

## 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	02/05/2019 16:30
Date Of Accident	02/05/2019 06:50
Exact Location Of Accident	BISHAN STREET 23
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH5490P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIM LING YIM (SHEN LINGYING)
NRIC No	S7140366A
Email Address	FISHDOR113@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93384089
Alternative Phone No	OTHERS-93384089

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS HYBRID 1.8 HATCHBACK
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	DMPPHQ19-000904

### Driver

Name of Driver	SIM LING YIM (SHEN LINGYING)
NRIC No	S7140366A
Date Of Birth	27/10/1971
Occupation	INDOOR
Date Of Driving Pass	30/08/1993
Driving Experience	25 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93384089
Fax Number	
Contact Number	OTHERS-93384089
Email Address	FISHDOR113@GMAIL.COM

Address	BLK 221 BISHAN STREET 23 #08-127
Postcode	579221
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	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?	
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	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 20 BISHAN STREET 23 , <b>POSTCODE:</b> 579757 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5529999 - <b>FAX NO:</b> 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT: T/20190502/2009.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO - ESTEEM PERFORMANCE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKJ1197B
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)

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: 2/5/19

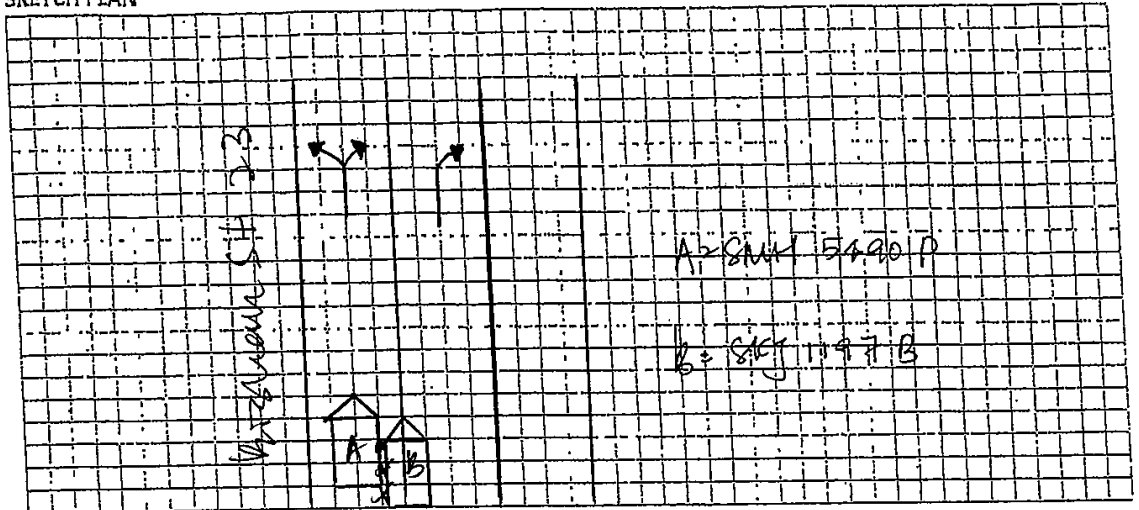
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 2/5/19

Reporting Centre Personnel's Signature  
Name: Poh Kwee Choo  
NRIC/FIN N86840583A

- 2 MAY 2019  
GIARMC SketchPlanForm\_V3 (b: 3047)

- 2 MAY 2019  
cb: JMS

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer as police report: T/20190502/2009

DECLARATION

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

Policyholder's Signature

Date & Time: 2 MAY 2019

GIARMC SketchPlanForm\_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

- 2 MAY 2019

Reporting Centre (Name)

Name: 6840583A

NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20190502/2009

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

1 of 3

Report No. T/20190502/2009

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/05/2019 08:00		Vide Report No.:		Station Diary No.: 33
<b>Informant's Particulars</b>				
Name of Informant: SIM LING YIM		Address: APT BLK 221 BISHAN STREET 23 #08-177 SINGAPORE 570221		
ID Type / ID No.: NRIC NO / S7140366A		Contact No.: Home/Office: Mobile: 93384089		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 47	Date of Birth: 27/10/1971	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
*Occupation: TEACHER		Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 02/05/2019 06:55	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 BISHAN STREET 23 BISHAN STREET 22				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKJ1479- (Not 1197 & Accurate)	Car					0
SMH5490P	Car	TOYOTA	PRIUS HYBRID 1.8S A	Blue	Slightly Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20190502/2009

