

## 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	23/10/2020 15:58
Date Of Accident	22/10/2020 19:25
Exact Location Of Accident	BKE TWDS DAIRY FARM RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ2753C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM SOK KEOW
NRIC No	SXXXX444D
Email Address	INTL007DONE@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97514997
Alternative Phone No	OTHERS-97514997

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	-
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 CAR

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B 300307472 QMY
Cover Note Number	

### Driver

Name of Driver	LIM SOK KEOW
NRIC No	SXXXX444D
Date Of Birth	30/12/1959
Occupation	INDOOR
Date Of Driving Pass	28/02/1978
Driving Experience	42 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97514997
Fax Number	
Contact Number	OTHERS-97514997
Email Address	INTL007DONE@YAHOO.COM.SG

Address	32A DUKU ROAD #03-05
Postcode	429266
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	SIDE SWIPE
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)	2
Passenger 1	NAME: : SHARON LIM LILY GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 1 TOH YI DRIVE , <b>POSTCODE:</b> 590001 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4689999 - <b>FAX NO:</b> 64623782
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20201022/2112

#### 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	FBC4472E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## Accident Sketch Plan

### 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:

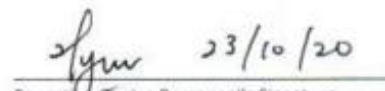
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

\_\_\_\_\_  
Driver's Signature  
(if driver is not the policyholder)

Date & Time:

  
Report Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_

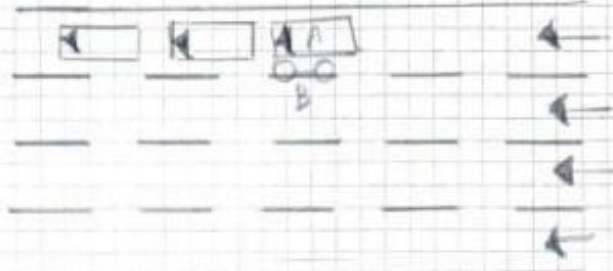
# Accident Sketch Plan

## SKETCH PLAN

BKE TWOS DAIRY FARM

A - SLJ2753C

B - FBC4472E



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20201022/2122

## 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:

Report Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SAARAC SketchPlanForm v3

2



# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20201022/2112

2 of 4

Police Station Of Origin:  
Bukit Timah NPP  
1 Toh Yi Drive #01-139 SINGAPORE 591501  
Tel No: 1800-4689999

Report No. T/20201022/2112

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLJ2753C	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300307472	01/06/2020	31/05/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
<b>Driver</b>				
Name	LIM SOK KEOW		ID No.	S1382444D
Related Vehicle	SLJ2753C (Car)		Contact No.	97514997
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
<b>Passenger</b>				
Name	Sharon Lim Lily		ID No.	S1610897I
Related Vehicle	SLJ2753C (Car)		Contact No.	98313233
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

### Brief Details.

On the 22nd of October 2020 at around 1925hrs, I was driving my black car bearing the registration plate number SLJ2753C along BKE towards Dairy Farm Road. My sister namely Sharon Lim Lily was in the front passenger seat.

As I was driving on the first lane in between ERP 54 and Eco Link, I tried to filter to the lane on my left. I have signaled for quite some time and I saw in the distance that there were two motorcycles about to reach me.

As I was making my way into the left lane, a motorcycle horned at me and thus I stopped filtering. The first motorcycle cleared away, however the second motorcycle bearing FBC4472E horned and collided into my front left bumper. It was around 1928hrs. My sister was alert during the incident and she managed to take down the rider's registration number. Initially I thought that the motorcycle would stop as there was a loud sound during the collision however he just sped off.

No. 300 Marine Parade Road  
Singapore 449296  
Tel: 1800-4428999

## Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20201022/2112

3 of 4

Police Station Of Origin:

Bukit Timah NPP

1 Toh Yi Drive #01-139 SINGAPORE 591501

Tel No: 1800-4689999

Report No. T/20201022/2112

**CONTINUATION OF REPORT**

I then made my way to a safer spot to check on my vehicle. There were damages to the front left bumper, in which it almost came off. I am lodging a report to pursue the matter and also for insurance claims purposes.

