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 witholding 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

Reported by

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

17/07/2023 19:41 (SGT)

Actual Driver

14/07/2023 02:00 (SGT)

Singapore

BKE/WOODLANDS CENTRE RD

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJS3324C

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

Yes

ASSET LIMO

53309913K

JAMESLEECARS@HOTMAIL.COM

(Phone) +65-90218889

VEHICLE PARTICULARS

Manufacturer

Model

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?

Vehicle Category

Transmission CC

Toyota

Vios

No - Claiming third party

Private hire

Auto

1497

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Income Insurance Limited 5134435907-000033

DRIVER

Name of Driver

NRIC No Date Of Birth Occupation

PERUMAL NAIDU SURENDRA SEAN CLINTON

S0213924C 29/05/1954 Outdoor



Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number **Email Address** Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

22/07/1985 38 YEARS

Male

(Phone) +65-8374324

JAMESLEECARS@HOTMAIL.COM

BLK 538 SERANGOON NORTH AVENUE 4 #04-83

550538

No Hirer No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

Collision - Major/Minor Rd

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) 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 Gender MR GAN Male

PASSENGER 2

Name Gender

TADA PASSENGER

Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? Police Station Name Police Station Address Was notice of intended Prosecution given? If yes, against whom?

Yes

Serangoon North Neighbourhood Police Post Blk 108 Serangoon North Avenue 1 #01-709 Singapore 550108

No

CIRCUMSTANCES OF ACCIDENT

REFER SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SG6028U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	LIM KUI SING
Contact Number	-
Address	-
Address complement	w:
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	PERUMAL NAIDU SURENDRA SEAN CLINTON
Gender	-
Phone No	-
Address	*
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJS3324C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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5. Any false reporting may be referred to the Traffic Police Department for investigation.

- 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.
- 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 lirms, 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

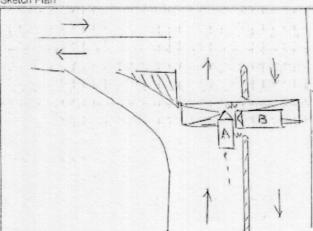
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policy de a Signature / Date & Time

Oriver's Signature (if driver is not the policyholder) / Date & Time

seed by Reporting Centre Personnel ne as in NRIG/ID card)

Sketch Plan



woodlands Centre Rd

A) 5JS 33240 B) SG GOZBY

ribe Circumstance of the Accident	
sever to Police Report 7	1/20230114/2103
Vehicle toward to EM	Muy Anto Coty.
TP CLATM: other wa	lemop.
	My,
Romark: 3rd party chaim at:-	EM SOLUTION PTE LTD 160 Sin Ming Drive #03-18/19 Sin Ming Autocity Singapore 575722 Tel: 6456 0226 Fax: 6458 4500 Email: emautosolution@singnet.com.sg
	JIM AU FO
Declaration I/We declare the foregoing particulars are true in every respect.	11/70 ** ** ** ** ** ** ** ** ** ** ** ** **
Policy Signature / Date & Time Driver's Signature (it driver is no & Time	of the policyholder) / Date Witnessed by Reporting Centre Personne (Name as in NRIGFD card)





1 of 3

Police Station Of Origin: Serangoon North NPP 108 Serangoon North Ave 1 #01-709 SINGAPORE 550108

Tel No: 1800-2849999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: Vide Report No.: Station Diary No.:

Report No. T/20230714/2103

14/07/2023 18:29 Informant's Particulars Name of Informant: Address: APT BLK 538 SERANGOON NORTH AVENUE 4 #04-83 PERUMAL NAIDU SURENDRA SEAN CLINTON SINGAPORE 550538 Contact No.: ID Type / ID No.: Mobile: 83743241 NRIC NO / S0213924C Home/Office: Nationality: Email: SINGAPORE CITIZEN Type of Informant: Sex: Age: Date of Birth: 29/05/1954 Male 69 Driver Race: Language: Indian Driving Licence Information: Occupation: Date of Expiry: PRIVATE HIRE DRIVER Class:

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/07/2023 02:00	Type of Location
Location: WOODLAND	S CENTRE ROAD			
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:		Night a		Anyone conveyed by ambulance:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SG6028U	Bus/Coach/Mi nibus				Seriously Damaged	0
SJS3324C	Car				Seriously Damaged	2

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20230714/2103

Police Station Of Origin: Serangoon North NPP 108 Serangoon North Ave 1 #01-709 SINGAPORE 550108 Tel No: 1800-2849999

2 of 3 Report No. T/20230714/2103

CONTINUATION OF REPORT

Driver						
Name	PERUMAL NAIDU S CLINTON	SURENDA	RA SEAN	ID No		S0213924C
Related Vehicle	SJS3324C (Car)			Conta	ct No.	83743241
Hospital/Clinic	NATIONAL HEALTH POLYCLINICS (HO		ROUP	Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	14/07/2023		Date D	ischarge	NIL	
No. of Days gran	ted Medical Leave	07	Degree	of Injury	Serio	us

Brief Details.

