

# 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 ..... 04/10/2021 12:25 (SGT)  
Date of Accident ..... 02/10/2021 21:50 (SGT)  
Exact Location of Accident ..... 7 Lor. 102 Changi, Singapore 426602  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKB3319X

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... ;LIM YIN MING ADRIAN  
NRIC No ..... SXXXX688J  
Email Address ..... ADRIANLIM.PN@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-91015050  
Alternative Phone No ..... +65-91015050

Type text here

### VEHICLE PARTICULARS

Manufacturer ..... BMW  
Model ..... X5  
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 ..... 2979

### INSURANCE COMPANY

Name of Insurance Company ..... ECICS Limited  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... MPC21A00052901  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ;LIM YIN MING ADRIAN  
NRIC No ..... SXXXX688J

Date Of Birth .....	15/03/1981
Occupation .....	Indoor
Date Of Driving Pass .....	30/07/2004
Driving experience .....	17 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91015050
Alt. Phone Number .....	+65-91015050
Email Address .....	ADRIANLIM.PN@GMAIL.COM
Address .....	780 BEDOK RESERVOIR ROAF #05-29 WATERFRONT KEY
Address complement .....	-
Postcode .....	479255
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) .....	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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED  
STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

#### 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 .....	SJQ9769Z
Vehicle Manufacturer .....	Volkswagen
Vehicle Model .....	Golf
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	TSE KWAN TENG ANTON
NRIC No .....	SXXXX528F
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**

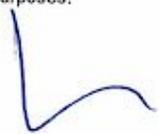
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

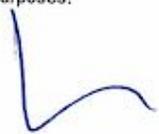
I understand, acknowledge, agree and consent that :

(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 :

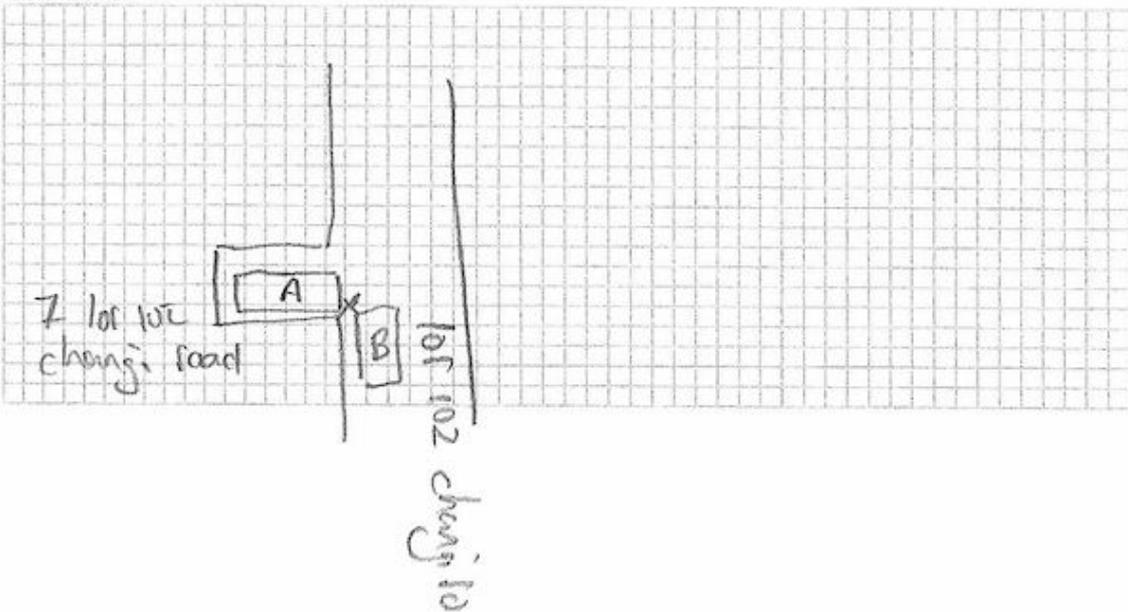
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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.

 4/10/21  
 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**

My car, BMW X5 is parked stationary in front of my mother's house 7 Lor 102 Changi Road S(426602) on 2/10/2021, 9.50pm. A black Volkswagen Golf, drove by TSE KWAN TENG, ANTON S(9206528 F) along along 102 Changi Road and his car brush across the front right bumper and the front bumper of my car, causing deep scratches in my front right bumper and the front bumper. The car plate is damaged and falls off too. His Volkswagen Golf also has scratches in front left bumper and front side door as evidence of his car hitting my stationary car.

We had an agreement that he acknowledge hitting my car, and I will be claiming on his insurance to repair the damage.

