

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	19/11/2018 15:18
Date Of Accident	17/11/2018 07:30
Exact Location Of Accident	BURNFOOT TERRACE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM5887P
Insured/Policyholder	
Name Of Registered Owner	LIM JINGCONG, VERNON
NRIC No	S8439372Z
Email Address	V3RN_ON@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94763991
Alternative Phone No	OTHERS-94763991

Vehicle Particulars

Manufacturer	NISSAN
Model	NOTE-1.2 (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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
------------------	-------------

Insurance Company

Name of Insurance Company	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10820119
Cover Note Number	

Driver

Name of Driver	LIM JINGCONG, VERNON
NRIC No	S8439372Z
Date Of Birth	18/12/1984
Occupation	INDOOR
Date Of Driving Pass	20/04/2011
Driving Experience	7 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94763991
Fax Number	
Contact Number	OTHERS-94763991
Email Address	V3RN_ON@HOTMAIL.COM

Address	5 BURNFOOT TERRACE
Postcode	459797
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	RAINING
Road Surface	WET

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?	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	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

SEE ATTACHED SKETCH PLAN AND POLICE REPORT T/20181118/7000

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	SJV3939M
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)

8
8

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.

AUTOLUTION INDUSTRIAL PTE. LTD.
19 UBI ROAD 4
SINGAPORE 408623
TEL: 6342 8822 FAX: 6342 7112

Policyholder's Signature

Date & Time: 19/11/18
3.45pm

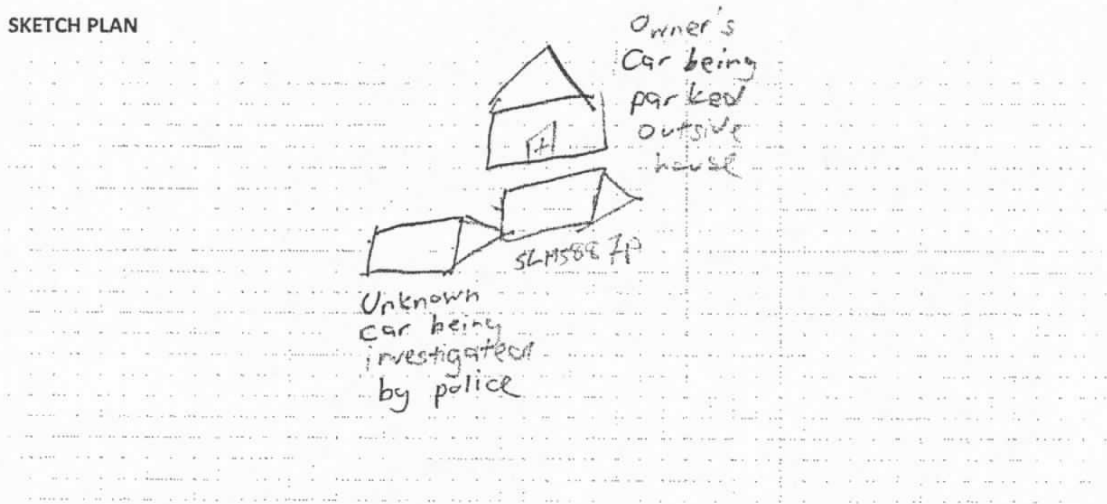
Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: Aishah
NRIC/FIN No.: S1660822/2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~SLM5887P was parked between 4 and 6 Rumbout Terrace on~~
~~night of 16/11/18 from around 9pm. On morning of 17/11/18~~
 As per police report T/20181118/7000. In addition, the
 crash impact from the "unknown" car being investigated by
 police caused my car (i.e. SLM5887P) to move forward, up
 the kerb and into a lamp post ahead in front of the car.
 The impact ^{which} also pushed the car forward also causes
 the car to hit the dustbin beside the roadside.

AUTOLUTION INDUSTRIAL PTE. LTD.
 19 UBI ROAD 4
 SINGAPORE 408623
 TEL: 6400 0666 FAX: 6846 7422

DECLARATION

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

Policyholder's Signature

Date & Time: 19/11/18

3.45pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Aishah

NRIC/FIN No.:

51660822/2



**SINGAPORE
POLICE FORCE**



T/20181118/7000

1 of 3

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

Report No. T/20181118/7000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/11/2018 02:15		Vide Report No.: G/20181117/0072		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM JINGCONG, VERNON			Address: 5 BURNFOOT TERRACE SINGAPORE 459797		
ID Type / ID No.: NRIC NO / S8439372Z			Contact No.: Home/Office: Mobile: 94763991		
Nationality: SINGAPORE CITIZEN			Email: v3rn_on@hotmail.com		
Sex: Male	Age: 33	Date of Birth: 18/12/1984	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Engineer			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/11/2018 07:30	Type of Location: Straight Road
Location: BURNFOOT TERRACE				
Weather: Raining		Road Surface: Wet	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	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SLM5887P	Car	NISSAN	NISSAN NOTE	Blue	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLM5887P	AVIVA LTD	10820119	16/11/2018	30/03/2019

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181118/7000

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

2 of 3

Report No. T/20181118/7000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	LIM JINGCONG, VERNON	ID No.	S8439372Z
Related Vehicle	NIL	Contact No.	94763991
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.

SLM5887P was parked between 4 and 6 burnfoot terrace on night of 16/11/18 from around 9pm. On morning of 17/11/8 730 am, the car was found in front of 2 burnfoot terrace against lamppost, The car had mounted the kerb and driver's side back bumper dented. owner of 4 burnfoot terrace said she heard a loud noise between 5-6am and saw a white car go go by. police was called, report G/2018 1117/2, investigating officer is Jerry Yeo.



**SINGAPORE
POLICE FORCE**



T/20181118/7000

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

3 of 3

Report No. T/20181118/7000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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: 18/11/2018 02:15
Officer In Charge Of Case: TP / TP1B / YEO CHUN JIAN Contact No.: 65476213	Classification Of Case:

Authentication Stamp
NP168