

SN 092124 000L

$$f_{\text{max}}:$$
$$f_{\text{max}}:$$

INC() / Non-INC()

Tel:

Cover

Time:

%

Wu

Loading :

General/Regional

() Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repolar.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

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1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

1) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury :

Примечание:	А. Подпись	В. Подпись	Г. Подпись	Д. Подпись	Е. Подпись	Ж. Подпись	З. Подпись	И. Подпись	К. Подпись	Л. Подпись	М. Подпись	Н. Подпись	О. Подпись	П. Подпись	Р. Подпись	С. Подпись	Т. Подпись	У. Подпись	Ф. Подпись	Х. Подпись	Ц. Подпись	Ч. Подпись	Ш. Подпись	Щ. Подпись	Ъ. Подпись	Ы. Подпись	Ь. Подпись	Э. Подпись	Ю. Подпись	Я. Подпись
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12

[illegible]

2. All the information reported by the respondent is true and correct.

11/12/10 1293

1) AIL: Accident Reporting (330);	30
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Claimant's Particulars:	2) DA : Damaged Assets/loss (S100, 215)	340/545
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Driver/Owner:	4) ET: Hollow-Through Survey	\$120
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5) IT: Follow-Through Survey (Re-survey)	35%
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CONTACT NO: _____

7/1/2014	TNI + Idan PA + SMRT Survey	\$160
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	8) NTUC Additional Services:-
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QC Checked by (Engr-In-Charge):	NS: Courtesy Engr. J. R. [unclear]	510
	NS: [unclear] Coordination	

	*NJ: Post Repair Inspection	325
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• Nil: DV / Colloidal Excess Coagulation	\$20
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2) N12: Idno Mobile	30
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Invoice dated *1-15-78* *1-15-78*

Invoice dated

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	04/02/2021 16:43 (SGT)
Date of Accident	03/02/2021 15:57 (SGT)
Exact Location of Accident	Havelock Rd, Singapore
Additional Location Information	TOWARDS GANGES AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS7527Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM KHENG THENG
NRIC No	SXXXX907B
Email Address	DUKE_LIM@YAHOO.COM
Mobile Phone No	(Phone) +65-87157266
Alternative Phone No	+65-87157266

VEHICLE PARTICULARS

Manufacturer	BMW
Model	640i
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	DMPCSNW00074962000
Cover Note Number	-

DRIVER

Name of Driver	LIM KHENG THENG
NRIC No	SXXXX907B
Date Of Birth	16/09/1980
Occupation	Indoor

Date Of Driving Pass	10/05/2006
Driving experience	14 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87157266
Alt. Phone Number	+65-87157266
Email Address	DUKE_LIM@YAHOO.COM
Address	BLK 581 WOODLANDS DRIVE 16 #11-492
Address complement	-
Postcode	730581
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Collision - Change/cross lane
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT L/20210203/7034

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBC7794G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Motorcycle
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)	-

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 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.

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature] 4th Feb 21

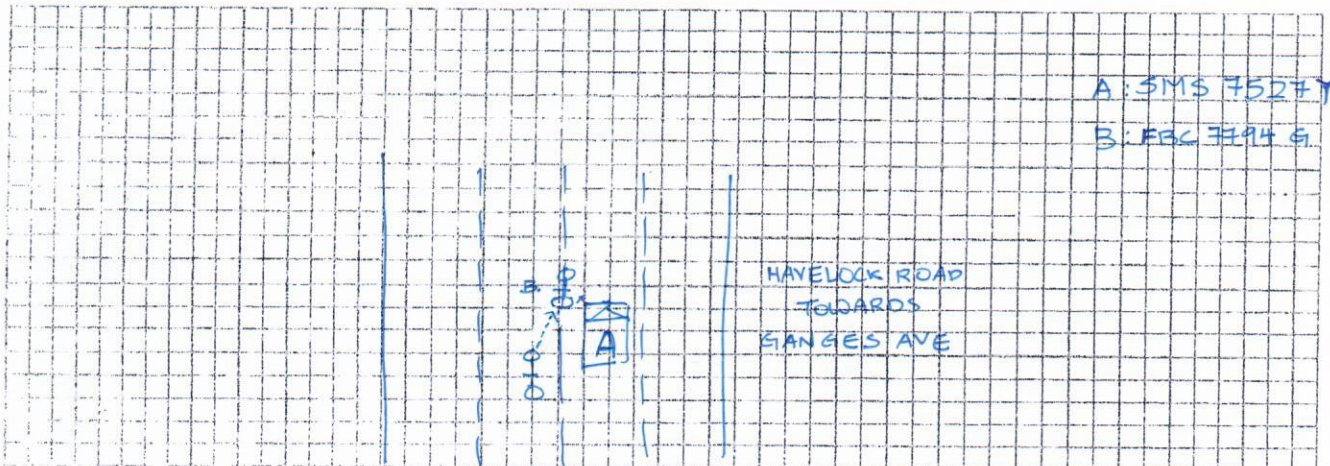
[Signature]

