

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 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 Report	19/10/2018 12:02
Date Of Accident	13/10/2018 19:40
Exact Location Of Accident	BLK 443 BUKIT BATOK WEST AVENUE 8 MSCP DECK 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX7844B
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Insured/Policyholder

Name Of Registered Owner	VALUE ADD SYSTEM & TECHNOLOGY PTE LTD
Co Reg No	A200103427K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65094405

Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE-2.2 5 DR (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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	LIM WENCHENG
NRIC No	S8508583B
Date Of Birth	17/03/1985
Occupation	OUTDOOR
Date Of Driving Pass	05/03/2009
Driving Experience	9 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94508354
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	443C BUKIT BATOK WEST AVENUE 8 #07-793
Postcode	653443
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	NO
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 [OTHER]	T/20181018/2016
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON 13/10/2018 AT AROUND 1800HRS, I PARKED MY VEHICLE AT MSCP OF BLOCK 443 BUKIT BATOK WEST AVENUE 8 DECK 2. EVERYTHING INTACT, NOTHING AMISS. ON 14/10/2018, AT AROUND 1417HRS, I NOTICED THAT THE FRONT BUMPER AND PASSENGER DOOR HAD SCRATCHES AND DENT AND THE ALIGNMENT IS OFF. I ASKED THE ACCIDENT ON THE SOCIAL MEDIA AND ONE PERSON, DANIEL HP: 90098747, REPLIED STATING THAT HE WITNESS THE ACCIDENT. THE CCTV FOOTAGE WAS ALSO PROVIDED TO ME HOWEVER THE DATE AND TIMING IS OFF. THE ACTUAL DATE AND TIME OF ACCIDENT IS ON 13/10/2018 AT 1940HRS. THE WITNESS INFORMED THAT HE WAS IN THE CAR, BEHIND ONE OTHER VEHICLE AND SAW THE OWNER REVERSING AND COLLIDED TO MY VEHICLE. THE IMPACT WAS SEEN AS MY VEHICLE SHAKE DURING THE COLLISION.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TO LARGE, READY UPON REQUEST
Was there any audio recorded?	NO

Details of Witness 1

Name	DANIEL
Phone Number	90098747
Email Address	

Details of Witness 2

Name	
Phone Number	
Email Address	

Accident Sketch Plan

SKETCH PLAN

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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 compliance with requirements under any regulations, laws or court orders.



Policyholder's Signature

Date & Time: 19/10/18
1015 am

Driver's Signature

(If driver is not the policyholder)

