

## 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	06/09/2021 19:04 (SGT)
Date of Accident	06/09/2021 11:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SIXTH AVENUE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN396E
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM CHIN KIAT
NRIC No	S7811956Z
Email Address	Chinkiatlim78@yahoo.com.sg
Mobile Phone No	(Phone) +65-97420416
Alternative Phone No	+65-97420416

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1500

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5111259418-02
Cover Note Number	-

#### DRIVER

Name of Driver	LIM CHIN KIAT
NRIC No	S7811956Z

Date Of Birth	08/04/1978
Occupation	Outdoor
Date Of Driving Pass	16/04/2003
Driving experience	18 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97420416
Alt. Phone Number	+65-97420416
Email Address	Chinkiatlim78@yahoo.com.sg
Address	BLK 40 BEO CRESENT #03-02
Address complement	-
Postcode	160040
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	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### 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	SBD24L
Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

## SKETCH PLAN

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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: 6/9/17  
19 00

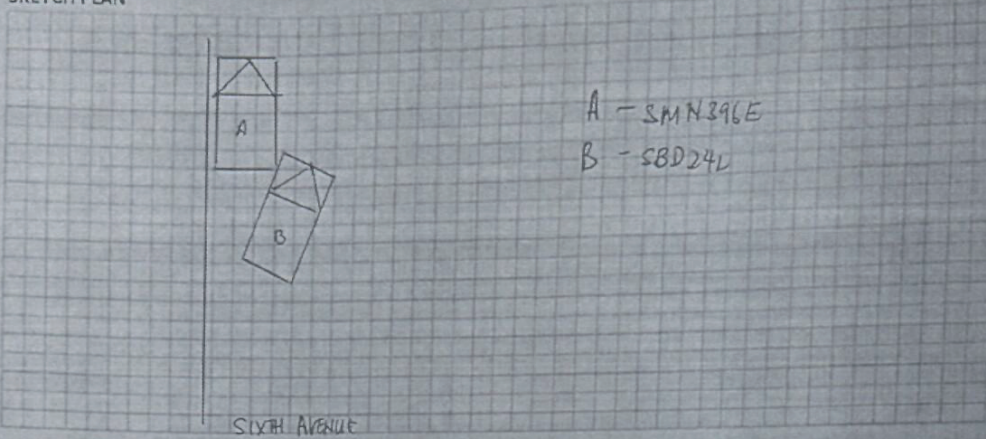
Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name: HAZIM SHAH  
NRIC/FIN No.: 55279820

**SKETCH PLAN**



A - SMN396E  
B - SBD24L

SIXTH AVENUE

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

REFER TO REPORT NUM D/20210906/7012

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

Policyholder's Signature  
Date & Time: 6/1/21  
19 00

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

Reporting Centre Personnel's Signature  
Name: HANNA SHAN  
NRIC/FIN No.: 592759380



**SINGAPORE  
POLICE FORCE**



D/20210906/7012

1 of 2

**POLICE REPORT (NP299)**

Report No. D/20210906/7012

Police Station Of Origin  
Clementi Division HQ  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No:1800-7740000

Date/Time Report Made 06/09/2021 13:00	Vide Report No.	Station Diary No.
Name Of Informant LIM CHIN KIAT	Address 40 BEQ CRESCENT #03-02 SINGAPORE 160040	
ID Type / ID No. NRIC NO / S7811956Z	Contact No. Home/Office:	Mobile: 97420416
Nationality SINGAPORE CITIZEN	Email Address CHINKIATLIM78@YAHOO.COM.SG	
Occupation Other electrical engineering technicians	Sex Male	Age 43
Institution/School Name	Date of Birth 08/04/1978	Race Chinese
Date/Time Of Incident 06/09/2021 11:40 - 06/09/2021 11:40	Location Of Incident 14 SIXTH AVENUE SINGAPORE 276476	

**Brief details.**

My car SMN396E was parked at the parking lot at 6th Ave. A lady was driving SBD24L and scratched my car while trying to park at parking lot behind me. I was sitting at the coffee shop opposite and saw the incident. I went up to her and told her that she scratched my car after she finished parking. She told me it was nothing and small scratches were expected when driving on road. Then she asked me to wipe off the scratches with tissue paper walked away without even an apology.

**Subjects involved**

Victim

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:  
06/09/2021 13:00

Classification Of Case:



**SINGAPORE  
POLICE FORCE**



D/20210906/7012

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20210906/7012

Person Name	LIM CHIN KIAT		
ID Type	NRIC NO	ID No	S7811956Z
Gender	Male	Age	43
Race	Chinese	Language	English
Occupation	Other electrical engineering technicians	Address	40 BEO CRESCENT #03-02 SINGAPORE 160040
Mobile No	97420416	Is Informant A Victim?	Yes
Person Name	LIM CHIN KIAT (Informant)		

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:  
06/09/2021 13:00

Classification Of Case:





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours: Monday to Friday, 09:00 - 17:00  
 UEN: S66550029G / GST Reg. No.: M600017735

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

### ADDENDUM


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


Original Report No : SN072196000X Vehicle Registration No: SMN396E  
 Name (as shown in NRIC): LIM CHIN KIAT NRIC/FIN/Passport No : S78119562  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : BLK 40 BED CRESENT #03-02 Singapore (160040)  
 Contact (Tel) : 97420416 Mobile No. : 97420416  
 Email Address : chinkiatlim@yahoo.com.sg  
 Date of Accident : 06/09/2021 Time of Accident : 1140  
 Place of Accident : SIXTH AVENUE  
 Insurance Company : NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

**(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:

CHANGE THIRD PARTY VEHICLE NUMBER TO SBD24L

  
 Joe Toh  
 Assistant Manager  
 Motor Services CoE  
 Policyholder / Driver's Signature  
 Date: 07/09/2021

  
 Reporting Centre Personnel's Signature  
 Name: PRINCE SMITH  
 NRIC/FIN No.: S92157558  
 Date: 07/09/2021

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