

## 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 Authorised 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 ability.
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 Report	18/09/2018 10:04
Date Of Accident	06/03/2018 13:45
Exact Location Of Accident	OPEN CARPARK BESIDE BUDDHA TOOTH RELIC TEMPLE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH5070D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM JIE MIN JASMINE
NRIC No	S8911815H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93224244
Alternative Phone No	OTHERS-93394244

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA090749/1
Cover Note Number	

### Driver

Name of Driver	SIM KIAM HEE, LESLIE
NRIC No	S9032812C
Date Of Birth	12/09/1990
Occupation	INDOOR
Date Of Driving Pass	07/03/2014
Driving Experience	3 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93394244
Fax Number	
Contact Number	
Email Address	LESLIESIM@LIVE.COM

Address	BLK 67 BEDOK SOUTH AVENUE 3 #08-502 SINGAPORE
Postcode	460067
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 2 JURONG WEST AVENUE 5 , <b>POSTCODE:</b> 649482 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7929999 - <b>FAX NO:</b> 67912972
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

VEHICLE ALREADY SCRAP REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5633E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN

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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:

18/9/18  
10am

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

perwen

## Sketch Plan #2

### SKETCH PLAN

**Vehicle**  
A - 3JH 5070D  
B - 84C 5633 E

**Legend**

Vehicle

b

Motorcycle

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report.

There is no passenger in car.

No major impact in this accident with only scratches on rear bumper.

### DECLARATION

I/We declare the foregoing particulars are true in every respect.  
Please be advised that your insurer may have a fourteen (14) day clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

Policyholder's Signature  
Date & Time:

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

18/9/18  
10am

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Perman

# Common Statement

## ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

<b>1</b> Date of accident <b>6/3/18</b> Time <b>1345</b>		<b>2</b> Exact location of accident <b>Open C/P Beside Buddha Tooth Relic Temple</b>		<b>3</b> Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
<b>4</b> Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		<b>5</b> Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) _____ _____ _____	
				Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

**Registration No. (VEHICLE A)** **SJH 5070D**

**6** Insured / policyholder (see insurance cert.)  
 Name **Lim Jie Min Jamin A**  
 (capital letters)  
 Address \_\_\_\_\_  
 NRIC / Passport no. **S8911815H**  
 Tel no. (from 9am till 5pm) \_\_\_\_\_  
 HP **9322 4244**

**7** Vehicle  
 Make, type **Mitsubishi Lancer 1.5 auto**

**8** Insurance company  
**AXA** ☒ TPFT ☐ TPO  
 Does the policy cover damage to vehicle A?  
 No ☐ Yes ☒  
 Policy No. **GA0907491**

**9** Driver ☐ Same as Owner  
 Name **Sim Kiam Hee, Leslie**  
 (capital letters)  
 NRIC / Passport no. **S9032812C**  
 Class of licence **3**  
 HP **9339 4244**  
 Gender Male ☒ Female ☐

### 12 CIRCUMSTANCES

Put a cross (X) in each of the relevant boxes applicable to your vehicle

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Chain Collision                                 |
| <input type="checkbox"/> | Collided into Bicyclist                         |
| <input type="checkbox"/> | Collided into Motorcyclist                      |
| <input type="checkbox"/> | Collided into Parked Vehicle                    |
| <input type="checkbox"/> | Collided into Pedestrian                        |
| <input type="checkbox"/> | Collided into Property                          |
| <input type="checkbox"/> | Collision - Change/Cross Lane                   |
| <input type="checkbox"/> | Collision - Cross Junction                      |
| <input type="checkbox"/> | Collision - Head on Collision                   |
| <input type="checkbox"/> | Collision - Head to Rear                        |
| <input type="checkbox"/> | Collision - Major/Minor Rd                      |
| <input type="checkbox"/> | Collision - Opening Door of Vehicle             |
| <input type="checkbox"/> | Collision - Roundabout                          |
| <input type="checkbox"/> | Collision - U-Turn                              |
| <input type="checkbox"/> | Drunk Driving / Drug Influence                  |
| <input type="checkbox"/> | Fire, Explosion or Lightning                    |
| <input type="checkbox"/> | Frost   |
| <input type="checkbox"/> | Hit and Run / Vandalism / Damaged whilst Parked |
| <input type="checkbox"/> | Hit by Fallen Tree / Other Objects              |
| <input type="checkbox"/> | No Collision                                    |
| <input type="checkbox"/> | Side Swipe                                      |
| <input type="checkbox"/> | Traffic   |

**Registration No. (VEHICLE B)** **SHC 5633E**

**6** Insured / policyholder (see insurance cert.)  
 Name \_\_\_\_\_  
 (capital letters)  
 Address \_\_\_\_\_  
 NRIC / Passport no. \_\_\_\_\_  
 Tel no. (from 9am till 5pm) \_\_\_\_\_  
 HP \_\_\_\_\_

**7** Vehicle  
 Make, type \_\_\_\_\_

**8** Insurance company  
☐ C ☐ TPFT ☐ TPO  
 Does the policy cover damage to vehicle B?  
 No ☐ Yes ☐  
 Policy No. (if available) \_\_\_\_\_

**9** Driver (See driving licence)  
 (if different from insured B above)  
 Name \_\_\_\_\_  
 (capital letters)  
 NRIC / Passport no. \_\_\_\_\_  
 Class of licence \_\_\_\_\_  
 HP \_\_\_\_\_  
 Gender Male ☐ Female ☐

State TOTAL number of boxes marked with a cross

**10** Indicate the point of initial impact with an arrow (→)



**11** Visible damage to vehicle A

**14** My remarks

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**13** Sketch of accident when impact occurred  
 Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

