

GLC 250

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	12/12/2024 15:47 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/12/2024 11:10 (SGT)
Exact Location of Accident	331 Clementi Ave 2, Singapore
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU7722K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM LIP HUAT
NRIC No	S7832047H
Email Address	DARREN804@HOTMAIL.COM
Mobile Phone No	(Phone) +65-93392232
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Glc250
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	2000
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00121172401

DRIVER

Name of Driver	LIM LIP HUAT
NRIC No	S7832047H
Date Of Birth	23/10/1978
Occupation	Outdoor
Driving Pass Date	04/04/2017
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	7 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93392232
Alt. Phone Number	-
Email Address	DARREN804@HOTMAIL.COM
Address	326 CLEMENTI AVE 5 #07-159
Address complement	-
Postcode	120326
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	Chain Collision
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 11/12/24 AT ABOUT 1450, WHEN I MADE MY WAY TO COLLECT MY VEHICLE SGU722K AT BLK 331, CLEMENTI AVE 2 OPEN CARPARK, I SAW A NOTE ON MY WINDSCREEN STATING MY VEHICLE WAS COLLIDED BY SJA6649R DUE TO THE COLLISION BY THE RUBBISH TRUCK XE6115C. THE FRONT RIGHT-HAND PORTION OF MY VEHICLE WAS DAMAGED DUE TO THE ACCIDENT

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	SJA6649R
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	XE6115C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial 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)	-

SKETCH PLAN

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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 a/crossed.

3. 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/small 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.

[Signature]

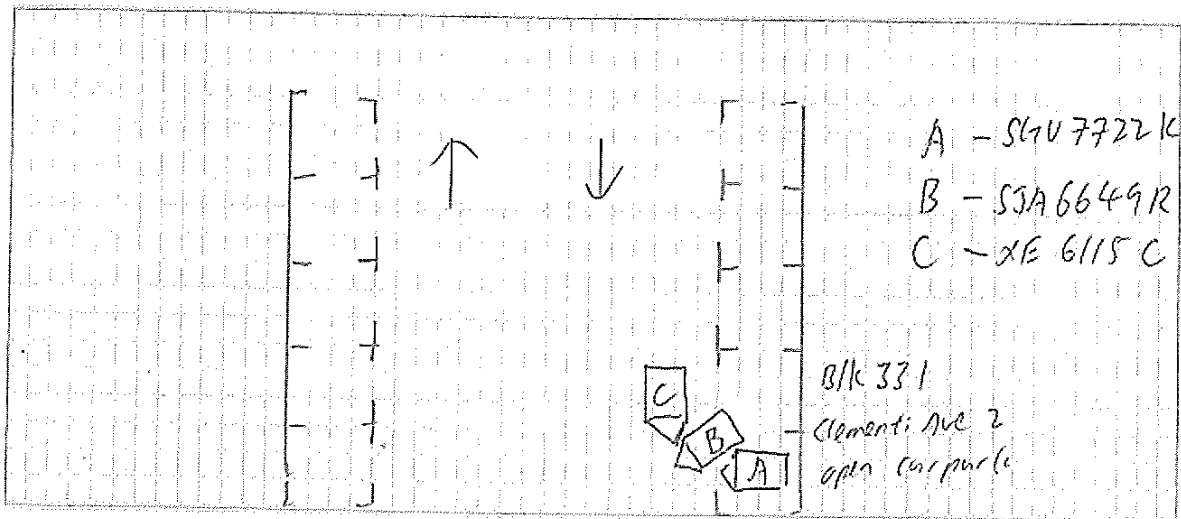
Policyholder's Signature / Date & Time

[Signature]

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

Witnessed by Reporting Crime Personnel
(Mark as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

On 11-12-2024, at about 1450, when I made my way to collect my vehicle SGU 7722K at B/C 331, Clement Ave 2 open carpark, I saw a note on my windscreen stating my vehicle was collided by SJA6649R due to the collision by the rubbish truck XE6115C. The front right hand portion of my vehicle was damaged due to the accident.