**Declaration**

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

 4/10/21  
 Policyholder's Signature / Date & Time

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

  
 Witnessed by Reporting Centre Personnel



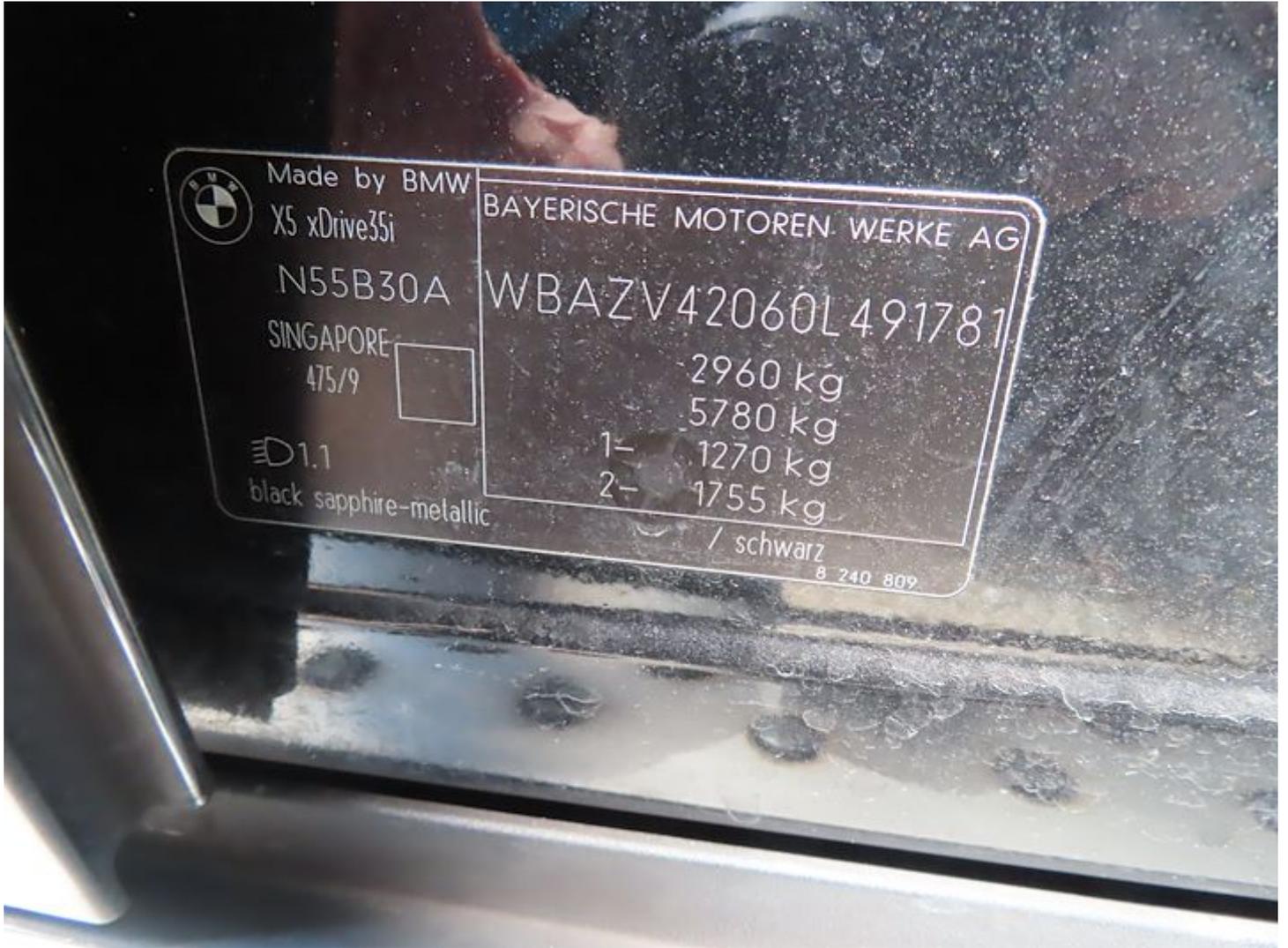
















**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

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

Original Report No: SP0U21A40005 Vehicle Registration No: SKB 3319X  
 Name (as shown in NRIC): Adrian Lim. NRIC/FIN/Passport No: S8109628J  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 91015050  
 Email Address: \_\_\_\_\_  
 Date of Accident: 2/10/21 Time of Accident: 2150  
 Place of Accident: F Lor 102 Changi Rd  
 Insurance Company: EUCS

**(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:

Insured Name  
Lim Yin Ming Adrian

[Signature]  
 Policyholder / Driver's Signature  
 Date:

PROGRESSIVE CAR CARE PTE LTD  
 Blk 3022A Upper Road 1 # 01-400  
 Singapore 408715  
 Tel: 6741 5386 Fax: 6741 7214  
 Email: claims@procarcare.com.sg

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