On 14/7/2023 at about 0200hrs, I was driving my car SJS3324C from BKE towards Woodlands Centre Road, towards the Woodlands train station to drop off two passengers. Whilst I was proceeding to the train station, there was a cross junction with the green light in my favour. As I drove forward, there was a SMRT bus which came from the slip road to my right, and collided with the right side of my car. The driver's details are as follows: Lim Kui Sing, S2081406C. I did not manage to take down his contact number.

I wish to state that there was no Traffic Police or ambulance at scene. Thereafter I was not feeling well, and went to see a doctor. I received 7 days of MC.



Police Station Of Origin: Serangoon North NPP 108 Serangoon North Ave 1 #01-709 SINGAPORE 550108 Tel No: 1800-2849999



3 of 3

Report No. T/20230714/2103

CONTINUATION OF REPORT

Signature of Officer Recording The Report: F / SGT 2 Zhuang Zhijie	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/07/2023 18:29
Officer In Charge Of Case: TP / AEIT / SR STAFF SGT LEE GUANG HUI Contact No.: 65476204	Classification Of Case:

NP168

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	Territore	
Owner ID Type:	Business	
Owner ID: Vehicle Details	913K	
Vehicle No.:	SJS3324C	
Vehicle to be Exported:	No	
Intended Deregistration Date:	18 Jul 2023	
Vehicle Make:	TOYOTA	
Vehicle Model:	VIOS E AUTO	
Primary Colour:	Black	
Manufacturing Year:	2009	
Engine No.:	1NZX947344	
Chassis No.:	MR053HY9305125206	
Maximum Power Output:	80.0 kW (107 bhp)	
Open Market Value:	\$12,717.00	
Original Registration Date:	12 Aug 2009	
First Registration Date:	12 Aug 2009	
Transfer Count:	2	
Actual ARF Paid: Intended PARF Rebate Details	\$12,717.00	
PARF Eligibility:	Forfeited	
PARF Eligibility Expiry Date:	-	
PARF Rebate Amount: Intended COE Rebate Details	\$0.00	
COE Expiry Date:	11 Aug 2029	
COE Category:	A - Car (1600cc & below)	
COE Period(Years):	10	
PQP Paid:	\$29,328.00	
COE Rebate Amount:	\$17,786.00	
Total Rebate Amount:	\$17,786.00	

The information contained herein is correct as at 17 Jul 2023



Toyota: Vios NPC93 4-Wheel Total Alignment

Front: Left

Actual	Before	Specified Range
-1°12'	-1°12'	-0°53' 0°37'
2°36'	2°36'	3°59' 5°29'
-0°05'	-0°05'	-0°02' 0°11'
12°46'	12°46'	
11°34'	11°34'	

Camber
Caster
Toe
SAI
Included Angle
Turning Angle Diff.

Actual	Before	Specified Rang
-2°40'	-2°40'	-0°53' 0°37'
2°50'	2°50'	3°59' 5°29'
-0°26'	-0°26'	-0°02' 0°11'
14°30'	14°30'	
11°50'	11°50'	

Front

Cross Camber Cross Caster Cross SAI Total Toe Cross Turn Diff.

Actual	Before	Specified Range
1°28'	1°28'	-0°30' 0°30'
-0°14'	-0°14'	-0°30' 0°30'
-1°44'	-1°44'	
-0°31'	-0°31'	-0°04' 0°22'

Rear: Left

Actual	Before	Specified Range
-2°06'	-2°06'	-1°41' -0°11'
0°05'	0°05'	-0°02' 0°19'

Camber

Actual	Before	Specified Range	
-1°25'	-1°25°	-1°41' -0°11'	
0.09.	0°09'	-0°02' 0°19'	

Rear: Right

Rear

Cross Camber Total Toe Thrust Angle

Actual	Before	Specified Range
-0°41'	-0°41'	-0°30' 0°30'
0°14'	0°15'	-0°03' 0°37'
-0°02'	-0°02'	