

## 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	09/04/2018 11:29
Date Of Accident	08/04/2018 00:05
Exact Location Of Accident	JALAN MAS PUTEH CAR PARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU3487E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM HONG CHOO DOREEN
NRIC No	S7146444Z
Email Address	LTTLT2211@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96189553
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO-1.6 (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 THIRD PARTY

Vehicle Category PRIVATE CAR

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3066581603
Cover Note Number	

### Driver

Name of Driver	LOUIS TAN YU WEI
NRIC No	S9342228G
Date Of Birth	10/11/1993
Occupation	OUTDOOR
Date Of Driving Pass	24/04/2012
Driving Experience	5 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93801068
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20180408/7007

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### Details of Witness 1

Name	
Phone Number	83165683
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJV2907J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SIM MONG KENG
NRIC/Passport Number	S9637921H
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**SKETCH PLAN**

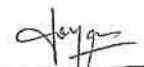
**IMPORTANT NOTICE**


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 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. 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.

X   
 Policyholder's Signature  
 Date & Time:

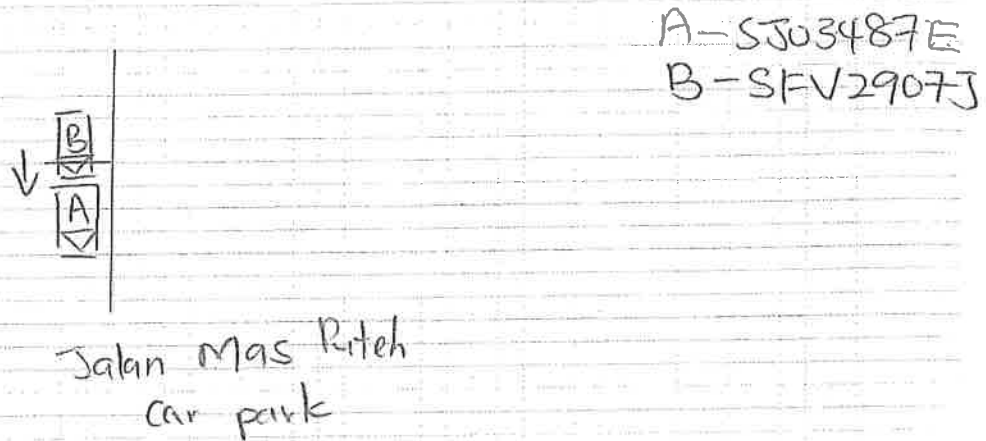
  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

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

I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Refer to Police Report T/20180408/7007


## DECLARATION


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

- ☐ Claim own policy
- ☐ Claim third party
- ☐ Claim OD / TP at other works hop
- ☒ For record purpose

Policy No. DMIPCSN3066581603  
Insurer Ching Veh.No. SJ03487A

X   
Policyholder's Signature  
Date & Time:

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

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

## POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180408/7007

1 of 3

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

Report No. T/20180408/7007

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/04/2018 16:04			Vide Report No.:		Station Diary No.:
<b>Informant's Particulars</b>					
Name of Informant: LOUIS TAN YU WEI			Address: APT BLK 52 LENGKOK BAHRU #04-307 SINGAPORE 150052		
ID Type / ID No.: NRIC NO / S9342228G			Contact No.: Home/Office: Mobile: 93801068		
Nationality: SINGAPORE CITIZEN			Email: louistan.10@live.com.sg		
Sex: Male	Age: 24	Date of Birth: 10/11/1993	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: AIR FORCE ENGINEER			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/04/2018 00:06	Type of Location: Car Park
Location:  JALAN MAS PUTEH				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
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
SFV2907J	Car	NISSAN	Qashqai	Blue	Slightly Damaged	3
SJU3487E	Car	KIA	Forte	Silver	Slightly Damaged	2

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

## POLICE REPORT Pg. 2



**SINGAPORE  
POLICE FORCE**



T/20180408/7007

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

2 of 3

Report No. T/20180408/7007

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	Sim Mong Keng	ID No.	S9637921H
Related Vehicle	SFV2907J (Car)	Contact No.	82013582
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	LOUIS TAN YU WEI	ID No.	S9342228G
Related Vehicle	SJU3487E (Car)	Contact No.	93801068
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

## Brief Details.

Vehicle no. SJU3487E was parked at carpark no. J0051 from 2306hrs to 0006hrs. At 0003hrs, as I walked back to my vehicle, a witness approached me and told me that my parked vehicle was knocked in the rear bumper by vehicle no. SFV2907J. The owner was not present after the collision, and I called the police at 0011hrs. At approximately 0035hrs upon arrival of the owner of vehicle SFV2907J, he admitted to being the culprit of the incident, and particulars were exchanged. This report is for recording and insurance reporting purposes.



