

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	01/04/2019 16:54
Date Of Accident	29/03/2019 18:30
Exact Location Of Accident	SCOTTS ROAD TOWARDS NEWTON CIRCUS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCE1K
Insured/Policyholder	
Name Of Registered Owner	LIM LI PING
NRIC No	S7024305I
Email Address	RICHARDHARJANTO@EUROSPORTSAUTO.COM.SG
Mobile Phone No	(LOCAL) +65-97999593
Alternative Phone No	OTHERS-97999593

Vehicle Particulars

Manufacturer	LAMBORGHINI
Model	URUS
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V13614/VPS/R00
Cover Note Number	

Driver

Name of Driver	LIM LI PING
NRIC No	S7024305I
Date Of Birth	30/07/1970
Occupation	INDOOR
Date Of Driving Pass	30/06/1989
Driving Experience	29 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97999593
Fax Number	
Contact Number	OTHERS-97999593
Email Address	RICHARDHARJANTO@EUROSPORTSAUTO.COM.SG

Address	2A ARDMORE PARK #04-00
Postcode	259948
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	COLLISION - HEAD TO REAR
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TANGLIN POLICE DIVISIONAL HQ ('E' DIVISION)
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3910000 - FAX NO: 63964900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT E/20190330/7018

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBH5350R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD NURAIZAT BIN MOHAMMAD
NRIC/Passport Number	S8901023C
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

Common Statement

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.

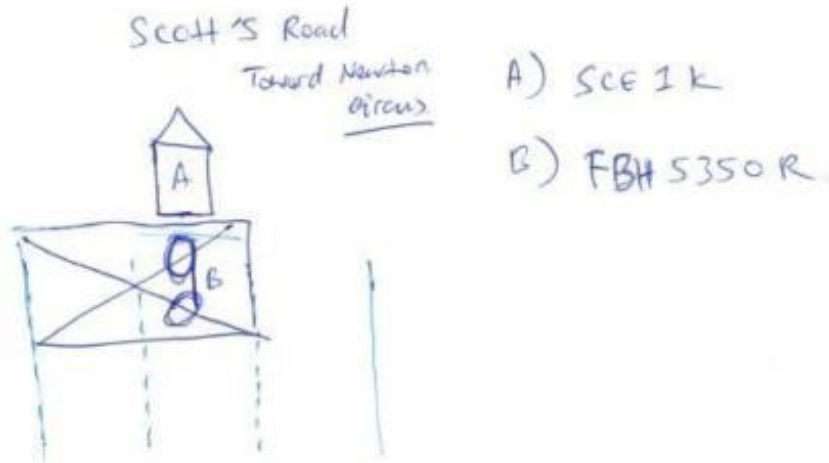
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

See Police Report. E/2019C330/7018

DECLARATION

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


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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



E/20190330/7018

1 of 3

POLICE REPORT (NP299)

Report No. E/20190330/7018

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-3910000

Date/Time Report Made 30/03/2019 17:37	Vide Report No.	Station Diary No.
Name Of Informant LIM LI PING	Address 2A ARDMORE PARK #04-00 SINGAPORE 259948	
ID Type / ID No. NRIC NO / S7024305I	Contact No.	Mobile: 96363636
Nationality SINGAPORE CITIZEN	Email Address cherie_lim@hotmail.com	
Occupation Homemaker	Sex Female	Age 48
Institution/School Name	Date of Birth 30/07/1970	Race Chinese
Date/Time Of Incident 29/03/2019 18:30 - 29/03/2019 18:35	Location Of Incident 2A ARDMORE PARK #04-00 SINGAPORE 259948	

Brief details.

I was driving along Scott's road around 1830hrs, traffic was slow. As I slowly brought my vehicle to a stop, a motorbike carrying a pillion suddenly crashed into the rear of my vehicle. The impact caused the motorbike to fall to the right. The pillion was pinned under the weight of the bike. I got out of my vehicle to help the rider to pull the motorbike away from the pillion, who later told me her leg is in pain. No blood was visible from the injuries. The pillion was later helped to the side of the curb by the rider. The crash caused damage to a few spots of my vehicle's rear bumper. I have videos from my in car camera to support my report.

