver is not the policyholder): _____ Date: _____
 (Print Name) (Print Name)

Witnessed by Reporting Centre Personnel: _____

Sketch Plan

	
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Describe Circumstances of the Accident

Lined area for describing the accident circumstances.

Signature

Print Name and Title in every respect



Driver's Signature, Name and the policyholder's Date

Witness Signature and Name



my passengers requested to drop them off at Changi General Hospital for them to do a checkup.

There are dents and scratches to the rear of my vehicle.

This morning, I felt pain and decided to go to the clinic. I went to Family Healthcare Clinic & Surgery. I was given 2 days of MC dated from 24/11/2022 to 25/11/2022.

I have a camera installed in the vehicle however I am unsure if it is working. I am lodging this report for insurance purposes.

1)V2's driver particulars as follows;

-Lim Chee Kiong, S75097371, HP:96917196

2)V3's driver particulars as follows;

-Dy Norbert L, S2186861B, HP: 91450030

Signature Of Officer Recording The Report:
F / SGT 2 NURUL IZZAH BINTE
MOHAMED SALLEH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
24/11/2022 10:37

Officer In-Charge Of Case:
F / Hougang N.P.C /
SI HO YANG YIN, ALVIN
Contact No.: 64890999

Classification Of Case: