

# 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 ..... 08/11/2021 12:33 (SGT)  
Date of Accident ..... 08/11/2021 07:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... BLK 195A RIVERVALE DR LVL 2B CARPARK  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLN441U

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LIM HOONG BIN  
NRIC No ..... SXXXX838F  
Email Address ..... bionix21@yahoo.com  
Mobile Phone No ..... (Phone) +65-98411279  
Alternative Phone No ..... +65-98411279

### 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 ..... Sompo Insurance Singapore Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... D21MTPV01005385  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LIM HOONG BIN  
NRIC No ..... SXXXX838F

Date Of Birth .....	21/02/1979
Occupation .....	Indoor
Date Of Driving Pass .....	26/11/1998
Driving experience .....	23 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-98411279
Alt. Phone Number .....	+65-98411279
Email Address .....	bionix21@yahoo.com
Address .....	BLK 197 RIVERVALE DR
Address complement .....	#11-71
Postcode .....	540197
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 .....	Collided into Parked Vehicle
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? .....	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

PLS REFER TO THE POLICE REPORT:T/20211108/7000

#### 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 .....	SML6343D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	ROSLAN BIN ABDUL SAMAD
NRIC No .....	SXXXX362I
Contact Number .....	(Phone) +65-90052325
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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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.

*[Signature]* / 08/11/21  
Policyholder's Signature / Date & Time

*[Signature]* 08/11/21  
Driver's Signature (If driver is not the policyholder) / Date & Time

*[Signature]* 08/11/21  
Witnessed by Reporting Centre Personnel

## Sketch Plan

BLK 175A RIVERVALE DR  
LVL 2B CARPARK

A - SLN4414  
B - SML6343A



P/s refer to the police report: 7/2021/108/2000

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre  
Personnel



**SINGAPORE  
POLICE FORCE**



T/20211108/7000

2 of 3

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

Report No. T/20211108/7000

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLN441U	TENET SOMPO INSURANCE PTE. LTD.	D19MTPV0100631 1	20/04/2021	19/04/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	LIM HOONG BIN		ID No. S7905838F
Related Vehicle	NIL		Contact No. 98411279
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 (Honda City - SLN 441U) was parked at the multi-storey carpark at Block 195A, Rivervale Dr, level 2B on 07/11/21 around 10.20 pm.

When I went to pick up my car to drive to work on 08/11/21 around 7.30 am, I discovered that my vehicle was damaged with a note "I Bang ur car Call Me 90052325".

He has given me his contact details below:

Roslan Bin Abdul Samad

S1712362I

Car plate SML 6343D

NTUC Insurance for third party claim.





































# SINGAPORE POLICE FORCE



T/20211108/7000

1 of 3

Report No. T/20211108/7000

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

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/11/2021 09:10		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LIM HOONG BIN			Address: 197 RIVERVALE DRIVE #11-711 SINGAPORE 540197		
ID Type / ID No.: NRIC NO / S7905838F			Contact No.: Home/Office:		Mobile: 98411279
Nationality: SINGAPORE CITIZEN			Email: BIONIX21@GMAIL.COM		
Sex: Male	Age: 42	Date of Birth: 21/02/1979	Type of Informant: Vehicle Owner		Institution / School Name:
Race: Chinese			Language: English		
Occupation: Electrical engineer (general)			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: 08/11/2021 05:30	Type of Location: Car Park
Location:  RIVERVALE DRIVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 20 Km/h	
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
SLN441U	Car	HONDA	CITY	Silver	Seriously Damaged	1
SML 6343D	Car					0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20211108/7000

2 of 3

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

Report No. T/20211108/7000

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLN441U	TENET SOMPO INSURANCE PTE. LTD.	D19MTPV0100631 1	20/04/2021	19/04/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Vehicle Owner				
Name	LIM HOONG BIN		ID No.	S7905838F
Related Vehicle	NIL		Contact No.	98411279
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.**

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**SINGAPORE  
POLICE FORCE**

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



T/20211108/7000

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Report No. T/20211108/7000

**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:  
TP / TPIB /  
KASMAWATI BTE SAMIAN  
Contact No.: 65476368

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
08/11/2021 09:10

Classification Of Case:

NP168