**SINGAPORE  
POLICE FORCE**



T/20180408/7007

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

3 of 3

Report No. T/20180408/7007

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
MOHAMED HUSNUL TAUFIQ BIN MD YUSOF  
Contact No.: 65476358

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

Date/Time:  
08/04/2018 16:04

Classification Of Case:

Authentication Stamp  
NP168





中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

3 Anson Road #16-00 Springleaf Tower Singapore 079909  
Tel: 6389 6111 Fax: 6222 1033  
Website: www.ctaiping.com  
Co Reg No 250268384F

## RENEWAL NOTICE

YOU CAN NOW PAY YOUR PREMIUM BY:-

1. ANY AXS STATIONS, OR
2. 0% INTEREST INSTALMENT PLAN WITH OCBC CREDIT CARD SUBJECT TO A MINIMUM AMOUNT OF S\$500.00 CHARGED TO THE CARD.

Agency	AN0420A	Class of Policy	MOTOR PRIVATE CAR	Policy Number	.....	DMPCSN3066581603
Account	AN0420A	Ren.Notice Date.	02/10/2017	Expiry Date	.....	29/11/2017
Client	6008699					

Renewal Period from 30/11/2017 to 29/11/2018 , both dates inclusive

Insured's Name.... MDM LIM HONG CHOO DOREEN

Address.....  
BLK 52 LENGKOK BAHRU  
#04-307  
SINGAPORE 150052

Business/Occupn... MANAGER

Financial interest SWEE SENG CREDIT PTE LTD AS HP OWNER

Premium .....	Base Annual Premium.....	S\$2,391.15		
	Less 20% Loyalty Discount.....	S\$478.23-		
	Less 20% Autosafe Scheme.....	S\$382.58-		
	No Claim Discount .....50.00%	S\$765.17-		
	Promotion Discount.....	S\$150.00-		
	Total Annual Premium .....	S\$615.17	Renew.Prem.	S\$615.17
			Premium GST	S\$43.06
			Total.....	S\$658.23

Risk No. 001 MOTOR PRIVATE CAR  
YEAR OF REGISTRATION : 30.11.2009.

1. Registration	SJU3487E	Make/Model ..	KIA CERATO FORTE 1.6(A) SX ABS D/A
Type of Cover	Comprehensive	No. of seats	5
Engine No. ..	G4FC8H222589	Capacity cc's	1591
Chassis No. .	KNAFH221395023880		

Certificate Ref. MX1F

Sum Insured..Market value at the time of loss

Named Drivers Ex Sect. I .....	S\$500.00
Additional Ex Other than Named Drivers:	
Ex Sect. I - Age <= 25.....	S\$3,000.00
Ex Sect. I - Age >= 26.....	S\$500.00
* Age as at date of accident	
EX ON WINDSCREEN .....	S\$100.00
Named Drivers THE INSURED	

The Following clauses and endorsements apply to this policy :

Subject to Endts. 2, 25, 57, 72, N & W(unltd).

AUTOSAFE SCHEME (W)


In consideration of a premium discount given, the insured, in the event of any accident/windscreen damage, must send his/their vehicle to the Company's authorised workshop for repairs if he/they wish to seek indemnity under Section I of this Policy.

Continued on page 2

**SINGAPORE ARMED FORCES**  
**IDENTITY CARD**

Name  
**LOUIS TAN YU WEI**

NRIC No  
**S9342228G**




This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Mailroom Base or any Police Station.

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence No. **S9342228G**

Name  
**LOUIS TAN YU WEI**

Birth Date **10 Nov 1993**  
Valid Until **24 Apr 2012**



**002062702G**

00000050183303

NRIC No/Colour  
**S9342228G/ PINK**

Race  
**CHINESE**

Date Of Birth  
**10/11/1993**

Service Status  
**REGULAR**

Address

**Blk 52 LENGKOK BAHRU**  
**#04-307 SINGAPORE 150052**

Blood Group  
**A (+)**

Country Of Birth  
**SINGAPORE**

Military Rank Status  
**ENLISTEE**

Sex  
**M**



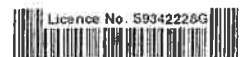
**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

