#### 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.

| aforesaid.   |   |
|--|---|
|  | ACCIDENT STATEMENT                                |
| Date Of Report   | 04/08/2020 11:17                                  |
| Date Of Accident   | 03/08/2020 20:20                                  |
| Exact Location Of Accident   | 221A BOON LAY PLACE OPEN SPACE OPEN SPACE CARPARK |
| Country/State of Loss  | SINGAPORE   |
| D  | DETAILS OF OWN VEHICLE                            |
| Vehicle Registration Number  | SJR1605K  |
| Insured/Policyholder   |   |
| Name Of Registered Owner   | LIM SONG HUAT, PETER                              |
| NRIC No  | SXXXX058F   |
| Email Address  | NOEMAIL   |
| Mobile Phone No  | (LOCAL) +65-86602993                              |
| Alternative Phone No   | OFFICE-86602993                                   |
| Vehicle Particulars  |   |
| Manufacturer   | HYUNDAI   |
| Model  | HD AVANTE 1.6 A                                   |
| 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 HIRE                                      |
| Insurance Company  |   |
| Name of Insurance Company  | NTUC INCOME INSURANCE CO-OPERATIVE LTD            |
| Type Of Coverage   | THIRD PARTY                                       |
| Fleet Policy   | NO  |
| Policy Number  | 5109785449-01                                     |
| Cover Note Number  |   |
| Driver   |   |
| Name of Driver   | LIM SONG HUAT, PETER                              |

NRIC No SXXXX058F

Date Of Birth 10/01/1989

Occupation OUTDOOR

Date Of Driving Pass 06/06/2013

Driving Experience 7 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-86602993

Fax Number

Contact Number OFFICE-86602993

EMail Address NOEMAIL

Address BLK 814 JURONG WEST STREET 81

#03-198

Postcode 640814

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

2

NO

YES

NO

NO

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

cident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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?

If Yes, Please state which Police Station

Police Station Name NANYANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-7929999 - **FAX NO**: 67912972

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

REFER TO POLICE REPORT - T/20200803/2136.

Attachment(s)

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

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SKF6512M

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver LIM SWEE BENG

NRIC/Passport Number

Contact Number 93858879

Address Postcode

Insurance Company Name

Page 2 of 24

#### **Accident Sketch Plan**

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
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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.
- 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 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**

|                    | inopping Complex                    |                   |
|--------------------|-------------------------------------|-------------------|
|                    | 4                                   |                   |
| +-Pit +            |                                     |                   |
| LAST L             |                                     | Veh A: SJR 1605K  |
| N                  |                                     | Veh B: SCF 65124  |
| BUE 221            | Boon Lay Flace                      | Van 0.32 93       |
| open st            | pace car parte                      |                   |
|                    |                                     |                   |
|                    |                                     |                   |
|                    |                                     |                   |
| RIBE CIRCUMSTANCE  | S OF THE ACCIDENT                   |                   |
| IIDE CIRCONISTANCE | 3 OF THE ACCIDENT                   |                   |
|                    |                                     |                   |
|                    |                                     |                   |
|                    | Refer to police re                  | port              |
|                    |                                     |                   |
|                    | Report No                           | , T 20200803 2136 |
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| ARATION            |                                     |                   |
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#### Police Report





1 of 3

Report No. T/20200803/2136

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

| REPORT | OF A | TRAFFIC A | ACCIDENT |
|--------|------|-----------|----------|
|--------|------|-----------|----------|

| Date/Time Report Made: Vide Report | t No.: Station Diary | NO. |
|------------------------------------|----------------------|-----|
| 03/08/2020 23:15                   | 111                  |     |

| 03/08/2020 23:15                           |              |                              |   | 111   |  |
|--|--------------|------------------------------|---|---|--|
| Informa                                    | nt's Particu | ulars                        |   | NAME OF THE PARTY |  |
| Name of Informant:<br>LIM SONG HUAT, PETER |              |                              | Address:<br>APT BLK 814 JURONG WEST STREET 81 #03-198<br>SINGAPORE 640814 |   |  |
| ID Type / ID No.:<br>NRIC NO / S8901058F   |              | 58F                          | Contact No.:<br>Home/Office: Mobile: 86602993                             |   |  |
| Nationality:<br>SINGAPORE CITIZEN          |              | EN                           | Email:  |   |  |
| Sex:<br>Male                               | Age:         | Date of Birth:<br>10/01/1989 | Type of Informant:<br>Vehicle Owner                                       |   |  |
| Race:<br>Chinese                           |              |                              | Language:<br>English  | Institution / School Name:  |  |
| Occupation:<br>BANKING EXECUTIVE           |              |                              | Driving Licence Information:<br>Class: 2B,3                               | Date of Expiry:   |  |

| Type of<br>Accident:   | Non-Injury   | Drink<br>Drive:<br>No                  | Date/Time of<br>Accident:<br>03/08/2020 20:20 | Type of Location<br>Car Park     |  |
|--|--|--|---|----------------------------------|--|
| Location:<br>Along Road 1<br>BOON LAY P<br>Location: 221<br>Boon Lay Ma<br>Weather:<br>Clear | LACE<br>A Boon Lay pl, S(641<br>rket's Open space Ca | 221)<br>erpark<br>Road Surface:<br>Dry |   | Road Speed Limit:                |  |
| Traffic Flow:<br>One Way   |  | Traffic Control:<br>Not Controlled     |   | Traffic Volume:<br>No Traffic    |  |
| Type of Collis   | sion:<br>de Against - Parked V                       | /-hisla                                |   | Anyone conveyed by<br>ambulance; |  |

| Details of V | ehicle Invo | ived    |        |        | I a mi              | M F.Dessense   |
|--------------|-------------|---------|--------|--------|---------------------|----------------|
| Vehicle No.  | Type        | Make    | Model  | Color  | Condition           | No of Passenge |
| SJR1605K     | Car         | HYUNDAI | Avante | Maroon | Slightly<br>Damaged | 0              |
| SKF6512M     | Car         | TOYOTA  | Altis  | Silver | No<br>Damage        | 0              |

| Effective | Expiry Date |
|-----------|-------------|
|           | Effective   |

#### **Police Report**



Report No. T/20200803/2136

2 of 3

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

#### CONTINUATION OF REPORT

| Details of A | ehicle Insurance                           |               | F-15-10-10 | Eveler Date |
|--------------|--|---------------|------------|-------------|
| Vehicle No.  | Insurance Company                          | Insurance No  | Effective  | Expiry Date |
| SJR1605K     | NTUC Income Insurance Co-Operative Limited | 5109785449-01 | 09/06/2020 | 09/06/2021  |

| Details of Perso                | n Involved           |              |            |                                     | 100                                     |                                    |
|---------------------------------|----------------------|--------------|------------|-------------------------------------|---|------------------------------------|
| Any Pedestrian Ir               | volved: No           |              |            |                                     | *************************************** |                                    |
| No. of Pedestrians Injured: NIL |                      |              | Use of Ped | lestrian                            | Cross                                   | ing: NA                            |
| Vehicle Owner                   |                      | 1            |            | 700                                 |   |                                    |
| Name                            | LIM SONG HUAT, PETER |              |            | ID No.                              | 6                                       | S8901058F                          |
| Related Vehicle                 | SJR1605K (Car)       |              |            | Contact No.                         |   | 86602993                           |
| Hospital/Clinic                 | NIL                  |              |            | Class<br>Drivin<br>Licent<br>Expiry | g                                       | Class: 2B,3<br>Date of Expiry: NIL |
| Date Treatment                  | NIL                  |              | Date Disc  | harge                               | NIL                                     |                                    |
| No. of Days gran                | ted Medical Leave    | NIL          | Degree of  | Injury                              | NIL                                     |                                    |
| Vehicle Owner                   |                      |              |            |                                     |   |                                    |
| Name                            | LIM SWEE BENG        |              |            | ID No                               | -                                       | S02220665Z                         |
| Related Vehicle                 | SKF6512M (Car)       |              |            | Contact No.                         |   | 93858879                           |
| Hospital/Clinic                 | NIL                  |              |            | Class<br>Drivin<br>Licen<br>Expir   | g                                       | Class: NIL<br>Date of Expiry: NIL  |
| Date Treatment                  | NIL                  | The state of | Date Disc  |                                     | NIL                                     |                                    |
|                                 | ted Medical Leave    | NIL          | Degree of  | f Injury                            | NIL                                     |                                    |

#### Brief Details.

On the above mentioned date time and location, 01 car - Toyota altis silver (SKF6512M) scratched on my vehicle (SJR1605K), SKF6512M's rear right bumper scratched my car's front left bumper.

I would like to state that my vehicle was parked at the parking lot while SKF6512M scratched onto my car while he was reversing into the parking lot beside mine. I could not recall the parking lot number.

Subsequently, the driver of SKF6512M came down the car and we exchanged our particulars.

I would like to make this report for insurance purposes.

#### **Police Report**





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999 3 of 3 Report No. T/20200803/2136

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:<br>J /<br>Sgt 2 NG CHUN, FREDRICK       | Signature Of Informant:        |
|--|--------------------------------|
| Signature Of Interpreter:<br>Not applicable  | Date/Time:<br>03/08/2020 23:15 |
| Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No. 65476151 | Classification Of Case:        |
| Authentication Stampores   |                                |































