## 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 <u>truthful and accurate</u> 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 aforesaid.

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	ACCIDENT STATEMENT
Date Of Report	06/04/2020 17:49
Date Of Accident	04/04/2020 15:40
Exact Location Of Accident	BLK 682 HOUGANG AVE 4 OPEN CARPARK LOT NUMBER 84
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKV4080X
Insured/Policyholder	
Name Of Registered Owner	MR LIM SIN KHAI
NRIC No	SXXXX882D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97875832
Alternative Phone No	OFFICE-97875832
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	19-MW008884-R03
Cover Note Number	
Driver	
Name of Driver	MR LIM SIN KHAI

Name of Driver

NRIC No

SXXXX882D

Date Of Birth

Occupation

OUTDOOR

Date Of Driving Pass

MR LIM SIN KHAI

SXXXX882D

OUTDOOR

14/04/1978

Driving Experience 41 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97875832

Fax Number

Contact Number OFFICE-97875832

EMail Address NOEMAIL

BLK 962 HOUGANG AVE 9 #03-582 Address

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

2

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 0

Number of Passengers (Including Driver)

## **Details of Police Action**

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name HOUGANG NEIGHBOURHOOD POLICE CENTRE

ROAD: 60 HOUGANG AVE 9, POSTCODE: 538775, COUNTRY: Police Station Address

**SINGAPORE** 

TEL NO: 1800-4890999 - FAX NO: 63128989 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

## **Circumstances of Accident**

#### REFER TO POLICE REPORT T/20200404/2090

## Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

**GBE3214E** Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

COMMERCIAL VEHICLE

Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Page 2 of 14

Nature Of Damage

No. Of Passenger (Including Driver)

#### Accident Sketch Plan

#### SKETCH PLAN

## IMPORTANT NOTICE

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- 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.
- 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.
- 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 ".
  - 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:
  - 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

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		
		A = SKV 4080
	8	A = 5KV 40802 B = 5CE 32148
	84	
	81K 682 Ways	Ave 4 Open Carpork
	01/ 342 1303 449	AVE I SPESS LAPPERS
ESCRIBE CIRCUMSTA	NCES OF THE ACCIDENT	
Refer	to Police Repo	rt 7/20200404/2090
	/	
ECLARATION		
	particulars are true in every respect.	1.1
1		+4
64		
olicyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

GIARMC Suggistration on V3

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# **POLICE REPORT**





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

1 of 3 Report No. T/20200404/2090

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/04/2020 21:17		Vide Report No.:	Station Diary No.		
Informa	nt's Partic	ulars	A STATE OF THE		
Name o LIM SIN	f Informant: KHAI		Address: APT BLK 962 HOUGANG AVENUE 9 #03-582 SINGAPO 530962		
ID Type / ID No.: NRIC NO / S1294882D		82D	Contact No.: Home/Office:	Mobile: 97875832	
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Age: Date of Birth; Male 62 17/03/1958			Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Other commercial and marketing sales representatives			Driving Licence Information Class: 2B,2A,2,3,4,5	on: Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 04/04/2020 00:00	Type of Location	
Location: Along Road 1 HOUGANG A At Blk 682 Ho	VENUE 4	en carpark, lot numbe	r 84.		
		Road Surface: Dry	R	Road Speed Limit:	
net en en		Traffic Control:	Т	Traffic Volume:	
Traffic Flow:					

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBE3214E	Lorry					0
SKV4080X	Car	тоуота	COROLLA ALTIS 1.6 AUTO	Silver	Slightly Damaged	0

Details of Vehicle Insurance			All Francisco	
Vehicle No. Insurance Company	In the second	surance No	Effective	Expiry Date

## POLICE REPORT





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

2 of 3 Report No. T/20200404/2090

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKV4080X	TOKIO MARINE INSURANCE SINGAPORE LTD.	MW008884	05/10/2015	25/04/2021

## Brief Details.

On 04/04/2020 at 1505hrs, I parked my vehicle, SKV 4080X at Blk 682 Hougang Avenue 4's open carpark and everything was normal. I wish to state that I parked my vehicle at lot number: 84.

On same date at about 1610hrs, I went to retrieve my vehicle and drove back home. At the point of time, I did not check my vehicle for any damages. At about 1615hrs, I reached home and discovered scratches, dents on the right side of my vehicle's front bumper.

Furthermore, there are also other damages such as cracked headlight and the bumper was also slightly dislodged. I then reviewed my in car CCTV and discovered that on same day at about 1539hrs, there was one lorry, GBE 3214E reversed into the parking lot just beside me. However, the said lorry then turn out and too early and collided onto my vehicle causing the said damages.

This is the first time such an incident had happened. I am lodging this report for record and insurance purposes.

# **POLICE REPORT**





3 of 3

Report No. T/20200404/2090

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

Sketch Plan

NP168

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 <u>report number</u> as reference.

Signature Of Officer Recording The Report: F / Sgt 1 ONG YU HAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/fime: 04/04/2020 21:17
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt NEO ZHI YUAN Contact No.: 65476079	Classification Of Case:
Authentication Stamp	

# **Accident Photo**



# **Accident Photo**









