

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	24/01/2019 16:15
Date Of Accident	23/01/2019 09:40
Exact Location Of Accident	513 WEST COAST ROAD OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ5158K
Insured/Policyholder	
Name Of Registered Owner	STARS RENTAL & LEASING
Co Reg No	53312317L
Email Address	STARSRENTLEASE@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-88583383

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC SIR
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5101371523
Cover Note Number	

Driver

Name of Driver	LIM SOON KEAT, SIMON
NRIC No	S8710702G
Date Of Birth	09/04/1987
Occupation	OUTDOOR
Date Of Driving Pass	29/03/2007
Driving Experience	11 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88583383
Fax Number	
Contact Number	
Email Address	SIMONLIM87@GMAIL.COM

Address	BLK 513 WEST COAST ROAD #03-463 SINGAPORE
Postcode	120513
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD7207J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

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.



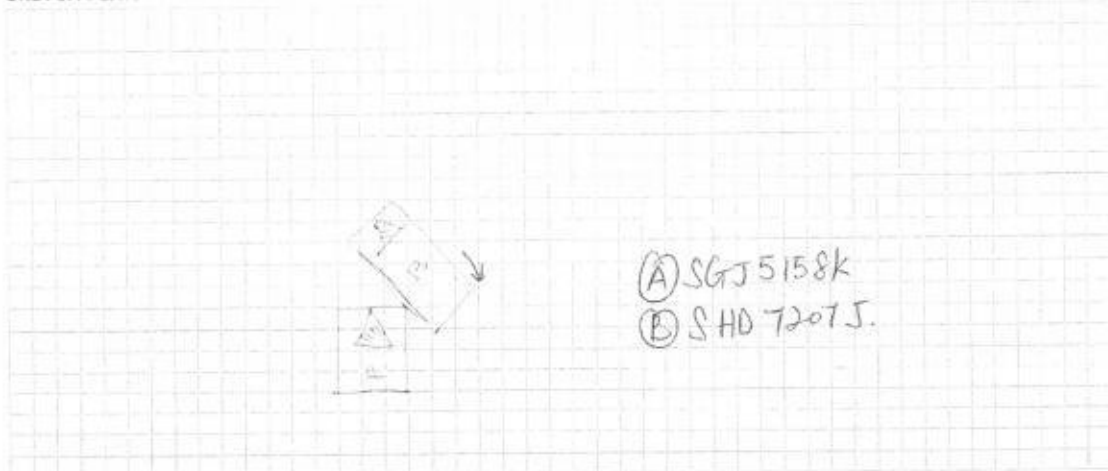
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 14/05/2017 10:30

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



① SGJ 5158K
② SHD 7207J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 23/01/2019 AT ABOUT 2.00HRS I PARKED MY VEHICLE AT THE CARPARK NEAR TO MY HOUSE AT BLOCK 152 WEST WOOD ROAD.

ON 23/01/2019 AT ABOUT 12.00HRS, I WENT TO THE CARPARK TO RETRIEVE MY VEHICLE. AT THAT POINT OF TIME, I DID NOT CHECK FOR ANY DAMAGE.

AT ABOUT 12.00HRS, WHEN I RETURNED HOME AND PARKED MY VEHICLE AT THE CARPARK, I DISCOVERED THAT THERE ARE SOME BLUE PAINT SCRATCHES ON THE RIGHT CORNER OF MY VEHICLE'S FRONT BUMPER. I REVIEWED MY IN-CAR CAMERA'S RECORDING AND DISCOVERED THAT ON 23/01/19 AT ABOUT 2.00HRS, A BLUE HONDA CIVIC FOUR-DOOR TAXI WAS REVERSING IN THE PARKING LOT NEXT TO MY VEHICLE AND IT SUBSEQUENTLY COLLIDED WITH MY VEHICLE. THE SAID TAXI WAS SEEN ADJUSTING ITS POSITION AND SUBSEQUENTLY PARKED ON THE RIGHT SIDE OF MY VEHICLE. THE DRIVER DID NOT MAKE ANY EFFORT TO ASSESS THE DAMAGE OR LEAVE ANY NOTE BEHIND.

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.:

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190123/2193

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3
Report No. T/20190123/2193

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/01/2019 22:15		Vide Report No.:		Station Diary No.: 179	
Informant's Particulars					
Name of Informant: LIM SOON KEAT, SIMON			Address: APT BLK 513 WEST COAST ROAD #03-463 SINGAPORE 120513		
ID Type / ID No.: NRIC NO / S8710702G			Contact No.: Home/Office: Mobile: 88583383		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 09/04/1987	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SALES EXECUTIVE			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 23/01/2019 09:40	Type of Location: Car Park
Location: Along Road 1 WEST COAST ROAD Open carpark near to Blk 513.				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
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
SGJ5158K	Car	HONDA	Civic	White	Slightly Damaged	0
SHD7207J	Car	TOYOTA	Prius	Blue		0



**SINGAPORE
POLICE FORCE**



T/20190123/2193

2 of 3

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20190123/2193

CONTINUATION OF REPORT

Brief Details.

On 22/01/2019 at about 2100hrs, I parked my vehicle at the open carpark near to my house.

On 23/01/2019 at about 1000hrs, I went to the carpark to retrieve my vehicle. At that point of time, I did not check for any damage.

At about 1800hrs, when I returned home and parked my vehicle at the car park, I discovered that there are some blue colour scratches on the right corner of my vehicle's front bumper. I reviewed my in-car camera's recording and discovered that on 23/01/2019 at about 0940hrs, a blue colour taxi was reversing in the parking lot next to my vehicle and it subsequently collided with my vehicle. The said taxi was seen adjusting its position and subsequently parked on the right side of my vehicle. The driver did not make any effort to assess the damage or leave any note behind.

I can provide to video recording to the traffic police for investigation purpose.

Accident Sketch Plan Pg. 1



SINGAPORE
POLICE FORCE



T/20190123/2193

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

3 of 3

Report No. T/20190123/2193

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:

D /

Sgt 2 PAY ZHIQIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

SI ABDUL KAREEM BIN ABDUL HAGUE

Contact No.: 65476079

Signature Of Informant:

Date/Time:

23/01/2019 22:15

Classification Of Case:

Authentication Stamp

NP188

POLICE FORCE

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