

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	24/06/2024 16:02 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	22/06/2024 10:25 (SGT)
Exact Location of Accident	Scotts Rd, Singapore
Additional Location Information	ALONG SCOTTS RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG8594X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM DELUN KENNETH
NRIC No	SXXXX993C
Email Address	KENNETH.LIM.DL@GMAIL.COM
Mobile Phone No	(Phone) +65-86793413
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	1600

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	23-MZC03766-R00

DRIVER

Name of Driver	LIM DELUN KENNETH
NRIC No	SXXXX993C
Date Of Birth	29/03/1983
Occupation	Indoor

Driving Pass Date	23/10/2010
Driving experience	13 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86793413
Alt. Phone Number	-
Email Address	KENNETH.LIM.DL@GMAIL.COM
Address	219 SERANGOON AVE 4
Address complement	05-206
Postcode	550219
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	Collision - Major/Minor Rd
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	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT 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	SKV5843E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
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)	-

SKETCH PLAN

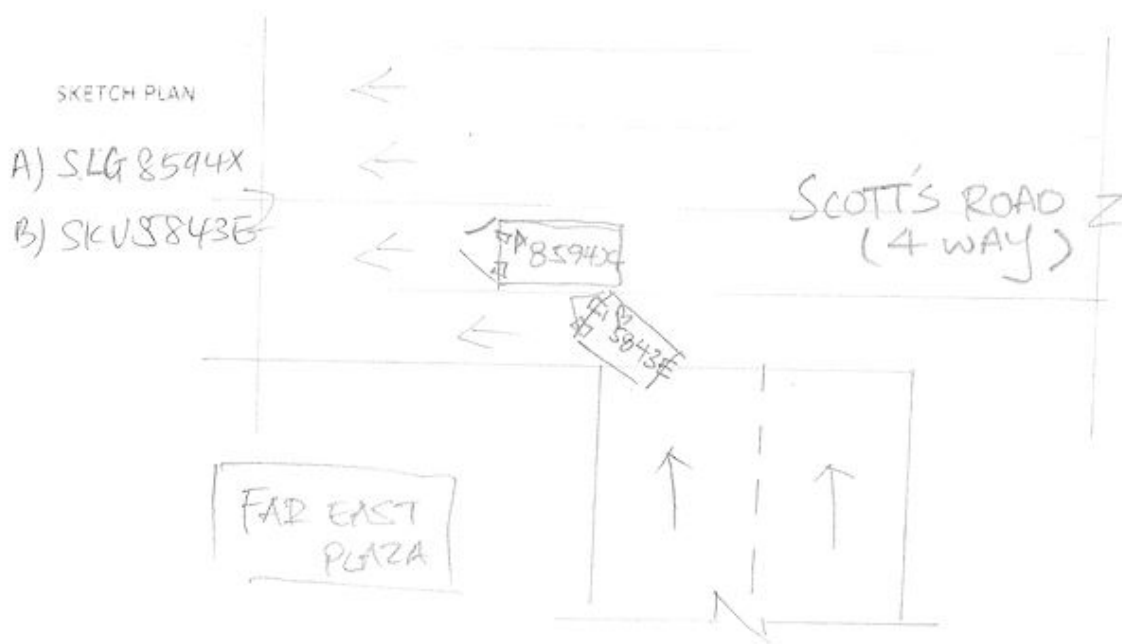
IMPORTANT NOTICE

1. The insured must correctly fill in the details of the accident (including location, time, etc.)
2. The report must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may be considered an attempt to repudiate policy liability.
4. The Policyholder acknowledges that the Report is intended to be used as a material evidence of the accident as well as a record of the insured's activities.
5. Any false reporting may be referred to the Police for investigation.
6. The 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 lodgment 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.
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature: _____
Date & Time: _____

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

Reporting Centre Personnel's Signature: _____
Name: 24/06/24
NR, D/F, N/A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report attached.

* Kindly take note that you have 14 days to revert to Own Insurance Claim (own damage).

DECLARATION

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

Police Officer's Signature, Date & Time

Driver's Signature
Name and date of birth (DD/MM/YYYY)

Reporting Police Personnel's Signature
Name













**SINGAPORE
POLICE FORCE**

E/20240622/7035

1 of 3

POLICE REPORT (NP299)

Report No. E/20240622/7035

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 22/06/2024 21:20		Vide Report No.		Station Diary No.	
Name Of Informant LIM DELUN, KENNETH		Address 219 SERANGOON AVENUE 4 #05-206 SINGAPORE 550219			
ID Type / ID No. NRIC NO / S8309993C		Contact No. Home/Office: Mobile: 86793413			
Nationality SINGAPORE CITIZEN		Email Address KENNETH.LIM.DL@GMAIL.COM			
Occupation Sales manager		Sex Male	Age 41	Date of Birth 29/03/1983	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 22/06/2024 10:25 - 22/06/2024 10:30		Location Of Incident 14 SCOTTS ROAD FAR EAST PLAZA SINGAPORE 228213			

Brief details.

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: 22/06/2024 21:20
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



E/20240622/7035

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20240622/7035

Vehicle collision, while I was turning out from far east plaza to Scott's road, I was hit by a black BMW sedan, SKV5843E.

My vehicle, a grey Honda, SJG8594X, was on the right lane, of a two lane, one way, turning out driveway.

While I was, on the 1st lane of the driveway (right side). I drove out, turning left to the third lane, of a four lane road.

While turning out and already entered the lane, I heard and felt a collision occurred on my back left wheel. Knowing it was an accident, I drove slowly to the edge of the bus stop to check on the car. The BMW driver also stopped at the side. To check on his car. As I was trying to converse with the driver to get his particulars, he immediately said it was my fault for turning into to the 4th lane. Which is not true. I was still at the 3rd lane while the accident occurred. I told him that I am going to make a police report, and he immediately took off without exchanging details. I also notice that he was in a rush to get away from the accident site and I immediately notice the grab sticker on the car as he was driving off.

No money was exchanged. No other by-standers was injured.

No particulars was taken. Only car plate number was recorded.

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: 22/06/2024 21:20
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



E/20240622/7035

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20240622/7035

Subjects Involved			
Suspect			
Person Name	Unknown		
Complexion	Dark tan	Build	Plump
Height About	165cm	Attire Last Worn	A car jersey tee shirt
Hair Colour	Black	Hair Style	Short-Straight
Habits & Oddities	Nil		
Victim			
Person Name	LIM DELUN, KENNETH		
ID Type	NRIC NO	ID No	S8309993C
Gender	Male	Age	41
Race	Chinese	Language	English
Occupation	Sales manager	Address	219 SERANGOON AVENUE 4 #05-206 SINGAPORE 550219
Mobile No	86793413	Is Informant A Victim?	Yes
Person Name	LIM DELUN, KENNETH (Informant)		

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: 22/06/2024 21:20
Officer In-Charge Of Case:	Classification Of Case:



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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SFOE24600000C Vehicle Registration No: SLG 8594X
 Name (as shown in NRIC): _____ NRIC/FIN/Passport No: _____
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 22/06/24 Time of Accident: 1025hr.
 Place of Accident: _____
 Insurance Company: Tokio

(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:

- ① The insured vehicle No. should be SLG 8594X instead of SLG 8594X
- ② To resubmit sketch plan.

Policyholder / Actual Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: