SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Gender

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number
Contact Number

EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

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	ACCIDENT STATEMENT
Date Of Report	27/04/2018 14:37
Date Of Accident	17/04/2018 01:40
Exact Location Of Accident	BEFORE SLIP RD PIE (TUAS) TWDS EUNOS LINK EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKM8282B
Insured/Policyholder	
Name Of Registered Owner	MR DARREN LIM SING TONG
NRIC No	S8222480G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93382889
Alternative Phone No	OFFICE-93382889
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	GLA180 (R18 BI)
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
If No, Please state action to be taken	REPORTING ONLY
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	DMPCSN3022471700
Cover Note Number	
Driver	
Name of Driver	DARREN LIM SING TONG
NRIC No	S8222480G
Date Of Birth	01/08/1982
0 "	NDOOD

INDOOR

MALE

27/12/2004

13 YEARS AND 3 MONTHS

(LOCAL) +65-93382889

OFFICE-93382889

NOEMAIL

Address 487B JOO CHIAT ROAD

Postcode 427688

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident SIDE SWIPE
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?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : -

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

NO

YES

NO

2

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

Police Station Address SINGAPORE

Police Station Contact **TEL NO**: 65470000 - **FAX NO**:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180417/7003.

Attachment(s)

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

Was there any audio recorded?

Details of Witness 1

Name ONG JOO PENG

Phone Number Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLB9166T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
 - 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:
 - 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:

NRIC/FIN No.:

Accident Sketch Plan

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		B:51891667
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	(A)	
CRIBE CIRCUMSTANCE	ES OF THE ACCIDENT	
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	/	
1		
CLARATION		
CLARATION The declare the foregoing parties.	articulars are true in every respect.	
CLARATION le declare the foregoing pa	narticulars are true in every respect.	An
CLARATION //e declare the foregoing particular is Signature	particulars are true in every respect. Driver's Signature	Reporting Centre Personnel's Signature





1 of 4

Report No. T/20180417/7003

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

Date/Time Report Made: 17/04/2018 16:10			Vide Report No.: Station Diar		
Informa	nt's Particu	ulars	and the second s		
	Informant: N LIM SING	TONG	Address: 487B JOO CHIAT ROAD SIN	GAPORE 578250	
ID Type / ID No.: NRIC NO / S8222480G			Contact No.: Home/Office:	Mobile: 93382889	
National		NO-PLEASE TO SECURITION OF THE PERSON OF THE	Email: darren.lim1882@gmail.com		
Sex: Male	Age: 35	Date of Birth: 01/08/1982	Vehicle Owner		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: PROJECT MANAGER			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 17/04/2018 01:42	Type of Location Straight Road	
Location: NIL Before slip ro	ad of Eunos Exit (Exit 9)) - PIE towards Juro	ng		
vveatilei.		Road Surface: Dry	8	Road Speed Limit: 80 Km/h	
Clear	Traffic Flow: Tra		17	Traffic Volume: Heavy Anyone conveyed by	
		Traffic Control: Not Controlled	t t	Heavy	

Details of V	ehicle Invo	iveu		To see Noted	- mr	N (Descense)
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
	-	MERCEDES	GLA180	White	Slightly	1
SKM8282B Car	BENZ	GETTION	(8/4/39/60)	Damaged		

Details of Ve	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
	CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.	DMPCSN30224717	20/04/2017	19/04/2018



Tel No: 65470000



Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 2 of 4 Report No. T/20180417/7003

CONTINUATION OF REPORT

Details of Perso	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW					
Any Pedestrian I	rvolved: No				_	
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Vehicle Owner		1000		115495		Charles of the Control
Name	DARREN LIM SING TONG		ID No		S8222480G	
Related Vehicle	SKM8282B (Car)			Conta	ct No.	93382889
Hospital/Clinic	NIL			Class Drivin Licen Expire	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	NIL Date Dis			NIL	
No. of Days gran	ted Medical Leave	1.11			NIL	

Brief Details.

I am Darren Lim Sing Tong, NRIC S8222480G, I am the owner and driver of SKM8282B at the time of accident.

On 17th April 2018 at about 1,42 pm. I was travelling on PIE towards Jurong. As I was nearing the slip road to my designated exit, Euros Exit (Exit 9). I proceeded to signal and change lane from the middle to the left lane.

As I was almost completing my lane change. The front vehicle, SJT 9156T (I am not 100% sure of the car plate) came to an abrupt stop. The stop caused the front right bumper of my vehicle to hit the rear left bumper of the said vehicle.

Seeing the vehicle infront was moving off. I assume he might be coming to a stop on the side of the highway further down the road and I proceeded to stop my vehicle on the side of the slip road out from PIE to Euros Exit (Exit 9). The other driver then came to a stop on the divider between Euros Exit (Exit 9) and PIE.

However, as I got out of my vehicle to start taking photos of the damage done to my car. I saw the driver of SJT 9156T starting to drive off. I proceeded to ask the workmen who were working on road repairs whose vehicle are stopped at the divider to stop the accident vehicle from leaving. The driver ignored them and proceeded to drive off.

I have a witness Ong Joo Peng, to this whole accident, who was a passenger in my car. And the workmen are able to attest to my account of events.

Thank you for your time

Regards,

Darren Lim S8222480G



Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 T/20180417/7003

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Report No. T/20180417/7003

CONTINUATION OF REPORT





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20180417/7003

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

Authentication Stamp

NP168

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: 17/04/2018 16:10
Officer In Charge Of Case: TP / TPIB / ESTHER CHONG Contact No.: 65476368	Classification Of Case:















