

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 Submission 04/01/2021 20:37 (SGT)
Date of Accident 30/12/2020 23:00 (SGT)
Exact Location of Accident Duxton Hill, Singapore
Additional Location Information OPEN SPACE CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMK2033E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM BOON TAI
NRIC No SXXXX196A
Email Address 14transporters@gmail.com
Mobile Phone No (Phone) +65-98658001
Alternative Phone No +65-88877748

VEHICLE PARTICULARS

Manufacturer Mercedes
Model Cla45
Variant -
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 - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNA00155302001
Cover Note Number -

DRIVER

Name of Driver JOACHIM JAMES KHOO SHENG LIANG
NRIC No SXXXX288F
Date Of Birth 14/06/1993
Occupation Indoor

Date Of Driving Pass	25/03/2015
Driving experience	5 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88877748
Alt. Phone Number	-
Email Address	14transporters@gmail.com
Address	BLK 373 TAMPINES STREET 34 #05-34
Address complement	-
Postcode	520373
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20200102/7032

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	SKA6289J
Vehicle Manufacturer	BMW
Vehicle Model	M235i
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

WITNESS DETAILS

WITNESS 1

Name YVONNE
Phone -
Email -

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 purposes(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.

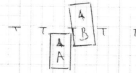
Policyholder's Signature
Date & Time:

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

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

GIA 2020-01-01-0001.pdf

V = B/SKA6289J



Duxton Hill OPEN
SPACE CAR PARK

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

index to Police report

N.O. T/20210102/7032

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: _____

Date & Time:

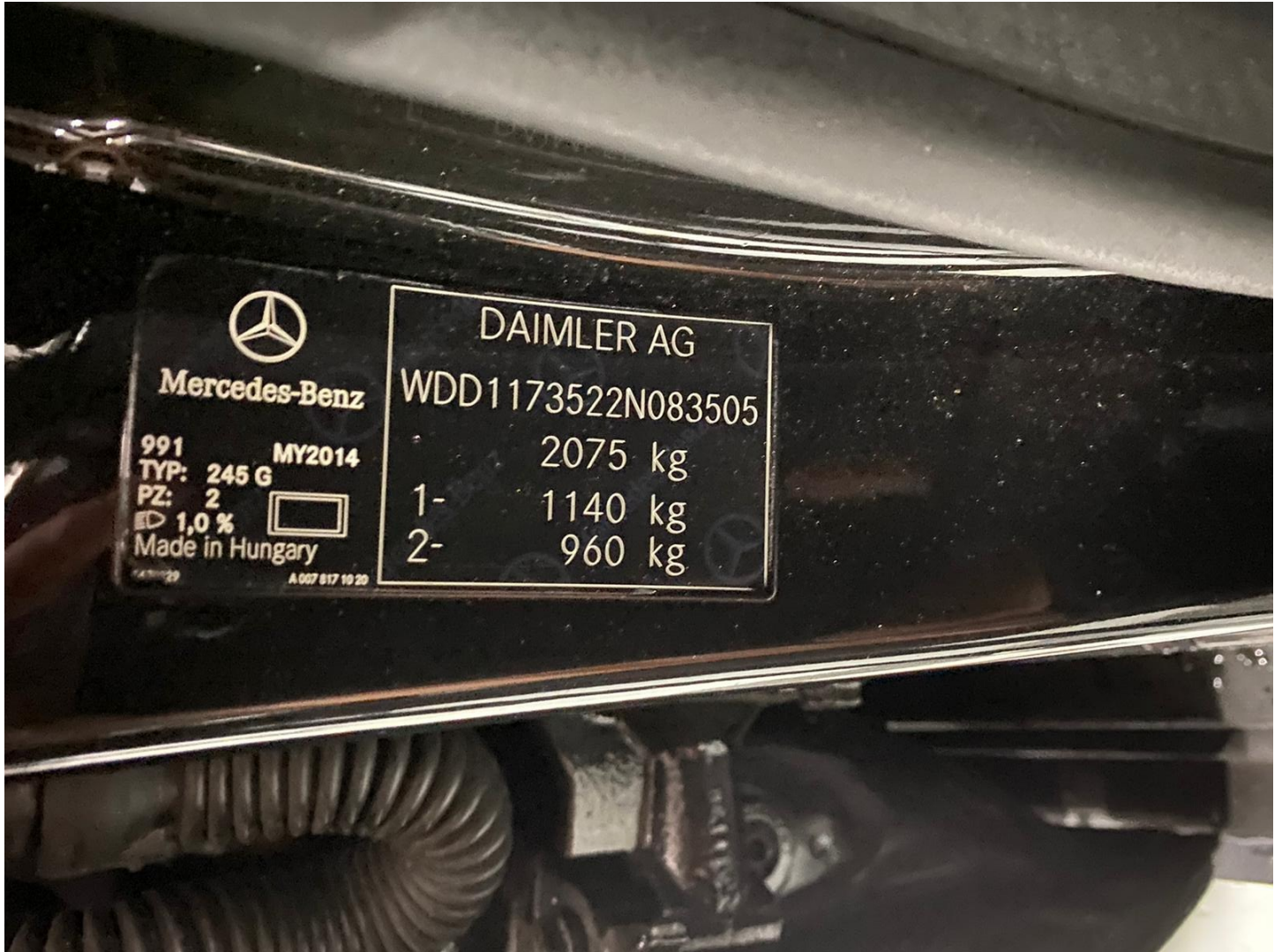
Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____