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



REFER TO POLICE REPORT L/20210203/7034

We declare the foregoing particulars are true in every respect.

4-12 Feb 21

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

均

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



L/20210203/7034

1 of 2

POLICE REPORT (NP299)

Report No. L/20210203/7034

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 03/02/2021 20:14	Vide Report No.	Station Diary No.
Name Of Informant LIM KHENG THENG	Address 581 WOODLANDS DRIVE 16 #11-492 SINGAPORE 730581	
ID Type / ID No. NRIC NO / S8026907B	Contact No. Home/Office: Mobile: 87157266	
Nationality SINGAPORE CITIZEN	Email Address DUKE LIM@YAHOO.COM	
Occupation IT service manager	Sex Male	Age 40
Institution/School Name	Date of Birth 16/09/1980	Race Chinese
Date/Time Of Incident 03/02/2021 15:55 - 03/02/2021 16:00	Location Of Incident 581 WOODLANDS DRIVE 16 #11-492 SINGAPORE 730581	

Brief details.

On the way driving home along havelock road towards ganges ave . Was at 3rd lane at the Havelock/Chin Swee traffic junction there was a motorcyclist in front of me. After green light i filtered to the 2nd and subsequently 1st lane so as to be able to turn right to Zion Road. Somewhere along the way I collided with the motorcyclist, the collision point was my left mirror with I believe his right handlebar. Immediately after that I saw his bike wobbled a bit before he lost control and crashed along the center kerbside. Afterwhich I stopped the car on the 1st lane and went to his assistance. When I reached him he

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/02/2021 20:14
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



L/20210203/7034

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20210203/7034

was lying on the grass patch with his head just above the drain with injuries to his right shin and leg. Requested 1 of the passerby to dial for ambulance while I tried to support his head till the ambulance arrive, all this while chatting with him making sure he is conscious. Subsequently had another passerby help call his wife Ann on her mobile to inform her about the incident. When the ambulance arrived the medics took over stabilizing his head and carrying him onto a metal spinal board. Afterwhich I assisted the LTA Officer Ang with the info he required and also downloaded the recordings from my car's dashcam both front and back.

Was given a Traffic Investigation Case Card

Report No: A/20210203/0091

Investigation Officer: Vilton

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:

03/02/2021 20:14

Classification Of Case:

Authentication Stamp

ACCIDENT STATEMENT

ACCIDENT DATE: (03 / 02 / 2021) (DD/MM/YYYY), TIME: (15 : 57) (HH:MM)

LOCATION: HANGLOCK ROAD TOWARDS GANGES AVE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMS 7527Y
b) INSURANCE COMPANY: CTI
c) POLICY NUMBER: DMPLSNW 000 7496 2000
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: BMW 640I
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private use.
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Lim Kheng Theng (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S80269078 CONTACT: 87157266
c) ADDRESS: Blk 581 Woodlands Drive 16 #11-492
S1730581

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

*d) DATE OF BIRTH: (16 / 09 / 1980) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 15 years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBC 7794G MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

RSPU @ LKKauto.com

Email = duke-lim@yahoo.com

Fax =

VIDEO = YES

* No of passenger
(Including driver)

(2)

F

* No of passenger
(Including driver)

()

* No of passenger
(Including driver)

()