

# 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 .....	20/05/2021 10:48 (SGT)
Date of Accident .....	04/05/2021 17:00 (SGT)
Exact Location of Accident .....	Park Cres, Singapore
Additional Location Information .....	CARPARK
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SDF8816G
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LIM FOOK HING
NRIC No .....	SXXXX587D
Email Address .....	ROLANDLIMFH@GMAIL.COM
Mobile Phone No .....	(Phone) +65-96633016
Alternative Phone No .....	+65-96633016

### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	Glc250
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 - Reporting only
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1991

### INSURANCE COMPANY

Name of Insurance Company .....	United Overseas Insurance Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DHOM110169201901
Cover Note Number .....	-

### DRIVER

Name of Driver .....	LIM FOOK HING
NRIC No .....	SXXXX587D

Date Of Birth .....	29/08/1947
Occupation .....	Indoor
Date Of Driving Pass .....	19/07/1968
Driving experience .....	52 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96633016
Alt. Phone Number .....	+65-96633016
Email Address .....	ROLANDLIMFH@GMAIL.COM
Address .....	9 JANSEN CLOSE
Address complement .....	-
Postcode .....	548479
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 .....	Side Swipe
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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) .....	1
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 .....	Serangoon Gardens Neighbourhood Police Post
Police Station Address .....	51 Serangoon Garden Way Singapore 555947
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210519/2051

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	NOT RECORDED
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMP1594H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
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) ..... -

# SKETCH PLAN

## IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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' 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



**Describe Circumstances of the Accident**

*P/s refer to the police report: 7/20210519/2051*

**Declaration**

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

*[Signature]*  
*20/5*

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

Witnessed by Reporting Centre Personnel

*[Signature]* 20/05/21





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Serangoon Gardens NPP  
51 Serangoon Garden Way SINGAPORE  
555947  
Tel No: 1800-2879999



T/20210519/2051

2 of 4

Report No. T/20210519/2051

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LIM FOOK HING	ID No.	S0047587D
Related Vehicle	SDF8816G (Car)	Contact No.	96633016
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
<b>Person 2</b>			
Name	LIM YONG KEONG	ID No.	NIL
Related Vehicle	SMP1594H (Car)	Contact No.	NIL
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 04/05/2021 at about 1700hrs, I was driving my vehicle - SDF8816G at Blk 33 Park Crescent MSCP. At that point, the weather was raining heavily and the floor was wet.

At that point, the carpark was full and I have problems finding a parking lot. As such, I have made several 3-points turns and reverses around the carpark. After a while, I managed to find a lot and parked my vehicle. I am unable to recall the deck and vehicle lot I parked at. I then proceeded to leave the carpark to purchase my food before I returned shortly to retrieve my car and left the area.

On 18/05/2021, I received a letter from UOI (United Overseas Insurance Limited) that a vehicle owner namely Lim Yong Keong, SMP1594H had lodged a traffic accident (T/20210505/2117) report against me. They have also attached a copy of the police report for my reference.

In the traffic accident report, it was stated that on 04/05/2021 at about 1715hrs, my car had reverse into the parking lot next to the vehicle owner. It was also stated in the process of reversing, the rear left bumper of my vehicle had collided into the front right bumper of his vehicle. I was then seen leaving without leaving any note or contact details behind.

I wish to state that I have some hearing difficulties and on the day of the incident, I did not notice any alarm sensor during reversing. Neither did I felt any collisions as well. Furthermore, it was raining heavily on the day as well, which made it more difficult for me to hear the environment sound clearly.



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Report No. T/20210519/2051

**CONTINUATION OF REPORT**

I also wish to state that I did noticed there was some scratch marks on the rear of my vehicle. However, I did not take much notice and had sent it for repair. I did not sustain any injuries.

As such, I am lodging this police report to submit to my insurance company and to aid the traffic police for the investigation.


















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T/20210519/2051

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Report No. T/20210519/2051

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/05/2021 15:14	Vide Report No.:	Station Diary No.: 15
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**Informant's Particulars**

Name of Informant: LIM FOOK HING			Address: 9 JANSEN CLOSE SINGAPORE 548479		
ID Type / ID No.: NRIC NO / S0047587D			Contact No.: Home/Office: Mobile: 96633016		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 73	Date of Birth: 29/08/1947	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 04/05/2021 17:00	Type of Location: Car Park
Location:  PARK CRESCENT				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
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 Passenger
SDF8816G	Car	MERCEDES BENZ	GLC250 COUPE AUTO	Silver	No Damage	0
SMP1594H	Car					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDF8816G	UNITED OVERSEAS INSURANCE LIMITED	DHOM1101692019 01	23/07/2020	22/07/2021





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Details of Person Involved			
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No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
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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
Name			
	LIM YONG KEONG	ID No.	NIL
Related Vehicle	SMP1594H (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
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T/20210519/2051

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Report No. T/20210519/2051

**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:

F /  
Sgt 2 TAN WEI JIE

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
19/05/2021 15:14

Officer In Charge Of Case:  
TP / GIA /  
SI TAN JEOK LENG  
Contact No.: 65476151

Classification Of Case:

Authentication Stamp  
NP168