NRIC/FIN No.:

























**SINGAPORE
POLICE FORCE**



1/20210102/7032

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3
Report No: 1/20210102/7032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/01/2021 17:30 Vide Report No.: Station Diary No.:

Informant's Particulars

Name of Informant: JOACHIM JAMES KHOO SHENG LIANG			Address: 373 TAMPINES STREET 34 #05-34 SINGAPORE 520373		
ID Type / ID No.: NRIC NO / S9321288F			Contact No.: Home/Office: Mobile: 98658001		
Nationality: SINGAPORE CITIZEN			Email: 14TRANSPORTERS@GMAIL.COM		
Sex: Male	Age: 27	Date of Birth: 14/06/1993	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: others			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: 30/12/2020 23:00	Type of Location: Car Park
Location: DUXTON HILL				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SKA6289J	Car	BMW	M235i	Red		0
SMK2033E	Car	MERCEDES BENZ	MERC CLA45 AMG	Black		0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

**SINGAPORE
POLICE FORCE**

T/20210102/7032

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

2 of 3
Report No. T/20210102/7032

CONTINUATION OF REPORT

Driver			
Name	JOACHIM JAMES KHOO SHENG LIANG	ID No.	S9321288F
Related Vehicle	SMK2033E (Car)	Contact No.	98658001
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

ON THE 30TH DECEMBER 2020, I PARKED MY VEHICLE SMK2033E IN DUXTON HILL OPEN SPACE CAR PARK. BEFORE I LEFT THE PARKING LOT, EVERYTHING WAS INTACT AND THERE E NI DANAGES. THEREAFTER, I WENT TO PROCEED TO THE RESTAURANT "IZAYAKA". I WAS STANDING OUTSIDE THE RESTAURANT. I HEARD SOUND AND NOTICED A VEHICLE WAS COMING OUT FROM THE PARKING LOT BESIDE MY VEHICLE HAD COLLIDED AGAINST MY STATIONARY VEHICLE. I STOOD THERE AND WAIT FOR THE DRIVER IF HE WILL ALIGHT FROM HIS VEHICLE TO LEAVE A NOTE, HOWEVER THAT DRIVER HIT AND RAN INSTEAD. I THEN WALK TOWARDS MY VEHICLE AND NOTICE THERE WAS VISABLE DAMAGES ON MY VEHICLE FRONT RIGHT PORTION. A LADY BY THE NAME OF YVONNE APPROACHED ME AND MENTIONED SHE WITNESS THE WHOLE ACCIDENT TOO. IM FILING THIS REPORT AS A HIT AND RUN. PREVIOUSLY I FILED A REPORT UNDER T/20210102/7031 HOWEVER THE ACCIDENT DATE SHOULD BE 30TH DECEMBER 2020



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408965
Tel No: 65470000



T/20210102/7032

3 of 3

Report No. T/20210102/7032

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP1B /
KALESWARI PALANI
Contact No.: 65476902

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
02/01/2021 17:30

Classification Of Case: