

## 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	25/10/2019 16:39
Date Of Accident	24/10/2019 18:05
Exact Location Of Accident	BLANDFORD DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG25A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DARYL LIM SOON CHEONG
NRIC No	S7415506E
Email Address	DARYL246@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86999789
Alternative Phone No	OTHERS-86999789

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	EVO

Exact Purpose for which vehicle was being used at time of accident

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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA283919
Cover Note Number	

### Driver

Name of Driver	DARYL LIM SOON CHEONG
NRIC No	S7415506E
Date Of Birth	17/05/1974
Occupation	INDOOR
Date Of Driving Pass	07/09/1992
Driving Experience	27 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86999789
Fax Number	
Contact Number	OTHERS-86999789
Email Address	DARYL246@GMAIL.COM

Address	25 BLANDFORD DRIVE
Postcode	559818
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?	NO
Was any other material or property damaged?	NO
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	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 60 HOUGANG AVE 9 , <b>POSTCODE:</b> 538775 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4890999 - <b>FAX NO:</b> 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT

#### 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	SKQ5373X
Vehicle Make/Model/Colour	NISSAN ALMERA GREY
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 Pg. 1

### 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:

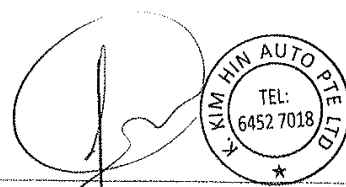
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

25/10/2019 @ 4.20pm

Driver's Signature

(If driver is not the policyholder) Date  
& Time:



Reporting Centre Personnel's Signature

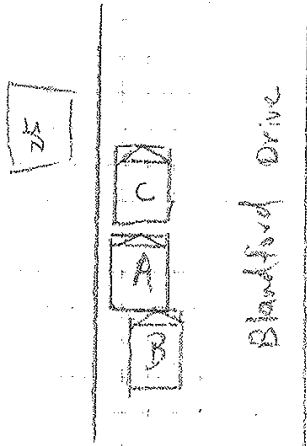
Name:

NRIC/FIN No.:

## Sketch Plan Pg. 2

### SKETCH PLAN

Date & Time of Accident: 24/10/19 / 1805 Location: Blandford Drive  
Veh A: SLG 25 A Veh B: SKG 5373X Veh C/Others: SMG 8932S



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS Refer Police Report NO T/2991024/2188

Video footage is provided by my another car SMG89328 (Vehicle C).

<input type="checkbox"/>	Own Damage Claim at Lim Tan Motor	<input checked="" type="checkbox"/>	TP Claim at Lim Tan Motor	
<input type="checkbox"/>	Own Damage Claim at Other Workshop	<input type="checkbox"/>	TP Claim at Other Workshop	<input type="checkbox"/> Reporting Only

I/We hereby authorised Lim Tan Motor Pte Ltd to forward my/our filed GIA accident report to:-

My/Our workshop via email: Venus@Ltm.sg  
My/Our email: daryl246@gmail.com

## 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..



**SINGAPORE  
POLICE FORCE**



T/20191024/2188

1 of 3

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20191024/2188

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/10/2019 21:59	Vide Report No.:	Station Diary No.: 213
--	------------------	---------------------------

Informant's Particulars			
Name of Informant: DARYL LIM SOON CHEONG		Address: 25 BLANDFORD DRIVE SINGAPORE 559818	
ID Type / ID No.: NRIC NO / S7415506E		Contact No.: Home/Office: Mobile: 86999789	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 45	Date of Birth: 17/05/1974	Type of Informant: Vehicle Owner
Race: Chinese		Language: English	Institution / School Name:
Occupation: ENGINEER		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: 24/10/2019 18:05	Type of Location: Straight Road
Location: Along Road 1 BLANDFORD DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
SKQ5373X	Car	NISSAN	ALMERA	Grey		0
SLG25A	Car	MITSUBISHI	EVO	Grey		0



**SINGAPORE  
POLICE FORCE**



T/20191024/2188

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

2 of 3

Report No. T/20191024/2188

**CONTINUATION OF REPORT**

**Brief Details.**

On 24/10/2019 at about 1808hrs, I heard a loud collision noise outside my house 25 Blandford Drive. As I got out of my house main door, I noted a Nissan Almera (SKQ5373X) with a P-plate turning out from the rear end of my parked vehicle Mitsubishi Evo (SLG25A) and sped off. I was trying to take a picture of the vehicle but wasn't quick enough.

I inspected my vehicle and noticed the rear bumper was damaged. I retrieved the in-vehicle camera footage from another of my parked vehicle SMG8932S and it captured the said vehicle hit and run without alighting nor left any contact details.



**SINGAPORE  
POLICE FORCE**



T/20191024/2188

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

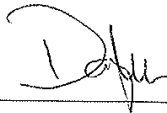
3 of 3  
Report No. T/20191024/2188

CONTINUATION OF REPORT

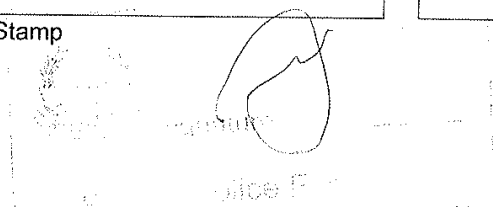
**Sketch Plan**

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: F / Sgt 2 YAP WEI YANG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 24/10/2019 21:59
Officer In Charge Of Case: TP / HRT / Insp GOH GEOK LYE Contact No.: 65476148	Classification Of Case:

Authentication Stamp  
NP168





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