**15** Signatures of drivers

A

**14** My remarks

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →



# Individual Statement

INDIVIDUAL STATEMENT (Part II)		Own Workshop Email / Fax (if any):													
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)															
Insured	1. Occupation (if more than one, state all)		Email: <u>leslieam@live.com</u>												
	2. Vehicle registration no.	C.C.	If commercial vehicle, state permissible carrying capacity												
	3. Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no, State Relationship of Driver with owner <u>Spouse</u> state the vehicle number and name of insurer of driver's own vehicle (where applicable)													
	4. Exact purpose for which vehicle was being used at time of accident: <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify														
	5. Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present Tel no. _____														
	6. Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)														
Driver or person in charge of vehicle at the time of accident (including Insured)	7. Date of birth	Occupation	Date of license pass												
	<u>12/9/90</u>	Indoor	Outdoor												
			<u>7/3/2014</u>												
	Was vehicle driven with the insured's permission? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>														
8. Give details of any pre-existing impairment of sight or hearing and of any other disability															
9. Full details of all driving convictions including pending prosecutions in the last 36 months															
<table border="1"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				Date	Offence	Penalty									
Date	Offence	Penalty													
Injured persons	10. Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle												
Damage to property & vehicles (other than vehicles A and B)	11. Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage												
Police action	12. Was the accident reported to the Police? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station														
	13. Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom?														
Accident details	14. Weather conditions	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>													
	15. Road surface	Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/>													
	16. Speed of vehicles	A <input type="checkbox"/> km/hr B <input type="checkbox"/> km/hr													
	17. What warnings were given by driver or other party?														
	18. Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>														
	19. What lights were displayed on your vehicle/the other vehicle(s)?														
	20. If your vehicle is commercial, state weight of load carried at time of accident														
	21. State how accident happened, width of roads, speed limits, etc (Refer to attached)														
22. State number of Passengers (including Driver) <u>1</u>															
Declaration															
I/We declare the foregoing particulars are true in every respect															
Policyholder's signature _____ Date _____															
Driver's signature (if driver is not the policyholder) <u>[Signature]</u> Date _____															



**SINGAPORE  
POLICE FORCE**



T/20180916/2038

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

1 of 3  
Report No. T/20180916/2038

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/09/2018 13:07		Vide Report No.: T/20180307/2147		Station Diary No.: 46
<b>Informant's Particulars</b>				
Name of Informant: SIM KIAM HEE, LESLIE		Address: APT BLK 67 BEDOK SOUTH AVENUE 3 #08-502 SINGAPORE 460067		
ID Type / ID No.: NRIC NO / S9032812C		Contact No.: Home/Office: Mobile: 93394244		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 28	Date of Birth: 12/09/1990	Type of Informant: Driver	
Race: Chinese		Language: Chinese	Institution / School Name:	
Occupation: Building and construction project manager		Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/03/2018 13:45	Type of Location: Car Park
Location: Along Road 1 SOUTH BRIDGE ROAD				
At the open carpark beside Buddha Tooth Relic Temple				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC5633E	Car				Slightly Damaged	0
SJH5070D	Car				No Damage	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20180916/2038

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

2 of 3

Report No. T/20180916/2038

**CONTINUATION OF REPORT**

Driver			
Name	SIM KIAM HEE, LESLIE	ID No.	S9032812C
Related Vehicle	SJH5070D (Car)	Contact No.	93394244
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	NIL	Degree of Injury	NIL

**Brief Details.**

On 06/03/2018 at about 1345hrs, I was at the open space carpark which is located at South Bridge Road which is beside Buddha Tooth Relic Temple. I driving my car bearing the registration SJH5070D. I was trying to reverse into the carpark lot. As I was reversing, I had collided into the rear of a stationary Transcab Taxi (SHC5633E). I did not notice that I had hit onto the taxi as I thought I had hit the curb. Subsequently, the driver of the taxi spoke to me and told me that she wanted to settle privately and I paid her for the damage of the car. I did not managed to get the driver's particulars. I did not notice that there is a passenger inside the taxi.

I wish to inform that there are no damages on my car. I noticed that there is one minor scratch on the taxi. No one was injured at that point of time. There is no camera installed on my camera. There is no government property was damaged. No police and ambulance were at scene. I was advised by my insurance company to lodge a police report. Vide incident report number: T/20180307/2147.



**SINGAPORE  
POLICE FORCE**



T/20180916/2038

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

3 of 3

Report No. T/20180916/2038

CONTINUATION OF REPORT

**Sketch Plan**



Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: J / Sgt 3 LEE WEN TING, CASSANDRA	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 16/09/2018 13:07
Officer In Charge Of Case: TP / AEIT / SSI KASMAWATI BTE SAMIAN Contact No.: 65476179	Classification Of Case:  SN 127
Authentication Stamp NP168	Signature :  Singapore Police Force

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9032812C



Name  
SIM KIAM HEE, LESLIE

沈 星 熙

Race  
CHINESE

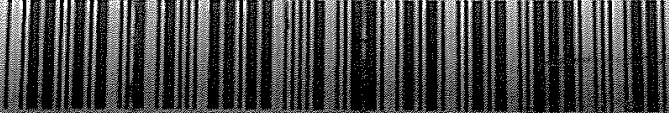
Date of birth  
12-09-1990

Sex  
M


Country of birth  
SINGAPORE

S9032812C

3768131



NRIC No. S9032812C



Date of issue  
12-09-2005

Address  
APT BLK 67 BEDOK SOUTH AVENUE 3  
#08-502  
SINGAPORE 460067

