

## 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             | 15/06/2020 09:56 |
| Date Of Accident           | 14/06/2020 12:45 |
| Exact Location Of Accident | KIM KEAT CLOSE   |
| Country/State of Loss      | SINGAPORE        |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SMF893D              |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | LIM KAH LIP          |
| NRIC No                     | SXXXX635Z            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-97724335 |
| Alternative Phone No        | OTHERS-97724335      |

### Vehicle Particulars

|  |                   |
|--|-------------------|
| Manufacturer   | TOYOTA            |
| Model  | VIOS 1.5 E (AUTO) |
| 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 | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5104945623-01                          |
| Cover Note Number         | 26/10/2019 - 25/10/2020                |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | LIM KAH LIP           |
| NRIC No              | SXXXX635Z             |
| Date Of Birth        | 31/12/1957            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 30/09/1976            |
| Driving Experience   | 43 YEARS AND 8 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-97724335  |
| Fax Number           |                       |
| Contact Number       | OTHERS-97724335       |
| Email Address        | NOEMAIL               |

|   |                                   |
|---|-----------------------------------|
| Address   | BLK 540 BEDOK NORTH ST 3 #07-1224 |
| Postcode  | 460540                            |
| 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?   | 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                       | WHAMPOA NEIGHBOURHOOD POLICE POST   |
| Police Station Address                    | <b>ROAD:</b> BLK 29 JALAN BAHAGIA , <b>POSTCODE:</b> 320029 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-2507999 - <b>FAX NO:</b> 63554314                                   |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

REFER POLICE REPORT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |             |
|-----------------------------|-------------|
| Vehicle Registration Number | SCU1546P    |
| 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

### SKETCH PLAN

VEHICLE NO.: SMF893D  
INSURER : NTUC  
DATE & TIME: 14/06/20 12:45

### IMPORTANT NOTICE

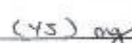
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

### Sketch Plan #2

### SKETCH PLAN

Diagram illustrating a memory stack structure:

Stack (vertical list of boxes):

- Box A (top)
- Box B (bottom)

Labels:

- Left side: A, B
- Right side: Kim Keat Close

Values:

- A = 5MF893D
- B = 5CU1546

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

[illegible]

## 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 &amp; Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GdMTC Sketch Platform V3

☐ Claim Own Policy

☐ Claim Third Party

( ) Reporting Only

( ) Claim OD/TP at other workshop ( )





**SINGAPORE  
POLICE FORCE**



T/20200614/2027

Police Station Of Origin:  
Whampoa NPP  
29 Jalan Bahagia #01-368 SINGAPORE  
320029  
Tel No: 1800-2507999

1 of 3

Report No. T/20200614/2027

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                          |
|--|------------------|--------------------------|
| Date/Time Report Made:<br>14/06/2020 15:03 | Vide Report No.: | Station Diary No.:<br>18 |
|--|------------------|--------------------------|

**Informant's Particulars**

|  |            |                              |   |  |                            |
|--|------------|------------------------------|---|--|----------------------------|
| Name of Informant:<br>LIM KAH LIP        |            |                              | Address:<br>APT BLK 540 BEDOK NORTH STREET 3 #07-1224<br>SINGAPORE 460540 |  |                            |
| ID Type / ID No.:<br>NRIC NO / S1272635Z |            |                              | Contact No.:<br>Home/Office: Mobile: 97724335                             |  |                            |
| Nationality:<br>SINGAPORE CITIZEN        |            |                              | Email:  |  |                            |
| Sex:<br>Male                             | Age:<br>62 | Date of Birth:<br>31/12/1957 | Type of Informant:<br>Driver  |  |                            |
| Race:<br>Chinese                         |            |                              | Language:   |  | Institution / School Name: |
| Occupation:<br>Driving instructor/tester |            |                              | Driving Licence Information:<br>Class: Date of Expiry:                    |  |                            |