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Mercedes-Benz

DAIMLER AG

WDD2050402R230011

1990 kg

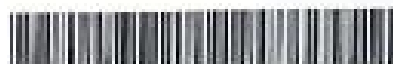
1- 945 kg

2- 1075 kg

# Police Report



**SINGAPORE  
POLICE FORCE**



T20201022/2112

1 of 4

Police Station Of Origin:  
Bukit Timah NPP  
1 Toh Yi Drive #01-139 SINGAPORE 591501  
Tel No: 1800-4689999

Report No: T20201022/2112

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/10/2020 20:56			Vide Report No.:		Station Diary No.: 46
<b>Informant's Particulars</b>					
Name of Informant: LIM SOK KEOW			Address: 32A DUKU ROAD #03-05 SINGAPORE 429265		
ID Type / ID No.: NRIC NO / S1382444D			Contact No.: Home/Office:		Mobile: 97514997
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 60	Date of Birth: 30/12/1959	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: 3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 22/10/2020 19:25	Type of Location: Straight Road
Location:  BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC4472E	Motorcycle					0
SLJ2753C	Car	MERCEDES BENZ	C180 AVANTGAR DE (R17 LED)	Black	Slightly Damaged	1

## Details of Vehicle Insurance

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

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20201022/2112

2 of 4

Police Station Of Origin:  
Bukit Timah NPP  
1 Toh Yi Drive #01-139 SINGAPORE 591501  
Tel No: 1800-4689899

Report No: T/20201022/2112

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLJ2753C	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300307472	01/06/2020	31/05/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM SOK KEOW	ID No.	S1382444D
Related Vehicle	SLJ2753C (Car)	Contact No.	97514997
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	Sharon Lim Lily	ID No.	S16108971
Related Vehicle	SLJ2753C (Car)	Contact No.	98313233
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On the 22nd of October 2020 at around 1925hrs, I was driving my black car bearing the registration plate number SLJ2753C along BKE towards Dairy Farm Road. My sister namely Sharon Lim Lily was in the front passenger seat.

As I was driving on the first lane in between ERP 54 and Eco Link, I tried to filter to the lane on my left. I have signaled for quite some time and I saw in the distance that there were two motorcycles about to reach me.

As I was making my way into the left lane, a motorcycle horned at me and thus I stopped filtering. The first motorcycle cleared away, however the second motorcycle bearing FBC4472E horned and collided into my front left bumper. It was around 1928hrs. My sister was alert during the incident and she managed to take down the rider's registration number. Initially I thought that the motorcycle would stop as there was a loud sound during the collision however he just sped off.

No. 300 Marine Parade Road  
Singapore 449296  
Tel: 1800-4428999

## Police Report



**SINGAPORE  
POLICE FORCE**



TG0201022/2112

3 of 4

Police Station Of Origin:

Bukit Timah NPP

1 Toh Yi Drive #01-129 SINGAPORE 591501

Tel No: 1800-4689899

Report No: TG0201022/2112

CONTINUATION OF REPORT

I then made my way to a safer spot to check on my vehicle. There were damages to the front left bumper, in which it almost came off. I am lodging a report to pursue the matter and also for insurance claims purposes.



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20201022/2112

4 of 4

Police Station Of Origin:

Bukit Timah NPP

1 Toh Yi Drive #01-139 SINGAPORE 591501

Tel No: 1800-4689899

Report No. T/20201022/2112

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:

D /

Sgt 2 NABIL FIKRI BIN ADNAN

Signature Of Informant:

Date/Time:

22/10/2020 20:56

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt NEO ZHI YUAN

Contact No.: 65476079

Classification Of Case:

Authentication Stamp

NP108