

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	05/11/2018 18:27
Date Of Accident	03/11/2018 11:15
Exact Location Of Accident	825 TAMPINES ST 81 HDB-TAMPINES S520825
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA6516E
Insured/Policyholder	
Name Of Registered Owner	LIM CHEE GUAN
NRIC No	S8074584B
Email Address	2478784475@QQ.COM
Mobile Phone No	(LOCAL) +65-97762221
Alternative Phone No	OFFICE-97762221
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC-1.5 I-VTEC (A)
Exact Purpose for which vehicle was being used at time of accident	P/USED
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MT102840-R00
Cover Note Number	
Driver	
Name of Driver	LIM CHEE GUAN
NRIC No	S8074584B
Date Of Birth	30/10/1980
Occupation	INDOOR
Date Of Driving Pass	11/03/2004
Driving Experience	14 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97762221
Fax Number	
Contact Number	OFFICE-97762221
Email Address	2478784475@QQ.COM

Address	BLK 814 TAMPINES ST 81 #04-566
Postcode	S520814
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	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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5871999 - FAX NO: 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

CAR IS PARKING

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC731M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MUHD SUFFIE BIN MAH
NRIC/Passport Number	S6917521Z
Contact Number	93362258
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Vehicle No SMAG516E

SKETCH PLAN

Annex D

IMPORTANT NOTICE

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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.

[Signature] 5/11/2018 @ 14:00h13

[Signature]

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Please continue to Annex E

Vehicle No 9MA6516 E

Annex E

Describe Circumstances of the Accident

See Police Report attach

Police Report No: G/20181103/2119

Declaration

We declare the foregoing particulars are true in every respect.

 5/11/2018 @ 14:00hrs.
Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel



POLICE REPORT (NP299)

Report No. G/20181103/2119

Police Station Of Origin
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Date/Time Report Made 03/11/2018 19:48		Vide Report No.		Station Diary No. 102	
Name Of Informant LIM CHEE GUAN		Address APT BLK 814 TAMPINES STREET 81 #04-566 SINGAPORE 520814			
ID Type / ID No. NRIC NO / S8074584B		Contact No. Home/Office		Mobile 97762221	
Nationality MALAYSIAN		Email Address			
Occupation COFFEESHOP OWNER		Sex Male	Age 38	Date of Birth 30/10/1980	Race Chinese
Institution/School Name		Language			
Date/Time Of Incident 03/11/2018 08:00 - 03/11/2018 14:00		Location Of Incident 825 TAMPINES STREET 81 HDB-TAMPINES SINGAPORE 520825			

Brief details.

On the 3rd of November 2018 at about 0800hrs, I parked my vehicle (SMA6516E) at Blk 825 Tampines St 81 open carpark and went home. Everything was intact.

On the same day at about 1400hrs, I went back to my car and discovered dents on my front right bumper. There was a note left on the windscreen. The driver who hit my car has left his contact details. At about 1435hrs, I called the driver namely Muhammad Suffie Bin Mahmood (S6917521Z), hp no: 93362258. He

Signature Of Officer Recording The Report: G / Sgt 2 SITI NUR SYAFIQAH BINTE AZMAN	
Signature Of Interpreter: Not applicable	
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp LIAN WEN YAO, DENNIS Contact No.: 62440000	

Signature Of Informant:
Date/Time: 03/11/2018 19:48
Classification Of Case:

Authentication Stamp





**SINGAPORE
POLICE FORCE**



G/20181103/2119

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20181103/2119

informed that earlier he was driving his taxi bearing the plate number SHC731M and was doing a 3-point turn, causing his vehicle to collide into my vehicle.

The driver mentioned that I am able to claim from his insurance company.

I am lodging this report for record purpose and for insurance claim.

Signature Of Officer Recording The Report: G / Sgt 2 SITI NUR SYAFIQAH BINTE AZMAN	
Signature Of Interpreter: Not applicable	
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp LIAN WEN YAO, DENNIS Contact No.: 62440000	

Signature Of Informant:
Date/Time: 03/11/2018 19:48
Classification Of Case:

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