**General Information of the Accident**

|   |                           |                                    |  |                                    |
|---|---------------------------|------------------------------------|--|------------------------------------|
| Type of Accident:   | Non-Injury<br>Hit and Run | Drink Drive:<br>No                 | Date/Time of Accident:<br>14/06/2020 12:45 | Type of Location:<br>Straight Road |
| Location:<br>Along Road 1<br>KIM KEAT CLOSE                   |                           |                                    |  |                                    |
| Weather:<br>Clear   |                           | Road Surface:<br>Dry               | Road Speed Limit:                          |                                    |
| Traffic Flow:<br>Two Way                                      |                           | Traffic Control:<br>Not Controlled | Traffic Volume:<br>No Traffic              |                                    |
| Type of Collision:<br>Moving Vehicle Against - Parked Vehicle |                           |                                    | Anyone conveyed by ambulance:<br>No        |                                    |

**Details of Vehicle Involved**

| Vehicle No.               | Type | Make   | Model                | Color | Condition        | No of Passenger |
|---------------------------|------|--------|----------------------|-------|------------------|-----------------|
| SCU1546<br>(Not Accurate) | Car  |        |                      |       |                  | 0               |
| SMF893D                   | Car  | TOYOTA | VIOS 1.5 E<br>(AUTO) | Red   | Slightly Damaged | 0               |

**Details of Vehicle Insurance**

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|-------------------|--------------|-----------|-------------|
|-------------|-------------------|--------------|-----------|-------------|



**SINGAPORE  
POLICE FORCE**



T/20200614/2027

Police Station Of Origin:  
Whampoa NPP  
29 Jalan Bahagia #01-368 SINGAPORE  
320029  
Tel No: 1800-2507999

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Report No. T/20200614/2027

**CONTINUATION OF REPORT**

| Details of Vehicle Insurance |  |               |            |             |
|------------------------------|--|---------------|------------|-------------|
| Vehicle No.                  | Insurance Company                          | Insurance No  | Effective  | Expiry Date |
| SMF893D                      | NTUC Income Insurance Co-Operative Limited | 5104945623-01 | 26/10/2019 | 25/10/2020  |

| Details of Person Involved        |               |  |                                   |
|-----------------------------------|---------------|--|-----------------------------------|
| Any Pedestrian Involved: No       |               |  |                                   |
| No. of Pedestrians Injured: NIL   |               | Use of Pedestrian Crossing: NA         |                                   |
| Driver                            |               |  |                                   |
| Name                              | LIM KAH LIP   | ID No.                                 | S1272635Z                         |
| Related Vehicle                   | SMF893D (Car) | Contact No.                            | 97724335                          |
| Hospital/Clinic                   | NIL           | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL           | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL           | Degree of Injury                       | NIL                               |

**Brief Details.**

On 14/6/2020 at around 1240hrs, I parked my vehicle bearing VRN no: SMF893D along the side of Kim Keat Close and I stayed inside my vehicle as I was waiting for available parking lots. As I was waiting, I felt my a vibration coming from the front of my vehicle. I look up and noticed that one vehicle had just passed me on my right side and had side swipe me. I quickly horn at the other driver however the drive did not respond to my horns and continue to drive straight and left. At that point of time, I did not take down what color or model was the vehicle but could only took down the partial of the car plate number: SCU1546, unknown alphabet. Afterwards, I exited my car and made a checked on my vehicle and discovered some scratches at the front right bumper. In addition, at the point of incident my vehicle engine is still on and my car is installed with a in-car camera which is recording at that point of time.

I am lodging this report for insurance claims.

PR3



**SINGAPORE  
POLICE FORCE**



T/20200614/2027

Police Station Of Origin:  
Whampoa NPP  
29 Jalan Bahagia #01-368 SINGAPORE  
320029  
Tel No: 1800-2507999

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Report No. T/20200614/2027

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 /  
Sgt 1 CHEN DEHUA

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / HRT /  
Insp GOH GEOK LYE  
Contact No.: 65476148

Authentication Stamp  
NP168



Signature Of Informant:

Date/Time:  
14/06/2020 15:03

Classification Of Case: