

## 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 .....	25/09/2024 15:28 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	03/08/2024 16:10 (SGT)
Exact Location of Accident .....	Marina Gardens Dr, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	PC9779Y
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	THE ULTIMATE LIMOUSINE SERVICE
Company Reg No .....	53472562K
Email Address .....	adelinelimo@gmail.com
Mobile Phone No .....	(Phone) +65-90682882
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	Viano
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Bus
Transmission .....	Auto
CC .....	2143
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 .....	5138848580

#### DRIVER

Name of Driver .....	ADELINE SIM
NRIC No .....	S1798043B
Date Of Birth .....	19/06/1967
Occupation .....	Outdoor
Driving Pass Date .....	22/06/1990
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	34 YEARS AND 2 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-90682882
Alt. Phone Number .....	-
Email Address .....	ADELINELIMO@GMAIL.COM
Address .....	BLK 11 TOH TUCK WALK
Address complement .....	-
Postcode .....	596591
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	OWNER
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) .....	1
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 .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ACCIDENT STATEMENT AS ATTACHED.

#### 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 .....	QX2714H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Government
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) .....	-

## WITNESS DETAILS

### WITNESS 1

Name .....	GARDEN BY THE BAY SECURITY
Phone .....	(Phone) +65-86015524
Email .....	-

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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/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 & Time

*[Signature]*

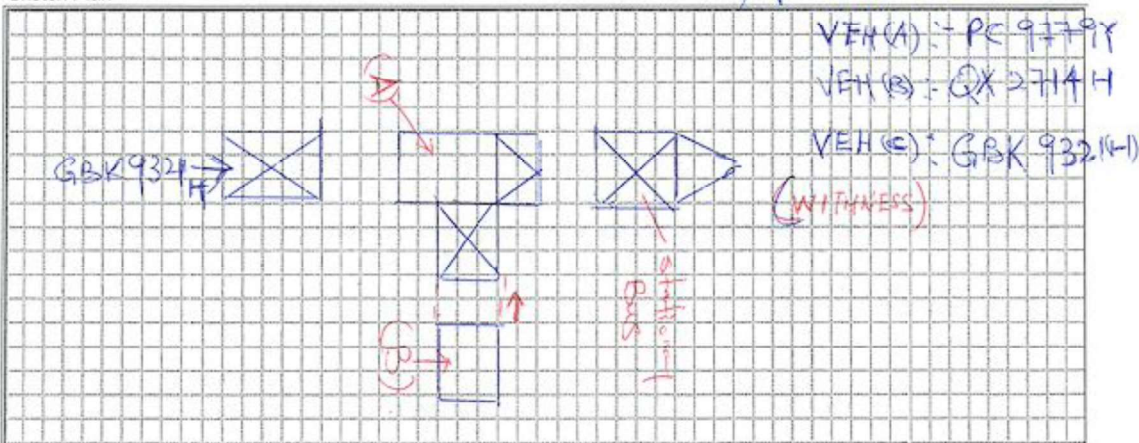
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

*[Signature]*

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

*Joelle Tan AMK Autopoint P/L*

**Sketch Plan**



vJun2022

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Describe Circumstance of the Accident

Refer to Police Report.

T/20240804/7034

T/20240925/7050

Declaration

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



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]*

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

Joelle Tan  
AME Autopoint P/L

vJun2022

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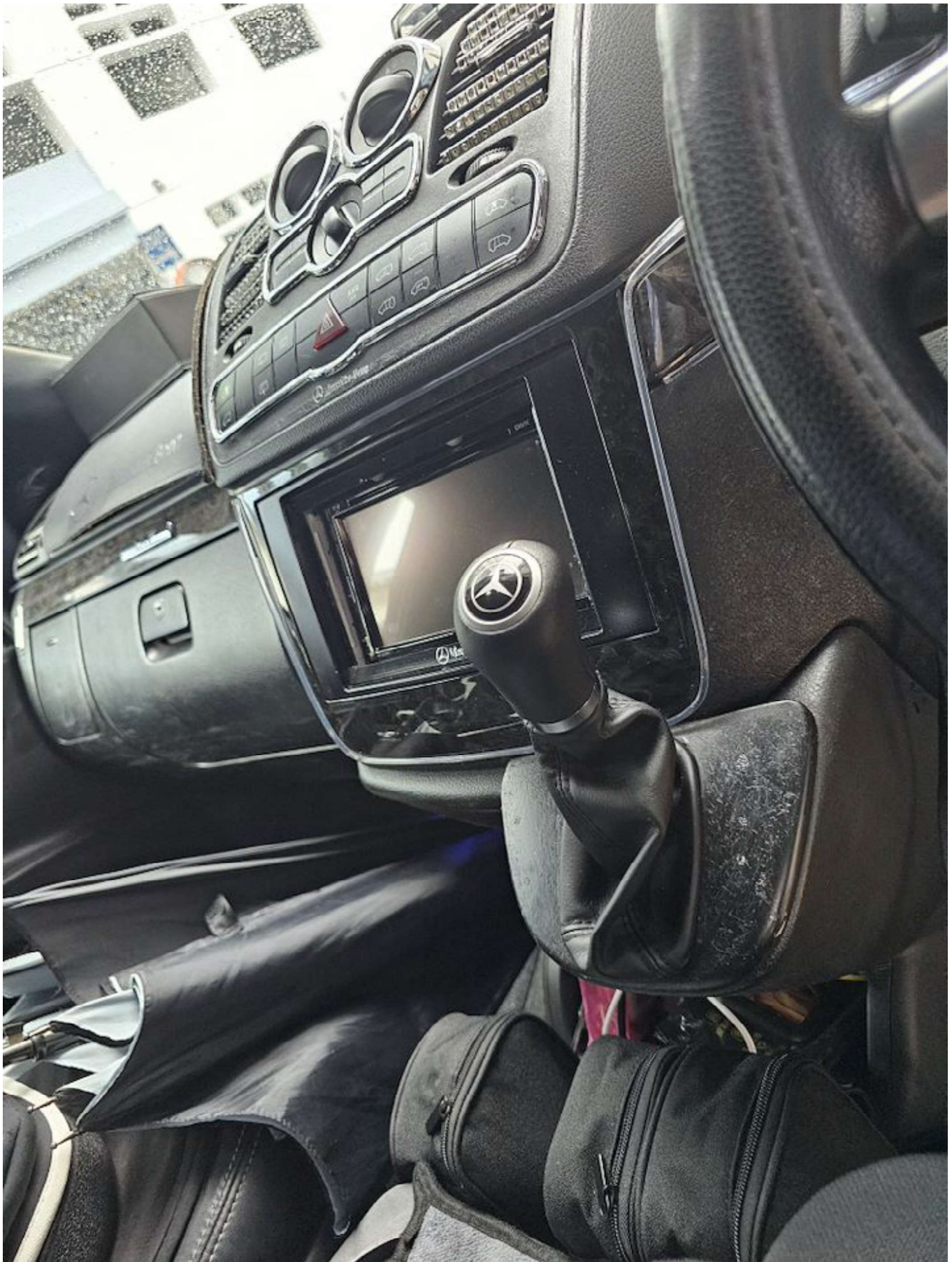














