

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 First Submission	30/07/2024 14:15 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	30/07/2024 08:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 114 BUKIT PURMEI ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBT9988L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM BOEY TEE
NRIC No	SXXXX712Z
Email Address	SOONLILY@YAHOO.COM
Mobile Phone No	(Phone) +65-96323126
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C200
Variant	C 200 KOMPRESSOR
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 car
Transmission	Auto
CC	1796
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

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

DRIVER

Name of Driver	LIM BOEY TEE
NRIC No	SXXXX712Z
Date Of Birth	09/12/1947
Occupation	Indoor
Driving Pass Date	05/02/1969
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	55 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96323126
Alt. Phone Number	-
Email Address	SOONLILY@YAHOO.COM
Address	BLK 114 BUKIT PURMEI ROAD
Address complement	#08-255
Postcode	090114
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	Hit and run / Vandalism / Damaged whilst parked
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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	Bukit Merah East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002369999
Alt. Police Station Phone No	(Fax) +65-62204360
Police Station Address	391 New Bridge Road Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE SKETCH PLAN

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	YQ6528U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-65133090
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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 :

processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to a claims;

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

(ii) 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.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A) SBT 9988 L

B) YQ 6529 U

Describe Circumstances of the Accident •

AS PER POLICE REPORT
T/20240730/2032.

COPY OF WITNESS STATEMENT.

Declaration

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





**SINGAPORE
POLICE FORCE**



T/20240730/2032

Police Station Of Origin:
Bukit Merah East N.P.C
391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

1 of 3

Report No. T/20240730/2032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/07/2024 11:55		Vide Report No.:		Station Diary No.: 42
Informants Particulars				
Name of Informant: LIM BOEY TEE		Address: 114 BUKIT PURMEI ROAD #08-255 SINGAPORE 090114		
ID Type / ID No.: NRIC NO / S0105712Z		Contact No.: Home/Office: Mobile: 96323126		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 76	Date of Birth: 09/12/1947	Type of Informant: Vehicle Owner	
Race: Chinese		Language: Chinese		
Occupation: Renovation Contractor		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 30/07/2024 08:15	Type of Location: Carpark
Location: BUKIT PURMEI ROAD				
Weather: unsure		Road Surface: unsure		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SBT9988L	Motor car	MERCEDES BENZ	C200	Black	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20240730/2032

Police Station Of Origin:
Bukit Merah East N.P.C
391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

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Report No. T/20240730/2032

CONTINUATION OF REPORT**Brief Details.**

On the 30/07/2024 sometime around 0900hrs, I was heading to my vehicle (SBT9988L, black colored Mercedes Black) which was parked at the carpark next to Blk 114 Bt Purmei rd. when I saw that it has been damaged.

I discovered that the driver's front side of the car had been collided onto as it is dented and my front car plate also felled out. My front of my car was also shifted to its left side. There is a paper left on my windshield stating "I have witness, YQ6529U lorry under suresh kumar company bang your car at about 815am on 30/07/24"

I last used my car on the 29/07/2024 sometime around 1800hrs and parked it at the exact location and it was intact.

As there was no contact details left by the person who damaged my vehicle, I am making a police report.



**SINGAPORE
POLICE FORCE**



T/20240730/2032

Police Station Of Origin:
Bukit Merah East N.P.C
391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

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Report No. T/20240730/2032

CONTINUATION OF REPORT

Signature of Officer Recording The
A/
SGT 3 COLIN LIM HAO RONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SR STAFF SGT SUFIYAN BIN KHAIRI
Contact No.: 65476148

NP168

Signature Of Informant:

Date/Time:
30/07/2024 11:55

Classification Of Case:

- I have witness
YQ 6529 U lorry
(65133090).
under suresh kumar company
bring your car at about
815am on 30/7/24.

- _____



















GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SM13247U000B Vehicle Registration No: SBT9988L
 Name(as shown in NRIC): Lim Boey Tee
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 NRIC/Passport No: S0105712Z
 Address: BLK 114 BUKIT PURMEI ROAD # 08-255 S(090114)
 Contact (Tel): _____ (H/P): 96323126
 (Email): _____
 Date of Accident: 30/7/14 Time of Accident: 08.15am
 Place of Accident: BLK 114 BUKIT PURMEI ROAD
 Insurance Company: Income Insurance Limited

(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:

Telephone no for third party is 65133090
 Third party lorry no shld be YQ6528U.

Signature of Vehicle Owner / Driver
 Date: _____

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030
 Operating Hours : Monday to Friday 9am to 5pm