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: 30/03/2019 17:37
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

POLICE REPORT



**SINGAPORE
POLICE FORCE**



E/20190330/7018

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20190330/7018

Motorbike rider's details as below:

Name: Muhammad Nuraizat bin Mohammad

Driver license number: S8901023C

Contact: 9451 4318

Subjects Involved			
Suspect			
Person Name	Muhammad Nuraizat Mohammad		
ID Type	OTHERS / Drivers license	ID No	S8901023C
Gender	Male	Age	29-30
Race	Malay	Language	English
Occupation	Don't know	Relation To	Stranger
		Informant	
Victim			
Person Name	LIM LI PING		
ID Type	NRIC NO	ID No	S70243051
Gender	Female	Age	48
Race	Chinese	Language	English
Occupation	Homemaker	Address Type	
Address	2A ARDMORE PARK #04-00	Mobile No	96363636
	SINGAPORE 259948		
Is Informant A	Yes		
Victim?			

Signature Of Officer Recording The Report:	Signature Of Informant
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter:	Date/Time:
Not applicable	30/03/2019 17:37
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

POLICE REPORT



SINGAPORE
POLICE FORCE



E/20190330/7018

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20190330/7018

Person Name	LIM LI PING (Informant)
-------------	-------------------------

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: 30/03/2019 17:37
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S70243051

Photo



LIM LI PING
林麗屏

Sex
CHINESE
Date of Birth 30-07-1970
Country of Birth SINGAPORE

No. F



3749000



IDENT. NO. S70243051



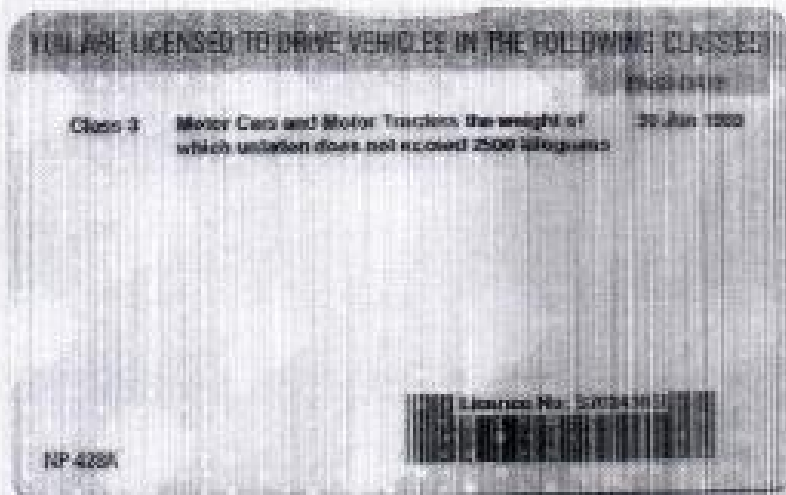
Member Group
No. 05-03-1001

Address
14 ARONORE PARK, #04-00
SINGAPORE 256048
NRIC No. S70243051

Valid Until
25-10-2003

No. S70243051

Driving License



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500200 / GST Reg. No: M400017733

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : RAH119042283 Vehicle Registration No: SC4 IK
Name (as shown in NRIC) : Lim Li Ann NRIC/FIN/Passport No : S7024805 I
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 97999593
Email Address : _____
Date of Accident : 29/02/2011 Time of Accident : 18:30
Place of Accident : SCONS ROAD TOWARDS NEWTON ROAD. CIRCUIT
Insurance Company : LIBERTY

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TIP VEHICLE NUMBER 70 FBH 5250R

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Ralph
NRIC/FIN No: W000000
Date: 15/04/2011