**SINGAPORE  
POLICE FORCE**



T/20240804/7034

1 of 3

Report No. T/20240804/7034

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/08/2024 15:14		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: Adeline Sim			Address: 11 Toh tuck walk 11 Landed SINGAPORE 596591		
ID Type / ID No.: NRIC NO / S1798043B			Contact No.: Home/Office: Mobile: 90682882		
Nationality: SINGAPORE CITIZEN			Email: adelinelimo@gmail.com		
Sex: Female	Age: 57	Date of Birth: 19/06/1967	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Private-hire car driver			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 03/08/2024 16:10	Type of Location: Straight Road
Location:  MARINA GARDENS DRIVE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Controlled by Others e.g. Workmen		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC9779Y	Motor car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20240804/7034

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20240804/7034

CONTINUATION OF REPORT

Driver			
Name	ADELINE SIM	ID No.	S1798043B
Related Vehicle	PC9779Y (Motor car)	Contact No.	90682882
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 (MC)	NIL	Degree of Injury	NIL

**Brief Details.**

On 3/8/24 at 1610hrs, when I was at a Q behind a bus, we will all queuing to drive out from coach bay of garden by the bay, I saw a policewoman n a police man walking from the exit which I was queuing to go out of coach bay, due to heavy traffic, my car was station as I was as on a Q. The 2 police officer get into ther car QX2714H and start reversing in less than a few mins, without checking and hit on my driver side center side door, there's many buses press their horn to alert the police car, but of no help, his car keep reversing, so a man from this car number GBK9321H rush down from his car n beat QX car then he stop but QX2714H already hit on my PC9779Y vehicle, I did wind down my window to beat the car as it hit my car already. QX vehicle keep reversing without stopping. The policeman driver came down so the driver from GBK9321H told QX driver, so many people horn n u never hear keep reversing. U hit PC9779Y, he claims that he saw the whole accident happening. A while later, another traffic police came n Take report.





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20240804/7034

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Report No. T/20240804/7034

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / DDGVT /  
MUHAMMAD ISMAIL BIN AMZAH  
Contact No.: 65476232

NP168

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

Date/Time:  
04/08/2024 15:14

Classification Of Case:


**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20240925/7050

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Report No. T/20240925/7050

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/09/2024 14:18		Vide Report No.: T/20240804/7034		Station Diary No.:
<b>Informant's Particulars</b>				
Name of Informant: ADELINE SIM		Address: 11 TOH TUCK WALK SINGAPORE 596591		
ID Type / ID No.: NRIC NO / S1798043B		Contact No.: Home/Office:		Mobile: 90682882
Nationality: SINGAPORE CITIZEN		Email: ADELINELIMO@GMAIL.COM		
Sex: Female	Age: 57	Date of Birth: 19/06/1967	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: Bus driver		Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 03/08/2024 16:10	Type of Location: Car Park
Location:  MARINA GARDENS DRIVE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Policeman Controlled		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC9779Y	Motor van					0
QX2714H	Police car			White	Slightly Damaged	2

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20240925/7050

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Report No. T/20240925/7050

## CONTINUATION OF REPORT

Driver			
Name	ADELINE SIM	ID No.	S1798043B
Related Vehicle	PC9779Y (Motor van)	Contact No.	90682882
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 (MC)	NIL	Degree of Injury	NIL

**Brief Details.**

Refer to police report no. T/20240804/7034, add on information of other party vehicle which was involved in this accident. Vehicle number QX2714H, The witness driving this vehicle GBK9321H, mobile number 86015524 saw the accident and he came down to beat the police car to make him realise he hit my car PC9779Y.

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20240925/7050

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Report No. T/20240925/7050

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / DDGVT /  
MUHAMMAD ISMAIL BIN AMZAH  
Contact No.: 65476204

NP168

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

Date/Time:  
25/09/2024 14:18

Classification Of Case: