# 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 witholding 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.

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   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 17/06/2021 18:36 (SGT) Date of Accident 16/06/2021 20:00 (SGT) Exact Location of Accident Singapore Additional Location Information FROM MARINE PARADE TO AMBER ROAD ROUNDABOUT Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Honda

Vehicle Registration Number SI 716127

### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LIM WAI MUN NRIC No. SXXXX415H Email Address DARIUSLIM89@GMAIL.COM Mobile Phone No (Phone) +65-91258336 Alternative Phone No (Home) +65-91258336

## VEHICLE PARTICULARS

Manufacturer

Model Civic Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 988

## **INSURANCE COMPANY**

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5099740481-02 Cover Note Number

## DRIVER

Name of Driver LIM WAI MUN NRIC No. SXXXX415H

Date Of Birth 17/12/1989 Occupation Indoor Date Of Driving Pass 22/06/2010 Driving experience 11 YEARS Gender Male Mobile Number (Phone) +65-91258336 Alt. Phone Number (Home) +65-91258336 Email Address DARIUSLIM89@GMAIL.COM Address 96 CHENG SOON GARDEN Address complement Postcode 599866 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 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) 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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN AND POLICE REPORT 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 VIDEO SEND SEPARATELY Was there any audio recorded?

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number Vehicle Manufacturer	SMD3242Z Audi
Vehicle Model	A4
Vehicle Variant	-
Vehicle Colour	Blue

Vehicle Category	Private car
Name of Driver	JESSIE
Contact Number	(Phone) +65-96606616
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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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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 refevant 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.

Policyholder's Signature / Date & Time 17/6/01 1055453

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

Personnel

Witnessed by Reporting Centre

Sketch Plan

STOP OF

MADERICE ORPACE Amber ROAD

A-> SLZ 1612Z

B-> SMD 3242 Z

Describe Circumstances of the Accident	
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towards ambo good simulately after exiting the roundamont	
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Blue out AH (SUMD 32427) Cut into my lane object by and him from bumper at front right wheel. After the collision, the address stop stop of exercise particulars and speck all.	3000000
I have video and disate evidence.	
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	AYMINITAS CHILD
CONTRACTOR OF THE CONTRACTOR O	

# Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time (7/6/2) 1055 hts

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

Winessed by Reporting Centre

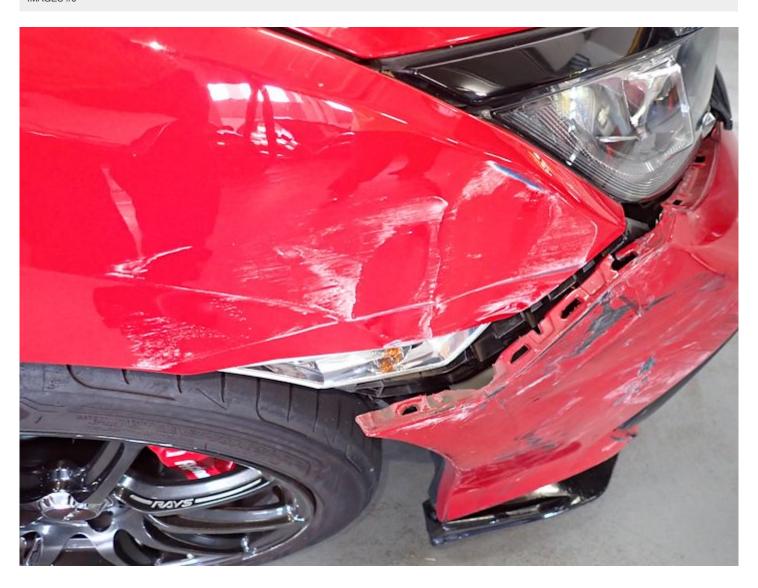


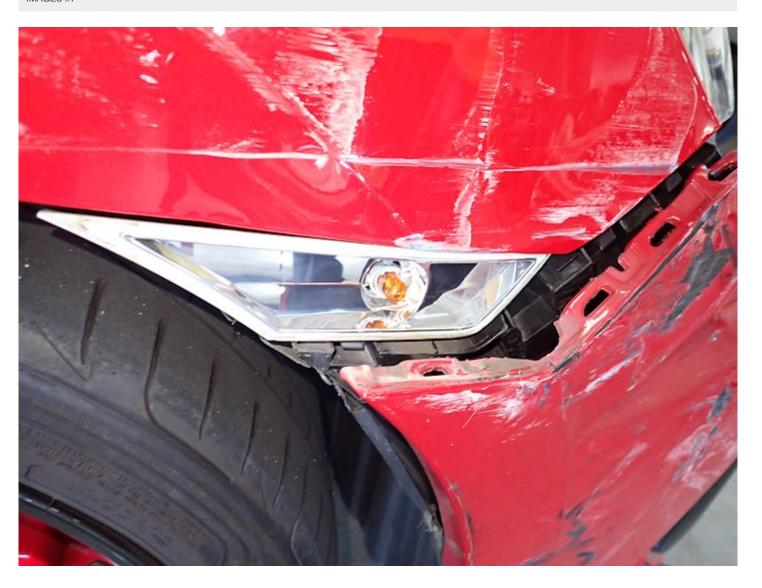


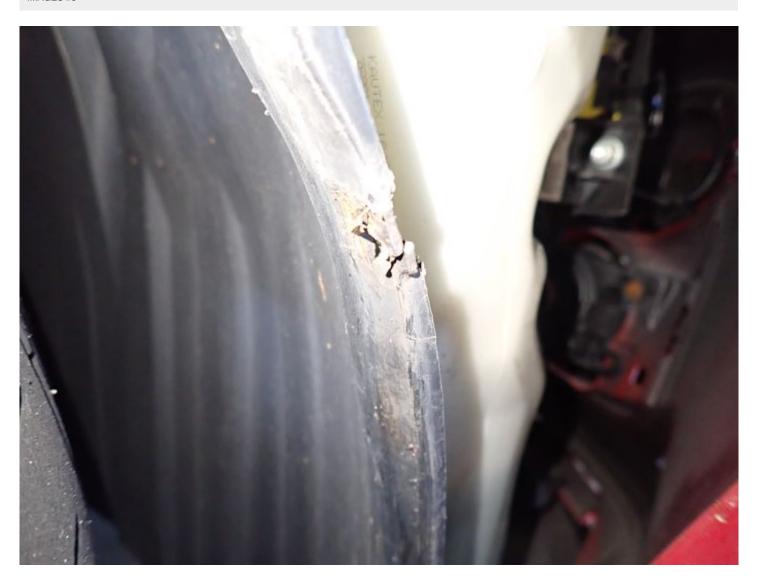






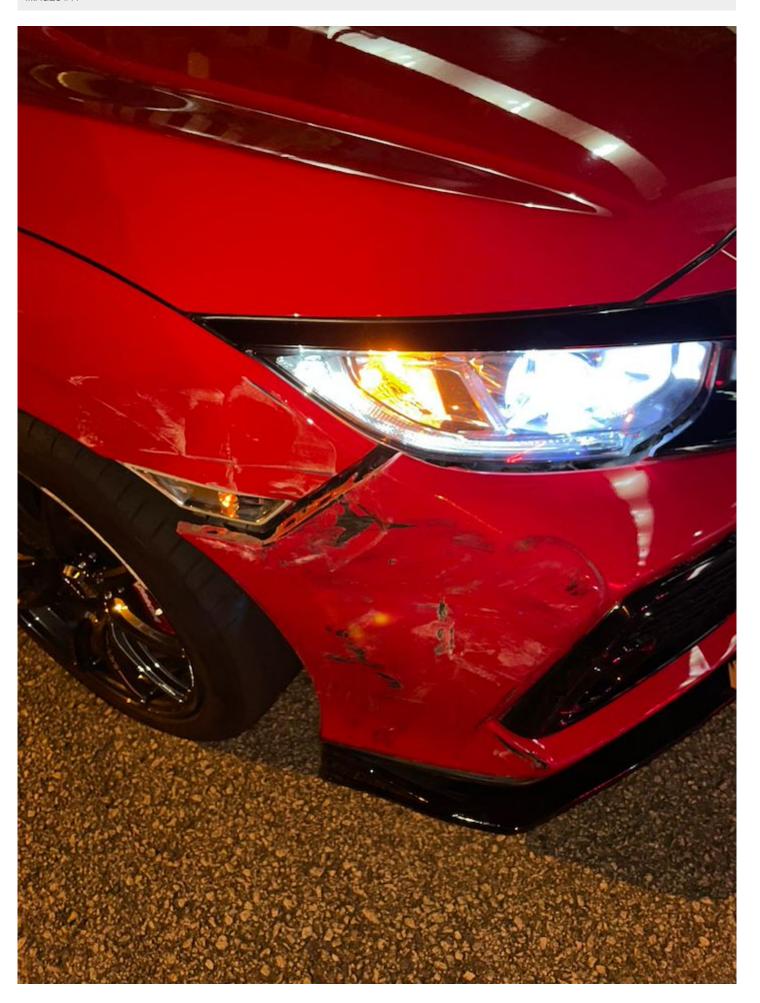




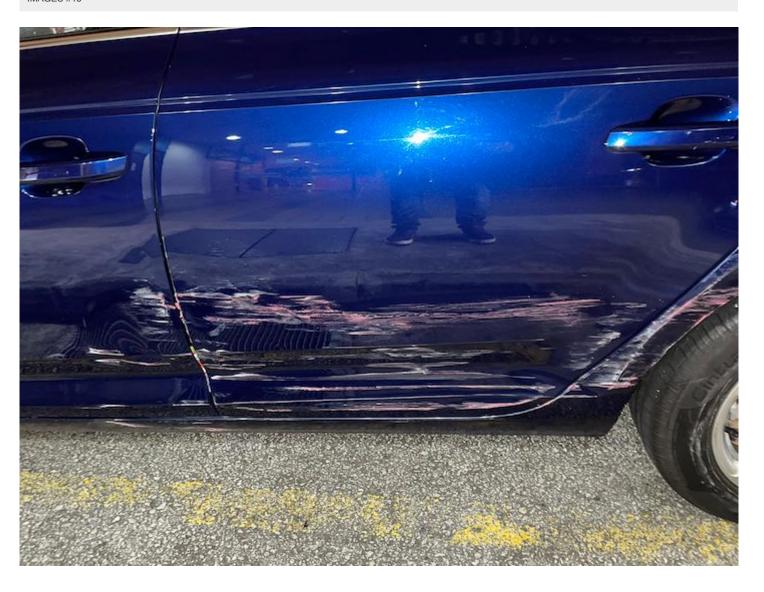


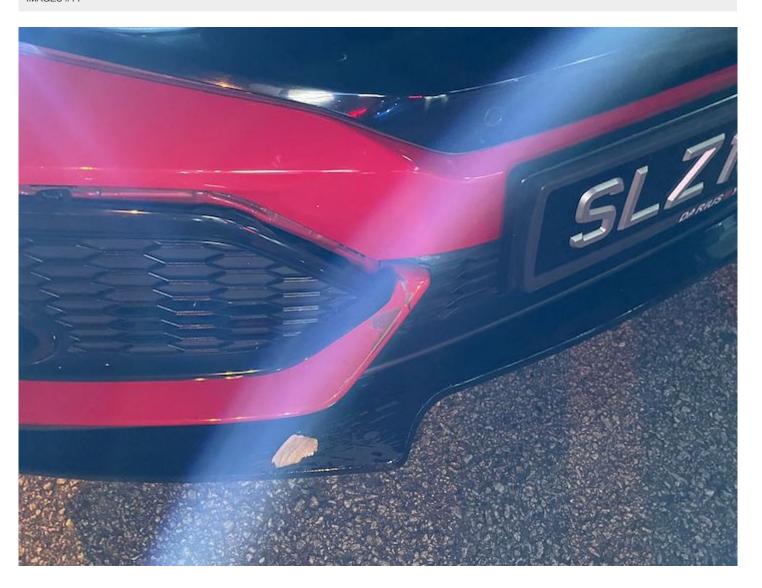


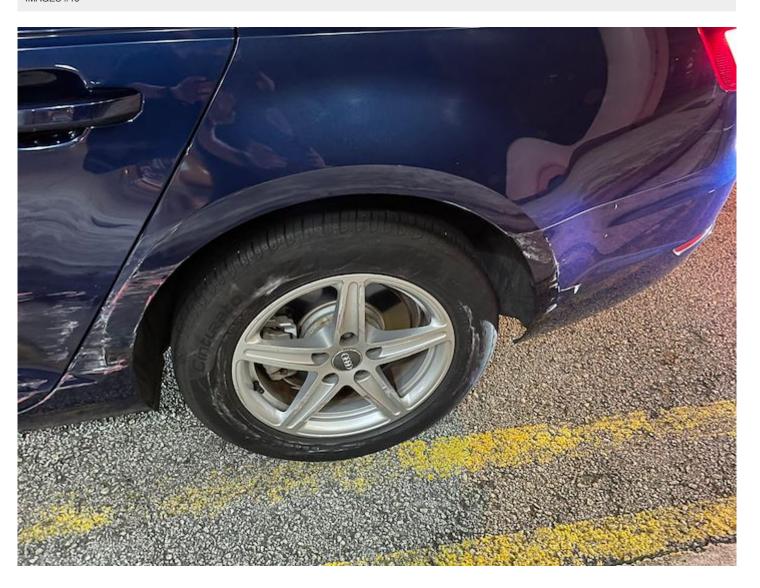




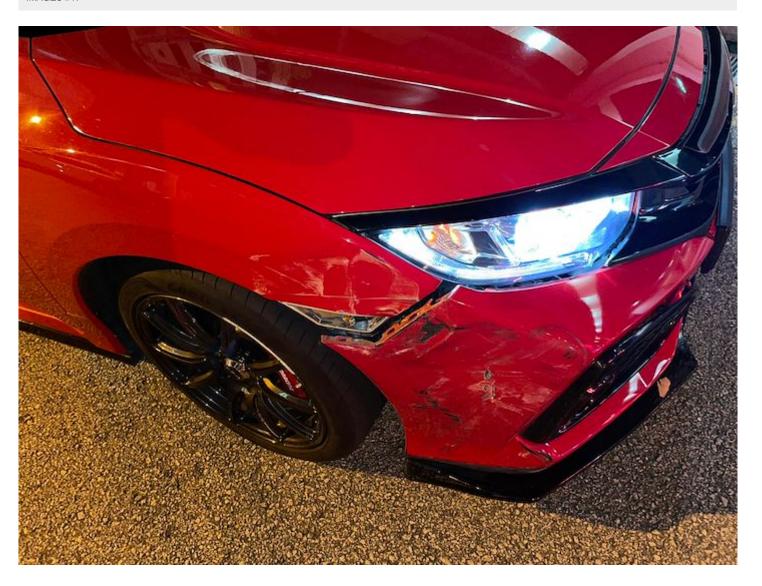
















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

T/20210616/7032 1 of 3

Report No. T/20210616/7032

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/06/2021 23:26		flade:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
Name of LIM WAI	Informant: MUN		Address: 96 CHENG SOON GARDEN	N SINGAPORE 599866	
ID Type NRIC NO	/ ID No.: D / S89454	15H	Contact No.: Home/Office:	Mobile: 91258336	
