

# 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 ..... 16/03/2021 17:08 (SGT)  
Date of Accident ..... 08/02/2021 17:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... HOUGANG AVENUE 10 CARPARK  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SDB2848A

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LIM SIEW LUAN  
NRIC No ..... SXXXX230G  
Email Address ..... SIM-JIELUN@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-97803035  
Alternative Phone No ..... +65-97803035

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... City  
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  
Transmission ..... Auto  
CC ..... 1497

### INSURANCE COMPANY

Name of Insurance Company ..... Great Eastern General Insurance Limited  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... V0108597  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LIM SIEW LUAN  
NRIC No ..... SXXXX230G

Date Of Birth .....	02/09/1959
Occupation .....	Outdoor
Date Of Driving Pass .....	05/08/1980
Driving experience .....	40 YEARS AND 6 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-97803035
Alt. Phone Number .....	+65-97803035
Email Address .....	SIM-JIELUN@HOTMAIL.COM
Address .....	551 HOUGANG STREET 51 #08-160
Address complement .....	-
Postcode .....	530551
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 .....	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

REFER TO ATTACHED.

#### 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 .....	SCP1926C
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**

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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:

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



SKETCH PLAN

NA.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

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:

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



GNR/NC SketchPlanForm\_V3



































**SINGAPORE  
POLICE FORCE**



T/20210208/7052

1 of 3

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

Report No. T/20210208/7052

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/02/2021 23:47		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LIM SIEW LUAN			Address: 551 HOUGANG STREET 51 #08-160 SINGAPORE 530551		
ID Type / ID No.: NRIC NO / S1350230G			Contact No.: Home/Office: Mobile: 97803035		
Nationality: SINGAPORE CITIZEN			Email: sim-jielun@hotmail.com		
Sex: Female	Age: 61	Date of Birth: 02/09/1959	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Chauffeur			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: 08/02/2021 17:30	Type of Location: Car Park
Location:  HOUGANG AVENUE 10				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two 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
SCP1926C	Car			Silver	Slightly Damaged	4
SDB2848A	Car	HONDA	City	Red	Slightly Damaged	2



**SINGAPORE  
POLICE FORCE**



T/20210208/7052

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

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Report No. T/20210208/7052

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	LIM SIEW LUAN	ID No.	S1350230G
Related Vehicle	NIL	Contact No.	97803035
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.

- My vehicle was parked within a parking lot
- Another vehicle was exiting his parking lot and hit my front bumper
- Videos exceeding 2MB (unable to attached)
- Images of my damaged vehicle is JPEG file (unable to attached)





**SINGAPORE  
POLICE FORCE**

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



T/20210208/7052

3 of 3

Report No. T/20210208/7052

**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:

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:  
08/02/2021 23:47

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Traffic Police  
10 Ubi Avenue 3  
Singapore 408865  
Tel +65 6547 0000  
Fax +65 6547 4883  
[www.police.gov.sg](http://www.police.gov.sg)

Our Ref : TP/IP/07915/2021  
Date : 2 March 2021

Lim Siew Luan  
Blk 551 Hougang St 51  
#08-160  
Singapore 530551

Dear Sir / Madam,

**TRAFFIC ACCIDENT INVOLVING SDB2648A AND SCP1926C ALONG HOUGANG  
AVENUE 10 ON 08/02/2021 AT ABOUT 1730 HRS**

I refer to the above accident.

1. Please be informed that we have completed our investigations which revealed that the driver of SCP1926C had committed the following offence:

- (i) Careless Driving under Section Sec 65(1)(a) of the RTA Cap 276 P/U Sec 65(5)(a) of the RTA.

Action has been initiated against the driver for the said offence.

2. If you have any clarification, you may contact the Investigation Officer, SI Nor Affendy Bin Jaffar at office number: 6547 6368.

3. Thank you.

Yours faithfully,

**HEAD INVESTIGATION  
TRAFFIC POLICE  
SINGAPORE POLICE FORCE**

This is a computer-generated letter. No signature is required.

A FORCE FOR THE NATION



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SK0L213G0003 Vehicle Registration No: SDB2848A  
 Name (as shown in NRIC): LIM SIEW LUAN NRIC/FIN/Passport No: S1350230G  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 551 HOUGANG STREET 51 #08-160 S530551 Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 97803035  
 Email Address: SIM-JIELUN@HOTMAIL.COM  
 Date of Accident: 08/02/2021 Time of Accident: 1730HRS  
 Place of Accident: HOUGANG AVENUE 10 CARPARK  
 Insurance Company: GREAT EASTERN GENERAL INSURANCE LTD

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To amend add in third party vehicle number SCP1926C.

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LIM SIEW LUAN

Policyholder / Driver's Signature  
Date:

yen

Reporting Centre Personnel's Signature  
Name: Kan Fook Sing Motor Workshop  
NRIC/FIN No.:  
Date: 18/06/2021