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

2 of 3

Report No. T/20190502/2009

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMH5490P	EQ INSURANCE COMPANY LTD.	DMPPHQ19-000904	25/01/2019	24/01/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	SIM LING YIM		ID No.	S7140366A
Related Vehicle	SMH5490P (Car)		Contact No.	93384089
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 02/05/2019 at about 6.55am, I was driving along Bishan Street 23 turning left to Bishan St 22. During that point of time the traffic was moderate. When I was waiting for the front vehicle to move off, I felt an impact from the right side of my vehicle. I looked up and I noticed that one light colour vehicle bearing SKJ1179? (unknown suffix) hit my vehicle and continue to drive off. After the impact, I turned right and I lost sight of the vehicle. I noticed that it was a female driver. Due to the accident, my vehicle right side was scratched and right side mirror was being reversed by the impact.



**SINGAPORE  
POLICE FORCE**



T/20190502/2009

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

3 of 3


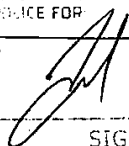
Report No. T/20190502/2009

**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: E / Staff Sgt ONG KIAN KENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/05/2019 08:00
Officer In Charge Of Case: TP / HRT / SSI GOH GEOK LYE Contact No.: 65476148	Classification Of Case:
Authentication Stamp NP168	SN 061
  SIGNATURE	



## INSURANCE COVER NOTE Pg. 1

EQ Insurance Company Limited  
5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110  
tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg  
reg no. 1978-00490-N



Quote Ref : PIMPP19-000323

### MOTOR COVER NOTE

Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third Party Risks and Compensation) Rules 1960  
Road Transport Act 1987 (Malaysia)  
Motor Vehicles (Third Party Risks and Compensation) Rules 1959 (Malaysia)

SCHEDULE			
Intermediary Name :	Esteem Performance Pte Ltd	Intermediary Code :	A000277
Policy No.	DMPPHQ19-000904	Cover Note No :	GMPPHQ19-000042
Name of Insured	SIM LING YIM (SHEN LINGYING)		
Registration Number	SMH5490P		
Make / Model	TOYOTA PRIUS HYBRID 1.8 Hatchback 1797cc		
Year of Registration	2019		
Cubic Capacity	1797		
Engine Number	2ZR6893692		
Chassis Number	ZVW508034828		
Cover Type	Comprehensive Premier		
Est. Sum Insured	Market Value At The Time Of Loss		
Period of Insurance	25/01/2019 TO 24/01/2020		
Hire Purchase Company	STANDARD CHARTERED BANK (SINGAPORE) LIMITED		
Excess	Insured & Named Driver : S\$600.00(Section 1 - Own Damage) Unnamed Driver : S\$1100.00(Section 1 - Own Damage) Young, Elderly &/or Inexperienced Driver : Additional S\$3000.00 WindScreen : S\$100.00		

The Insured having proposed for insurance the Motor Vehicle as described herein, we hereby confirm we HOLD COVER this risk for the period as stated in the Schedule, subject to the terms and conditions of the Company's standard Motor Policy. In the event this cover is terminated by us in written notice, a proportionate part of the annual premium will be charged for the time the Company has been on risk.

We hereby certify that this Cover Note is issued in accordance with the provisions of Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

EQ Insurance Company Limited

Authorised Signatory

#### Note

Young, Elderly &/or Inexperience Driver (YEIDR) refers to any person authorized to drive who is below 26 years old or above 70 years old and/or the holder of a qualified driving licence of less than 2 years duration.

Issued Date : 25/01/2019 16:01

This Cover Note is valid for 30 days from the first day of the Policy Period.

#### PREMIUM WARRANTY

##### Applicable To Individual Policyholder

Please note that the premium in full must be paid before the inception date shown above in order for the insurance cover to be valid.



**REPUBLIC OF SINGAPORE** DRIVING LICENCE

Licence Number **S7140366A**  
Name:  
**SIM LING YIM**  
**(SHEN LINGYING)**

Birth Date: **27 Oct 1971**  
Issue Date: **26 Aug 2003**




 000772953F

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

	PASS DATE
<b>Class 3</b> Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	<b>30 Aug 1993</b>

NP 428A

Licence No: S7140366A 

SCENE PHOTO



Accident Photo





Accident Photo



Accident Photo



Accident Photo





CHASSIS NUMBER