National SINGAP	ty: ORE CITIZ	EN	Email: DARIUSLIM89@GMAIL.CO	M	
Sex: Age: Date of Birth: Male 31 17/12/1989			Type of Informant: Vehicle Owner		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Optometrist			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	HILANG KHO		Date/Time of Accident: 16/06/2021 20:00	Type of Location Roundabout	
Location: AMBER ROA	.D				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h	
Traffic Flow:	e Way	Traffic Control: Not Controlled		Traffic Volume: Moderate	
Dual Carriage			Anyone conveyed by		

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLZ1612Z	Car	HONDA	Civic	Red	Seriously Damaged	0
SMD3242Z	Car	AUDI	A4	Blue	Seriously Damaged	0





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

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Report No. T/20210616/7032

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLZ1612Z	NTUC Income Insurance Co-Operative Limited	5099740481-02	29/06/2020	28/06/2021

Details of Perso	n Involved				
Any Pedestrian I	nvolved: No				
No. of Pedestrians Injured: NIL. Use of F			Use of Pe	destrian Cro	ssing: NA
Vehicle Owner					
Name	LIM WAI MUN		ID No.	S8945415H	
Related Vehicle	SLZ1612Z (Car)			Contact No	91258336
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	f Slig	ht

## Brief Details.

I (SLZ1612Z) entered a round about after marine parade road towards amber road. Immediately after exiting roundabout, blue Audi A4 (SMD3242Z) cut into my lane abruptly and hit my front bumper and front right wheel. After the collision, the car did not stop to exchange particulars and sped off.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20210616/7032

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

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: 16/06/2021 23:26
Officer In Charge Of Case: TP / TPIB / NEO ZHI YUAN Contact No.: 65476079	Classification Of Case:

NP168

Authentication Stamp