

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	14/03/2019 10:32
Date Of Accident	13/03/2019 16:40
Exact Location Of Accident	ST.ANDREWS AUTISM CENTRE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ6064T
Insured/Policyholder	
Name Of Registered Owner	SIM ENG LIM
NRIC No	S0168415I
Email Address	JSEL88@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98933189
Alternative Phone No	OTHERS-98933189

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI18V12656/VPE/R00/E00
Cover Note Number	

Driver

Name of Driver	SIM ENG LIM
NRIC No	S0168415I
Date Of Birth	12/01/1954
Occupation	INDOOR
Date Of Driving Pass	13/01/1973
Driving Experience	46 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98933189
Fax Number	
Contact Number	OTHERS-98933189
Email Address	JSEL88@GMAIL.COM

Address	BLK 19 QUEEN'S CLOSE #07-105
Postcode	140019
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	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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	SJQ6501Z
Vehicle Make/Model/Colour	MITSUBISHI LANCER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96749024
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

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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.
- (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.



Policyholder's Signature

Date & Time: 14/03/19

0930 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

 14/03/2019
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

St Andrew's
Autism Centre
car park.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 13.03.19, about 16:40 hrs, I was reversing out of the car park of St Andrew's Autism Centre, I put into reverse gear without stepping on the accelerator, when the reverse sensor started beeping. I immediately stopped the car and move forward. I got out of the car and realised that there was a car right behind mine. I noticed that the driver's side car door had a not so serious dent. I also noticed that the passenger side door had a bigger dent. The driver explained that he had an earlier accident on that door for which he was compensated for \$5,000 because of the hit and run case which was reported to the police and settled in court. His passenger came out of the car and looking at my car commented that there was no dent on my car, to which the driver retorted that, that part of the car (bumper) was very strong. Bumpers are made of plastics, and could not make a dent on steel door. When I suggested that he send for knocking repair, he replied that he needed the car everyday for work and earns \$400/- to \$500/- a day ferrying people around. So I suggested to leave it to my insurance company to settle the matter.

DECLARATION

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

Policyholder's Signature
Date & Time: 14/03/19
09:50 hrs

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

Reporting Centre Personnel's Signature
Name: 14/03/2019
NRIC/FIN No.: Rosli Hassan

ID

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S01684151



Name: SIM ENG LIM

Race: CHINESE
Date of Birth: 12-01-1954 Sex: M
Country of Birth: SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Personal Number: S01684151
Name: SIM ENG LIM
Birth Date: 12 Jan 1954
Issue Date: 01 Oct 2012



R002854281J



06898



NRIC No: S01684151

Short Group: O+ Date of Issue: 22-12-1992

APT BLK 19 QUEEN'S CLOSE #07-105
SINGAPORE 140019
Date: 14/07/2015 No: 7223006

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	25 Oct 1977
Class 2A Motorcycles between 201 cc and 400 cc	25 Oct 1977
Class 2 Motorcycles > 400 cc	25 Oct 1977
Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	13 Jan 1973

NP 426A



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