Declaration

We declare the foregoing particulars are true in every respect.

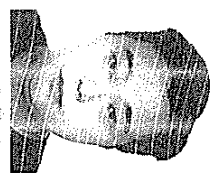



Policyholder's Signature / Date & Time




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


Witnessed by Reporting Centre Personnel
(Please as in NRIC/D card)


 License Number: **S7832047H**
 Name: **LEE LIP HUAT (LI LIFA)**
 Birth Date: **23 Oct 1978**
 Issue Date: **04 Apr 2017**


 P026722534

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S7832047H**


 Name: **LEE LIP HUAT (LI LIFA)**
 Race: **李立发**
 CHINESE
 Date of birth: **23-10-1978** Sex: **M**
 Country of birth: **SINGAPORE**




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JUVENILE LICENSE TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES:
 EFFECTIVE DATE: **04 Apr 2017**
 Class 3A Motor cars without clutch pedals (Auto) with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight <= 2500kg

NP 428A

Licence No: **S7832047H**



NRIC No: **S7832047H**


 Date of Issue: **02-01-2009**

APT BLK 326 CLEMENTI AVENUE 5 #07-159
SINGAPORE 120326
 NRIC No: **S7832047H** Date: **09/12/2016**

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LETTER OF AUTHORIZATION

Accident involving my vehicle _____ & _____ on _____ at
along _____

I/We, _____, owner of vehicle no. _____ hereby
authorize Elite Auto Restoration Pte Ltd to proceed with the repair for my vehicle
_____ which was damaged in the above accident.

I/We further authorize Elite Auto Restoration Pte Ltd to claim against the driver and/or the
owner of the other vehicle(s) involved in the said accident for the repair cost and the loss of
use/rental, and etc of my vehicle on my behalf and for the own benefit.

You are further authorized to appoint your solicitor and give instruction in my name for the
purpose of seeking recovery of the said cost of repairs and the loss of use/rental, and etc.

I further authorize you and/or your representative(s) to sign all and any documents including but not
limited to Release Forms and Discharge Vouchers, so as to effect settlement of the repair costs, loss
of use/rental and etc, as well as legal fee and all disbursements related thereof.

I hereby undertake to co-operate with you and render you all the assistance (including the
re-inspection of my vehicle an being a witness at trial) that may be necessary for you to recover
the cost of repairs and the loss of use of my vehicle against any party.

Owner Signature / Company Stamp / Date

Name : _____
NRIC : _____
HP Tel : _____
Address : _____



WARRANT TO ACT

In the matter of an accident involving motor vehicles _____

I/We, _____ (NRIC) _____
of _____
am/are the registered owner of vehicle no. _____ at the material time of
accident.

I/We hereby authorize Elite Auto Restoration Pte Ltd to proceed with the repairs to the damages
caused to my/our vehicle in the above accident in accordance with the recommendations and
advice of the licensed motor adjuster appointed by the insurers or by us on my/our behalf.

I/We further authorize you to appoint solicitors to demand, claim and if necessary, to use my/our
name to commence legal proceedings for the above purpose.

I/We further agreed to fully co-operate and to undertake without hesitation and reservation all
assistance that you or my/our solicitors may require from me/us for the purpose of making the claim,
including attending all meetings and court hearings in connection with my/our claim.

I/We hereby declare that I/we will always remain and be liable to you for the cost of repairs to my/our
said vehicle and other incidental expenses. In the event that my/our claims are unsuccessful or
partially successful or are dismissed due to any wilful misrepresentation or withholding of material
facts as well as failure to execute the discharge vouchers on request, I/we hereby undertake to
reimburse you the full repair costs or any portion of the same that cannot be recovered including
loss of use, surveyor fees, legal fee and disbursements if necessary.

I/We irrevocably authorise Elite Auto Restoration Pte Ltd of the repairers to sign all
discharge voucher/ indemnity forms and all necessary documents in connection with and
arising out of the above claim.

Owner Signature / Company Stamp / Date