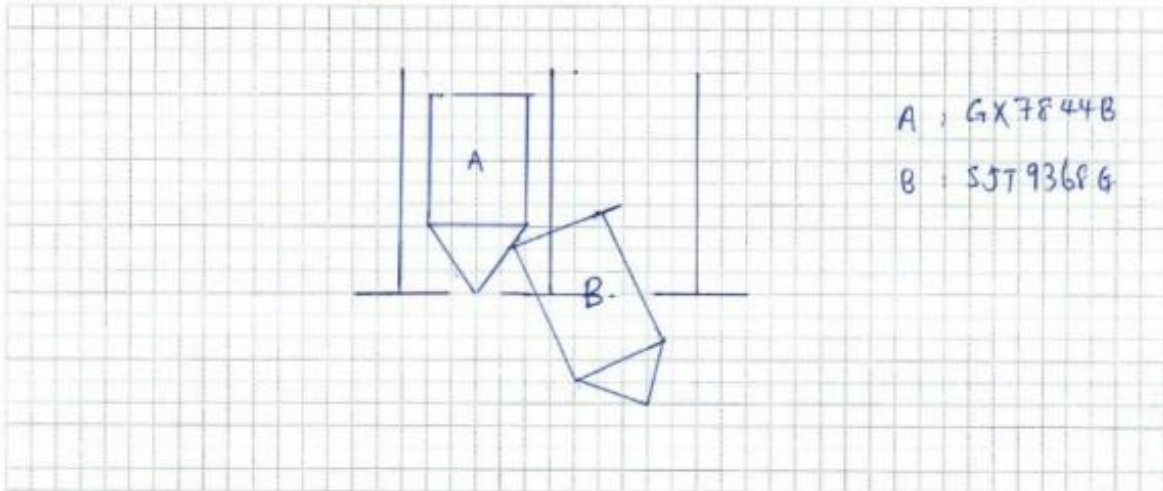
Date & Time: 19/10/18
1015 am

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/10/2018 at around 1800hrs, I parked my vehicle at Multi Storey Carpark of Block 443 Bukit Batok West Avenue 8 Deck 2. Everything intact, nothing amiss. On 14/10/2018 at around 1417hrs, I noticed that the front left bumper and passenger door had scratches and dent and the alignment is off. I asked the accident on social media and one person, Daniel HP: 90098747, replied stating that he witness the accident. The CCTV footage was also provided to me however the date and timing is off. The actual date and time of accident is on 13/10/2018 at 1940hrs. The witness informed that he was in his car, behind one other vehicle and saw the owner reversing and collided to my vehicle. The impact was seen as my vehicle chocked during the collision.

DECLARATION

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

Policyholder's Signature

Date & Time:

19/10/18
1015am

Driver's Signature

(If driver is not the policyholder)

Date & Time: 19/10/18
1015am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



5182860

NRIC No. **S8508583B**

Date of issue
30-05-2013

ATT 3LK 443C BUKIT BATOK WEST AVENUE #07-793
SINGAPORE 853443

NRIC No. **S8508583B** Date: **30/06/2018**

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

Class 3 Motor Cars < 3000kg with < 7 passengers, excluding 05 Mar 2009
of the driver, and other motor vehicles < 2500kg

EXPIRY DATE

License No. **S8508583B**

428A

Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8508583B**



NAME
LIM WENCHENG

Race
林 文 成

CHINESE

Date of birth
17-03-1985

Sex
M

Country/Place of Birth
SINGAPORE

S8508583B

REPUBLIC OF SINGAPORE
DRIVING LICENCE



License Number **S8508583B**

Name
LIM WENCHENG

Date of Birth **17 Mar 1985**

Issue Date **30 May 2013**

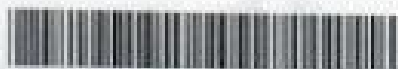
002186242A

VALID
400
12/17/18

Police Report



**SINGAPORE
POLICE FORCE**



T/20181018/2018

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689288
Tel No: 1800-7659999

1 of 3

Report No. T/20181018/2018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/10/2018 11:07		Vide Report No.:		Station Diary No.: 44
Informant's Particulars				
Name of Informant: LIM WENCHENG		Address: APT BLK 443C BUKIT BATOK WEST AVENUE 8 #07-793 SINGAPORE 653443		
ID Type / ID No.: NRIC NO / S8508583B		Contact No.: Home/Office: Mobile: 94508354		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 33	Date of Birth: 17/03/1985	Type of Informant: Vehicle Owner	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: TECHNICIAN		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 13/10/2018 19:40	Type of Location: Car Park
Location: Along Road 1 BUKIT BATOK WEST AVENUE 8 Block 443 Bukit Batok West Avenue 8 Multi-Storey Carpark Deck 2				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GX7844B	Van					0
SJT9368G	Car					0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20181018/2018

2 of 3

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 688288
Tel No: 1800-7659999

Report No: T/20181018/2018

CONTINUATION OF REPORT

Vehicle Owner			
Name	LIM WENCHENG	ID No.	S85085838
Related Vehicle	GX7844B (Van)	Contact No.	94508354
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

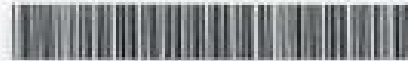
Brief Details.

On 13/10/2018 at around 1800hrs, I parked my vehicle at Multi Storey Carpark of Block 443 Bukit Batok West Avenue 8 Deck 2. Everything intact, nothing amiss. On 14/10/2018 at around 1417hrs, I noticed that the front left bumper and passenger door had scratches and dents and the alignment is off. I asked the accident on social media and one person, Daniel HP: 90098747, replied stating that he witness the accident. The CCTV footage was also provided to me however the date and timing is off. The actual date and time of accident is on 13/10/2018 at 1840hrs. The witness informed that he was in his car, behind one other vehicle and saw the owner reversing and collided to my vehicle. The impact was seen as my vehicle shake during the collision.

Police Report



**SINGAPORE
POLICE FORCE**



T/20181018/2018

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 889286
Tel No: 1800-7658999

3 of 3

Report No. T/20181018/2018

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/

Staff Sgt MUHAMMAD HASIR BIN KAMARI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/10/2018 11:07

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt TAN JECK LENG

Contact No.: 65476144

Classification Of Case:

Authentication Stamp

NP188