

# 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 ..... 17/09/2024 16:11 (SGT)  
Reported by ..... Actual Driver  
Date of Accident ..... 16/09/2024 14:00 (SGT)  
Exact Location of Accident ..... Eu Tong Sen St, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SFW59P

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LIM MARIE  
NRIC No ..... S7418659I  
Email Address ..... LIMSITT.MARIE@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-98290800  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... MERCEDES BENZ / GLC300 AMG LINE M-HYBRID AUTO  
Variant ..... -  
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 ..... 1991  
Vehicle Fuel ..... -  
First Registration Date ..... -  
Chassis no ..... WDC2539842F742181  
Effective Date/Time of Ownership ..... -

### INSURANCE COMPANY

Name of Insurance Company ..... Allianz Insurance Singapore Pte. Ltd.  
Policy Number / Cover Note Number ..... SP2009238730-01

### DRIVER

Name of Driver .....	TAY ROGER
NRIC No .....	S7406658E
Date Of Birth .....	03/03/1974
Occupation .....	Outdoor
Driving Pass Date .....	21/08/2008
Driving License Pass Class .....	3A
Driving License Validity .....	Valid
Driving experience .....	16 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-97471118
Alt. Phone Number .....	-
Email Address .....	KENZOBOYLONDON@HOTMAIL.COM
Address .....	BLK 323A SUMANG WALK 19-953 SINGAPORE 821323
Address complement .....	-
Postcode .....	821323
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Friend
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 .....	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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
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 .....	LIM MARIE
Gender .....	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Central Division Headquarters
Police Station Phone No .....	(Phone) +65-18002240000
Alt. Police Station Phone No .....	(Fax) +65-62200877
Police Station Address .....	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT A/20240917/7015.

ATTACHMENT(S)

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

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... YP220B  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Goods vehicle  
Name of Driver ..... -  
Contact Number ..... -  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person ..... TAY ROGER  
Gender ..... -  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... -  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... -

#### INJURED 2

Name of injured person ..... LIM MARIE  
Gender ..... -  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... -  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... -

Describe Circumstance of the Accident

REFER TO POLICE REPORT A/2024 0917/7015

Declaration  
We declare the foregoing particulars are true in every respect.

\_\_\_\_\_  
Policyholder's Signature / Date & Time

\_\_\_\_\_  
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel (Name as in NIBCO/D card)

1 Jun 2022 2

**IMPORTANT NOTICE**

**SKETCH PLAN**

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 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:

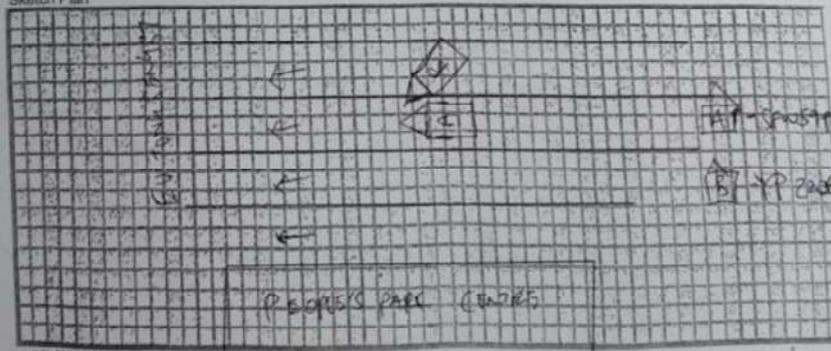
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [Form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

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

Sketch Plan



1 JUN 2022



**SINGAPORE  
POLICE FORCE**



A/20240917/7015

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20240917/7015

Subjects Involved			
<b>Victim</b>			
Person Name	TAY ROGER		
ID Type	NRIC NO	ID No	S7406658E
Gender	Male	Age	50
Race	Chinese	Language	English
Occupation	Food and beverage operations manager	Address	323A SUMANG WALK #19-953 SINGAPORE 821323
Mobile No	97471118	Is Informant A Victim?	Yes
Person Name	LIM MARIE		
ID Type	NRIC NO	ID No	S7418659I
Gender	Female	Age	50
Race	Chinese	Language	English
Occupation	Food and beverage operations manager	Address	323A Sumang Walk #19-953 SINGAPORE 821323
Mobile No	98290800	Relation To Informant	GF
Person Name	TAY ROGER (Informant)		

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:  
The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:  
17/09/2024 11:56

Classification Of Case:



**SINGAPORE  
POLICE FORCE**



A/20240917/7015

1 of 2

**POLICE REPORT (NP299)**

Report No. A/20240917/7015

Police Station Of Origin  
Central Division HQ  
391 New Bridge Road #03-112 Police  
Cantonment Complex SINGAPORE 088762  
Tel No:1800-2240000

Date/Time Report Made 17/09/2024 11:56	Vide Report No.	Station Diary No.
Name Of Informant TAY ROGER	Address 323A SUMANG WALK #19-953 SINGAPORE 821323	
ID Type / ID No. NRIC NO / S7406658E	Contact No. Home/Office:	Mobile: 97471118
Nationality SINGAPORE CITIZEN	Email Address KENZOBOYLONDON@HOTMAIL.COM	
Occupation Food and beverage operations manager	Sex Male	Age 50
Institution/School Name	Date of Birth 03/03/1974	Race Chinese
Date/Time Of Incident 16/09/2024 14:00 - 17/09/2024 11:50	Language English	
	Location Of Incident 101 UPPER CROSS STREET PEOPLES PARK CENTRE SINGAPORE 058357	

**Brief details.**

On 16th September 2024 around 2pm, i was driving my gf car SFW59P with my gf sitting by my side along Eu Tong Seng Street outside People's Park Centre. Suddenly a big lorry YP220B decided to cut into my lane. I horn to warn the lorry but it still drive and hit the front right of my car. We felt discomfort and went to visit a clinic and was given some medication and 7 days MC each.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/09/2024 11:56
Officer In-Charge Of Case:	Classification Of Case: