## Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 05/09/2019 01:39

### SINGAPORE ACCIDENT STATEMENT

rules morn-10AM

BURUSY

### 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 witholding 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

|  | ACCIDENT STATEMENT                               |
|--|--|
| Date Of Report   | 04/09/2019 23:33                                 |
| Date Of Accident   | 02/09/2019 19:15                                 |
| Exact Location Of Accident   | TELOK AYER STREET PARALLEL PARKING IN FRONT SHOP |
| Country/State of Loss  | SINGAPORE  |
|  | DETAILS OF OWN VEHICLE                           |
| Vehicle Registration Number  | SMC4527B   |
| Insured/Policyholder   |  |
| Name Of Registered Owner   | LIM SHAN WE                                      |
| NRIC No  | S9433218D  |
| Email Address  | CHOYYELISE@GMAIL.COM                             |
| Mobile Phone No  | (LOCAL) +65-91133020                             |
| Alternative Phone No   | OFFICE-91133020                                  |
| Vehicle Particulars  |  |
| Manufacturer   | HONDA  |
| Model  | SHUTTLE 1.5G CVT                                 |
| Exact Purpose for which vehicle was being used at time of accident           | PRIVATE  |
| 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  | AVIVA LTD  |
| Type Of Coverage   | COMPREHENSIVE                                    |
| Fleet Policy   | NO   |
| Policy Number  | 10925054   |
| Cover Note Number  |  |
| Driver   |  |
| Name of Driver   | LIM SHAN WE                                      |
| NRIC No  | S9433218D  |
| Date Of Birth  | 07/09/1994                                       |
| Occupation   | INDOOR   |
| D-1- O( D-1 : D  |  |

21/03/2014

**FEMALE** 

5 YEARS AND 5 MONTHS

(LOCAL) +65-91133020

CHOYYELISE@GMAIL.COM

Date Of Driving Pass

Driving Experience

Gender Experience

Mobile Number

**EMail Address** 

Fax Number

Contact Number OFFICE-91133020

Page 1 of 28

Address

NIL

Postcode

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

2

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

#### **Details of Police Action**

Was the accident reported to the police?

YES

NO

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER]

BEDOK SOUTH NPC

Was notice of intended Prosecution given?

If Yes, against whom?

### Circumstances of Accident

REFER TO POLICE REPORT NO.T/20190903/2131 LODGE AT BEDOK SOUTH NPC ON 02/09/2019 AT ABOUT 1850HRS, I PARKED MY VEHICLE AT THE PARALLEL PARKING IN FRONT OF THE SHOP (FU LIN) ALONG TELOK AYER STREET. SUBSEQUENTLY I SECURED MY VEHICLE AND LEFT FOR DINNER NEARBY. AT ABOUT 1945HRS TO 2000HRS, I CAME BACK TO MY VEHICLE ANS SAT IN MY CAR. ALL OF A SUDDEN, TWO PASSERBY CAME TO MY DRIVER SIDE WINDOW AND SIGNALED FOR ME TO WIND DOWN THE WINDOW. I WINDED DOWN THE WINDOW AND THEY TOLD ME TO CHECK THE FRONT PART OF MY VEHICLE AS THEY SAW MY CAR JERKED FOR A MOMENT AND THE FRONT CAR DROVE OFF. THEY MANAGE TO PROVIDE ME WITH THE PLATE NUMBER SLK323T. I MAKE A CHECK ON THE FRONT PART HOWEVER, I COULD NOT SEE CLEARLY IF THERE ARE ANY DAMAGES AS IT WAS DARK. SUBSEQUENTLY I VIEWED THE IN CAR CAMERA AND SPOILED ON 02/09/2019 AT ABOUT 1915HRS, A GREY MERCEDES BENZ BEARING THE PLATE NUMBER SLK323T REVERSED INTO THE FRONT PART OF MY CAR. SUBSEQUENTLY THE DRIVER STEPPED OUT OF THE VEHICLE AND CHECK ON THE DAMAGES. WITHIN 30 SECONDS, THE DRIVER WENT BACK INTO HIS VEHICLE AND DROVE OFF. I WISH TO STATE THAT THE DRIVER DID NOT LEAVE ANY NOTE OR ANY FORM OF CONTACT. I BELIEVE THIS IS A CASE OF HIT AND RUN. I AM LODGING TO SEEK FOR POLICE ASSISTANCE AND FOR MY INSURANCE PURPOSE

### 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 SLK323T

Vehicle Make/Model/Colour MERCEDES BENZ / E200 AVG (R18 LED)

Details Of Properties NA

Vehicle Category PRIVATE CAR

Name of Driver NA

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 clarms process.
  2. This Form must be completed by the Policyholider 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 repudlate policy liability.
  4. The issue and acceptance of this form by insurance companies is not an admission of policy hability on the part of insurance companies.
  5. Any false reporting may be referred to the Police for investigation.
  6. The report will be forwarded by the insurence 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 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.
  8. Consent under the Personal Data Protection Act (PDPA).

- 8. Consent under the Personal Data Protection Act (PDPA)

Gonsent 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, declose 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 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 posses).

(i) precessing, 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

- (a) 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.

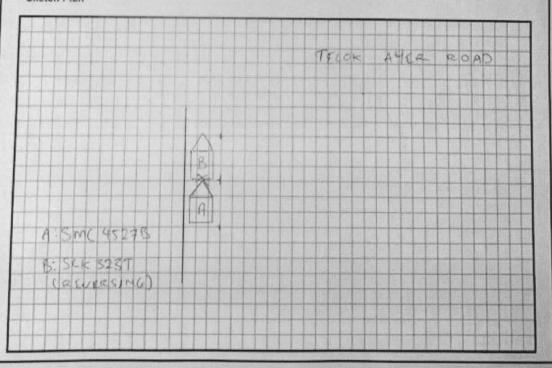
VERIFIED BY AJAX MARS REPORTING OFFICER

Muhammad Faizal

Bin Pabila Personnel

Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time Witnessed by Reporting Centre

## Sketch Plan







1 of 3

Report No. T/20190903/2131

Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

| REPORT OF A TRAFFIC ACCIDEN | т |
|-----------------------------|---|

| Date/Time Report Made: 03/09/2019 17:53  |            | flade:                    | Vide Report No.:                                      | No. of Street, or other Persons and Street, o | Station Diary No.:<br>46 |  |
|--|------------|---------------------------|---|--|--------------------------|--|
| Informan                                 | t's Partic | ulars                     |   |  | Market Barrier           |  |
| Name of Informant:<br>LIM SHAN WEN       |            |                           | Address: 53 TAMPINES AVENUE 1 #08-04 SINGAPORE 529772 |  |                          |  |
| ID Type / ID No.:<br>NRIC NO / S9433218D |            |                           | Contact No.: Home/Office: Mobile: 91133020            |  |                          |  |
| Nationality:<br>SINGAPORE CITIZEN        |            | ΈN                        | Email:  |  |                          |  |
| Sex:<br>Female                           | Age:       | Date of Birth: 07/09/1994 | Type of Informant: Vehicle Owner                      |  |                          |  |
| Race:<br>Chinese                         |            |                           | Language: Institution /                               |  | ion / School Name:       |  |
| Occupation:<br>Self-Employed             |            | Literatura literatura     | Driving Licence Information:<br>Class: 3A             | Date o   | f Expiry:                |  |

| Type of Accident:                                | Non-Injury<br>Hit and Run | Drink<br>Drive:<br>No              | Date/Time of<br>Accident:<br>02/09/2019 19:15 | Type of Location              |  |
|--|---------------------------|------------------------------------|---|-------------------------------|--|
| Location: Along Road 1 TELOK AYEF Parallel parki |                           | ) (Fu Lin)                         |   |                               |  |
| Weather:<br>Clear                                | Road S<br>Dry             |                                    |   | Road Speed Limit:             |  |
| Traffic Flow:                                    |                           | Traffic Control:<br>Not Controlled |   | Traffic Volume:<br>No Traffic |  |
| One Way  |                           |                                    |   |                               |  |

| Details of V | ehicle Invol | ved              |                     |       |                     | 4 4 4 4 4 4     |
|--------------|--------------|------------------|---------------------|-------|---------------------|-----------------|
| Vehicle No.  | Туре         | Make             | Model               | Color | Condition           | No of Passenger |
| SLK323T      | Car          | MERCEDES<br>BENZ | MERCEDES<br>BENZ    | Grey  |                     | 0               |
| SMC4527B     | Car          | HONDA            | SHUTTLE<br>1.5G CVT | Black | Slightly<br>Damaged | 0               |

| Details of Person Involved      |                                |  |  |  |  |
|---------------------------------|--------------------------------|--|--|--|--|
| Any Pedestrian Involved: No     |                                |  |  |  |  |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |  |  |  |  |





Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999 2 of 3 Report No. T/20190903/2131

#### **CONTINUATION OF REPORT**

| Vehicle Owner    |                |          |         |                                     |           |                                  |
|------------------|----------------|----------|---------|-------------------------------------|-----------|----------------------------------|
| Name             | LIM SHAN WEN   |          | ID No   |                                     | S9433218D |                                  |
| Related Vehicle  | SMC4527B (Car) |          |         | Conta                               | ct No.    | 91133020                         |
| Hospital/Clinic  | NIL            |          |         | Class<br>Drivin<br>Licent<br>Expiry | g         | Class: 3A<br>Date of Expiry: NIL |
| Date Treatment   | NIL Date Dis   |          |         | charge                              | NIL       |                                  |
| No. of Days gran | NIL            | Degree o | fInjury | NIL                                 |           |                                  |

### **Brief Details.**

On 02/09/2019 at about 1850hrs, I parked my vehicle at the parallel parking in front of the shop (Fu Lin) along Telok Ayer Street. Subsequently I secured my vehicle and left for dinner nearby.

At about 1945hrs to 2000hrs, I came back to my vehicle and sat in my car. All of a sudden, two passerby came to my driver side window and signaled for me to wind down the window. I winded down the window and they told me to check the front part of my vehicle as they saw my car jerked for a moment and the front car drove off. They manage to provide me with the plate number (SLK323T). I make a check on the front part however I could not see clearly if there are any damages as it was dark.

Subsequently I viewed the in-car camera and spotted on 02/09/2019 at about 1915hrs, a Grey Mercedes Benz bearing the plate number SLK323T reversed into the front part of my car. Subsequently the driver stepped out of the vehicle and check on the damages. Within 30 seconds, the driver went back into his vehicle and drove off.

I wish to state that the driver did not leave any note or any form of contact. I believe this is a case of hitand-run. I am lodging to seek for police assistance and for my insurance purpose.





3 of 3

Report No. T/20190903/2131

Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

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: G / Sgt 3 SAM YEO WEN MING                 | Signature Of Informant:     |
|---|-----------------------------|
| Signature Of Interpreter:<br>Not applicable   | Date/Time: 03/09/2019 17:53 |
| Officer In Charge Of Case: TP / HRT / Sr Staff Sgt NEO ZHI YUAN Contact No.: 65476079 | Classification Of Case:     |
| Authentication Stamp NP168  |                             |