

## 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	17/07/2024 17:56 (SGT)
Reported by	Actual Driver
Date of Accident	16/07/2024 19:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER EAST COAST ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD1994A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM YEW HUEY ALVIN (LIN YAOHUI ALVIN)
NRIC No	S7408188F
Email Address	LINZHONGWEI1946@GMAIL.COM
Mobile Phone No	(Phone) +65-96320086
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	BENZ E250
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	0

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5129375734-01

### DRIVER

Name of Driver	LIM TIONG WEE
NRIC No	S0044332H
Date Of Birth	13/09/1946
Occupation	Indoor

Driving Pass Date	30/06/1971
Driving experience	53 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96320086
Alt. Phone Number	-
Email Address	CKMY7380@YAHOO.COM.SG
Address	122R JALAN PARI BURONG
Address complement	-
Postcode	488799
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	Side Swipe
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	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACHED

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO WITH OWNER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMJ8816D
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

## SKETCH PLAN

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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:

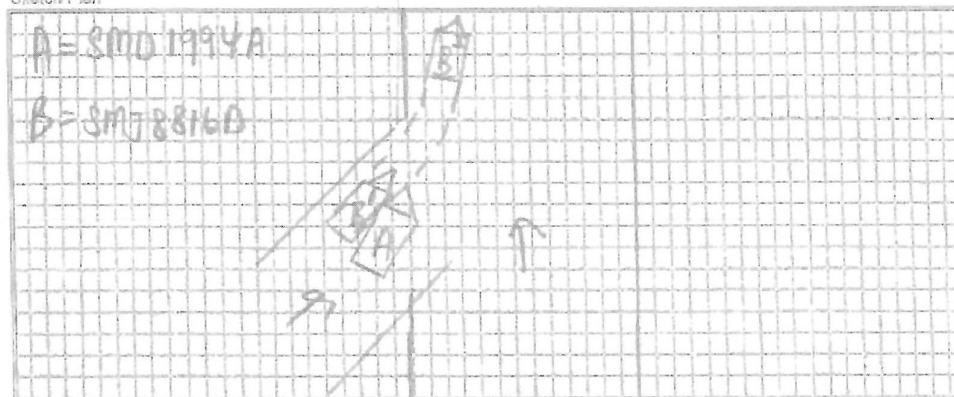
  - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

Sketch Plan



Describe Circumstance of the Accident

Refer to the police report no: T/20240717/2052.

Declaration

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

*Xinthee Lee*

LENG

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)

POLICE REPORT

180247H0005

**SINGAPORE POLICE FORCE**

Police Station Of Origin:  
 Section N.P.C.  
 39 Beech Road SINGAPORE 469676  
 Tel No: 1600-3440000

Stationery No. 180247H0005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/07/2024 13:54

Vide Report No.: No

**Accident's Particulars**


Name of Informant: LAM TUNG WEE  
 Address: 122H JALAN PARI BURONG SINGAPORE 467199  
 Contact No.: Mobile: 96300088  
 ID Type: ID No.  
 NRIC NO: S6234732H  
 Email:  
 Nationality: SINGAPORE CITIZEN  
 Sex: Male  
 Age: 77  
 Date of Birth: 15/05/1945  
 Type of Informant: Driver  
 Language: English  
 Driving Licence Information: Class: 2B, 2A, 2, 3  
 Date of Expiry:  
 Occupation: RETIREE

**General Information of the Accident**

Type of Accident: Run-In/Hit and Run  
 Date/Time of Accident: 18/07/2024 18:00  
 Type of Location:  
 Location: UPPER EAST COAST ROAD  
 Road Surface: Dry  
 Traffic Control:  
 Traffic Volume:  
 Weather: Clear  
 Traffic Flow:  
 Type of Collision: Between Moving Vehicles - Head On S/A  
 Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Colour	Condition	Year of Production
SMD19A1A	Motor car					0
SMU8E16D	Motor car					0




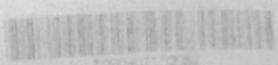

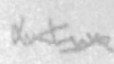
**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bedok N.P.C.  
30 Bedok North Road SINGAPORE 460278  
Tel No: 1800-2449999

Barcode No: 120047110111

CONTINUATION OF REPORT

**Brief Details.**  
On the 16/07/2024 at 7pm, I was driving my car (SM01994A, grey color, Mercedes E250) along Bedok South ave 1 towards Bedok South Road. While I had just passed the intersection of Bedok South ave 1/Upper East Coast Road, a car (SMJ8816D) sped past me on my left side and swerved into my path without warning and hitting the left front side of my car and headed speedily to the traffic light junction on the right of Bedok South and disappeared. I was shocked as his driving was dangerous and he made no attempt to exchange particulars with me.

 <b>SINGAPORE POLICE FORCE</b>		 100043712982	
Police Station Of Origin: Bedok N.P.C. 35 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999		Report No: 100043712982	
CONTINUATION OF REPORT			
Signature of Officer Recording The S. MOHAMMED FADEL BIN MOHAMMED SYLIS 		Signature Of Informant: 	
Signature Of Interpreter: Not applicable		Date/Time: 17/07/2024 15:54	
Officer in Charge Of Case: TP / HRT SR STAFF SGT NEO ZHI YUAN Contact No: 65476073		Classification Of Case:	
NP163			