**EFFECTIVE DATE**

**Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 24 Apr 2012**



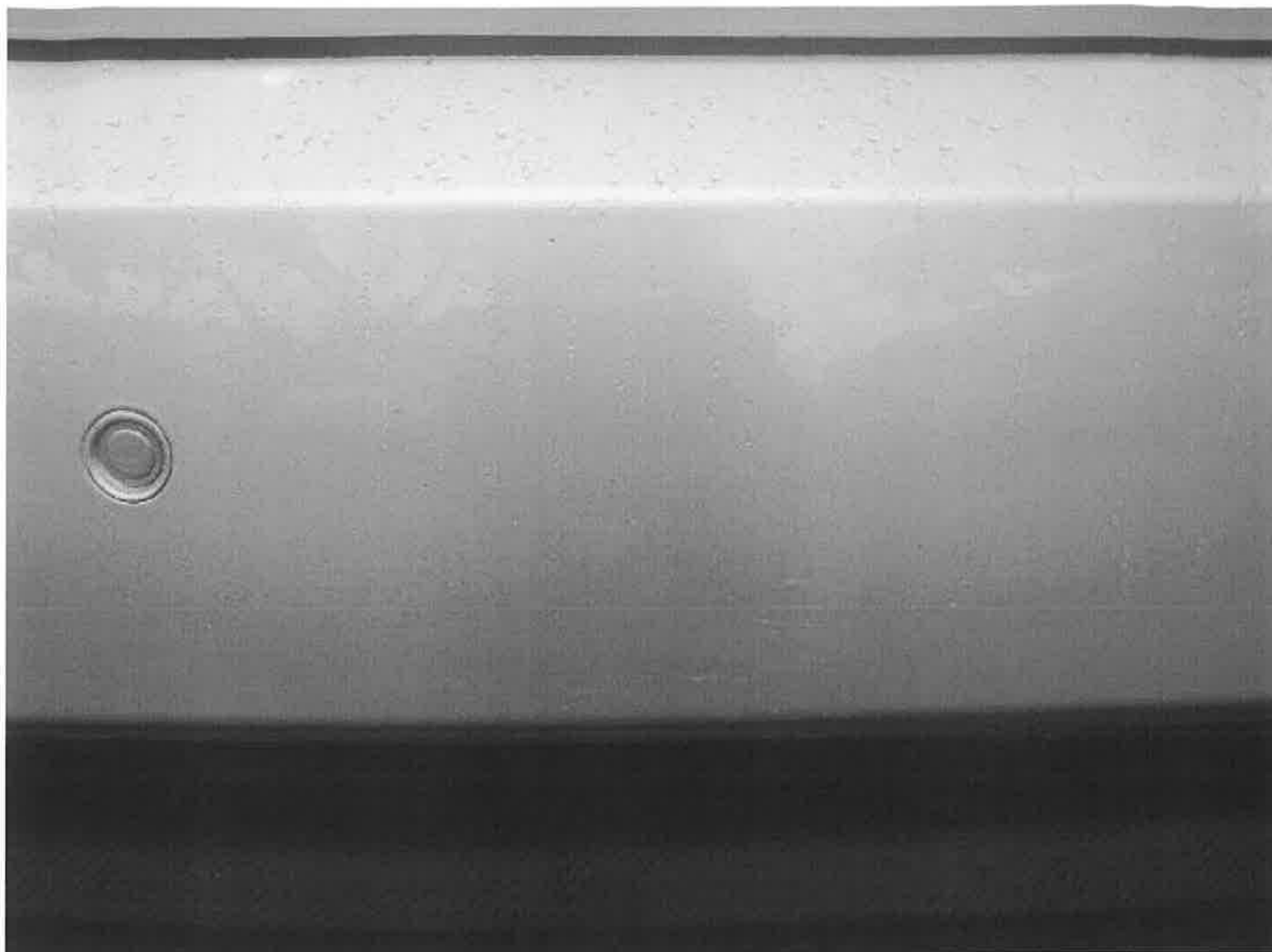
NP 428A



Accident Photo



**Accident Photo**



Accident Photo



**Accident Photo**



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

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

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MSAT18046714 Vehicle Registration No: SJN3487E  
Name (as shown in NRIC) : S7146444Z NRIC/FIN/Passport No : S7146444Z  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 96189553  
Email Address : 1414221@gmail.com  
Date of Accident : 08/04/2018 Time of Accident : 00:05  
Place of Accident : Jln Mas Puteh Car Park  
Insurance Company : China Taiping Insurance (S) Pte

**(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:

I wish to change my report to claim third party  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policyholder/Driver's Signature  
Date: 10.4.2018

Jania  
Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_

