

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	10/08/2021 17:01 (SGT)
Date of Accident	05/08/2021 11:00 (SGT)
Exact Location of Accident	Ghim Moh Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ4930Z
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM CHIN SIANG
NRIC No	S7127492F
Email Address	shawnlim22@live.com
Mobile Phone No	(Phone) +65-96984091
Alternative Phone No	+65-96984091

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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	2500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	57127492F
Cover Note Number	-

DRIVER

Name of Driver	LIM CHIN SIANG
NRIC No	S7127492F

Date Of Birth	16/08/1971
Occupation	Indoor
Date Of Driving Pass	30/09/1994
Driving experience	26 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96984091
Alt. Phone Number	+65-96984091
Email Address	shawnlim22@live.com
Address	BLK 247 TAMPINES ST 21 #05-275
Address complement	-
Postcode	521247
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 vehicle 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	Yishun South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008522999
Alt. Police Station Phone No	(Fax) +65-68522239
Police Station Address	32 Yishun Street 81 Singapore 768456
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20210805/2099.

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	ER5115R
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	VEHICLE B
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 willful 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' 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

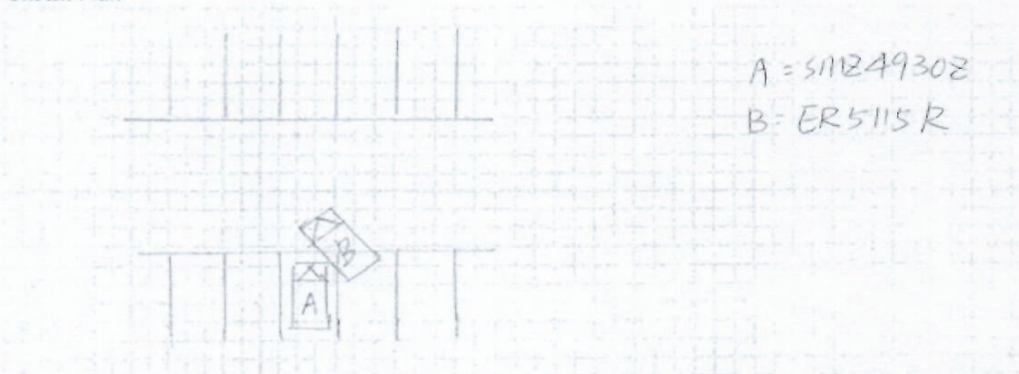
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



AUA MEAL

Describe Circumstances of the Accident

Refer to Police Report No : T/20210805/2099

Declaration

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

Luci

Policyholder's Signature / Date &
Time



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

Witnessed by Reporting Centre
Personnel



SINGAPORE
POLICE FORCE



T/20210905/2099

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

1 of 3

Report No. T/20210805/2099

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/08/2021 21:58		Vide Report No.:		Station Diary No.: 95	
Informant's Particulars					
Name of Informant: LIM CHIN SIANG			Address: APT BLK 247 TAMPINES STREET 21 #05-275 SINGAPORE 521247		
ID Type / ID No.: NRIC NO / S7127492F			Contact No.: Home/Office: Mobile: 96984091		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 16/08/1971	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: TAGGING OFFICER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 05/08/2021 11:00	Type of Location: Car Park
Location: GHIM MOH ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One 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
ER5115R	Car	MERCEDES BENZ		Blue	Seriously Damaged	0
SMZ4930Z	Car	TOYOTA	CAMRY HYBRID 2.5 ASCENT SPORTS CVT	White	Seriously Damaged	0



SINGAPORE
POLICE FORCE



T/20210805/2099

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

2 of 3

Report No. T/20210805/2099

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMZ4930Z	NTUC Income Insurance Co-Operative Limited	5121824678	29/04/2021	28/04/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM CHIN SIANG		ID No. S7127492F
Related Vehicle	SMZ4930Z (Car)		Contact No. 96984091
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

On 05/08/2021 at about 11am, I parked my vehicle bearing the car plate number SMZ4930Z, White Toyota Camry at one of the parking lots located near Blk 19 Ghim Moh Road, car park number GM3. I then left the said car park after I finished parking.

When I went back to my vehicle at about 12.20pm, I discovered scratches on the front right bumper of my vehicle and decided to view the recording of the in-car camera installed in my vehicle.

I then noticed that at about 11.56am a vehicle bearing the registration plate number ER5115R, Blue Mercedes driving off from the right side of where my vehicle was parked. I also saw that there was a white paint on the left side of the said car's body as it moved off.

I have yet to get a quote on how much my damages will be. I am lodging this report for insurance claim purpose.



SINGAPORE
POLICE FORCE



T/20210805/2099

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

3 of 3

Report No. T/20210805/2099

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:

L /

Sgt 3 TAN JASLENE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/08/2021 21:58

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No.: 65476902

Classification Of Case:

SN 130

Authentication Stamp
NP168



Signature:

Singapore Police Force