# **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.

- 4. The issue and acceptance of this is form by instrained 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 22/12/2021 18:29 (SGT) Date of Accident 21/12/2021 14:00 (SGT) Exact Location of Accident Woodlands Ave 12, Singapore Additional Location Information Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SND7U

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner DARREN LIM NRIC No. SXXXX050J Email Address jason@etalia.sg Mobile Phone No (Phone) +65-91594649 Alternative Phone No +65-91594649

VEHICLE PARTICULARS

Manufacturer Mercedes Model Amg 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? Vehicle Category

Transmission CC

No - Claiming third party

Private car

Auto 1991

Private use

**INSURANCE COMPANY** 

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.

Type of Coverage Comprehensive

Fleet Policy

Policy Number DMPCSNW00119382100

Cover Note Number

DRIVER

Name of Driver DARREN LIM NRIC No. SXXXX050J

Date Of Birth 21/05/1974 Occupation Outdoor Date Of Driving Pass 04/08/2000 Driving experience 21 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-91594649 Alt. Phone Number +65-91594649 Email Address jason@etalia.sg Address 15A CACTUS CRESCENT Address complement Postcode 809750 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 Collision - Head to Rear 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? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **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 REFER TO THE POLICE REPORT: T/20211222/2019 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SI B5811 Vehicle Manufacturer Vehicle Model

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver				_
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

juson @ etalin.sg

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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)

Lunderstand, 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 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' 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 GA 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 & Driver's Signature (if driver is not the policyholder) / Date Reporting Centre Personnel

A SNDTU
B SLB5811

Describe	Circumstances of the Accident
2	On the above mentioned date, Time & location.
	I was priving at woodlands guenue 12 on the extreme right lane on a 3 lane road. I was
	astraight and a car infront of me stopped and so I stopped. A car (SLB 581L) from the
	lane switched to the right lane and Immediately collided onto my year portion of my car. We
	oped and Stationed our cars on the right lane. We only managed to exchanged phone numbers
	he traffic we Then leaft the scene and exchanged particulars through whatapps. My car's Rear
contian	was damaged. The car driver (Muhamad Salahydin) car's front portion was damaged. Nobody
has inte	ured. Police & Ambulance was not at scene . I Have pictures a Footage of the accident.
That is	all
1 NA 17	Reper to the police report: T/20211222/2019.
	Regar 10 THE POINTE 18907 - 1/2021/2006/2011
-	

# Declaration

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

Policyholder's Signature / Date & Time

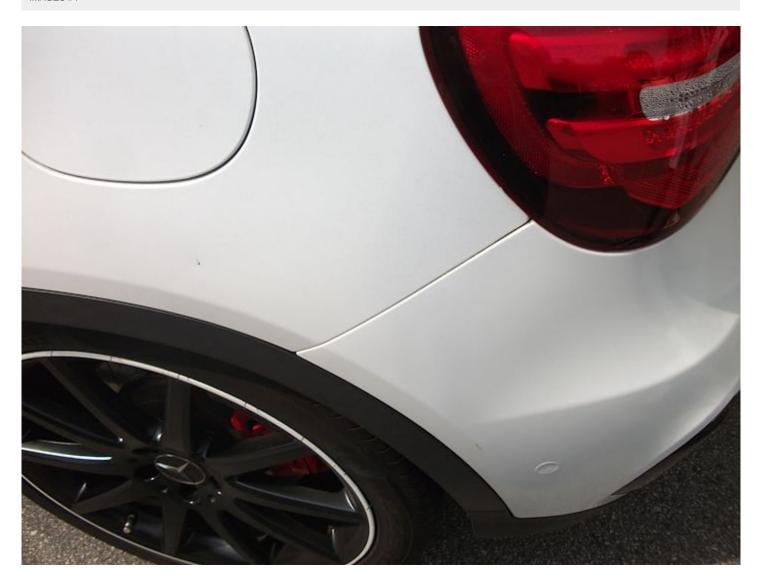
Driver's Signature (If driver is not the policyholder) / Date & Time

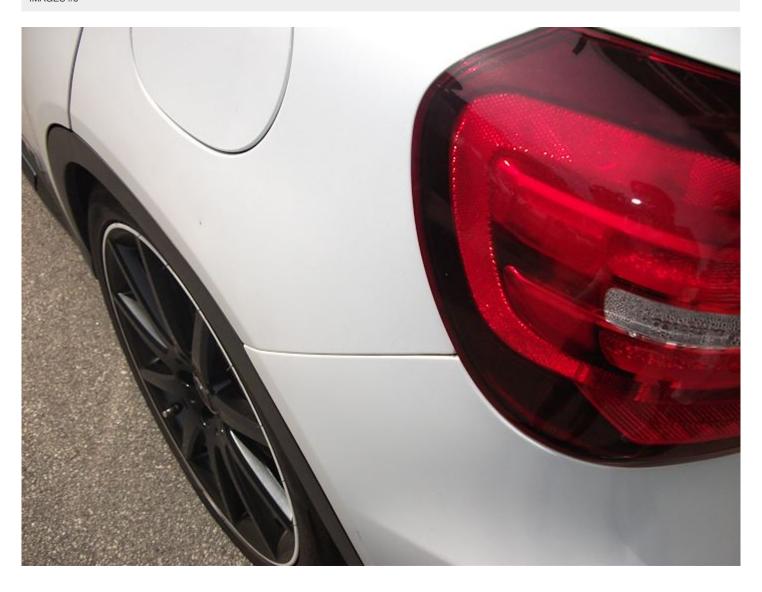
Witnessed by Reporting Centre Personnel

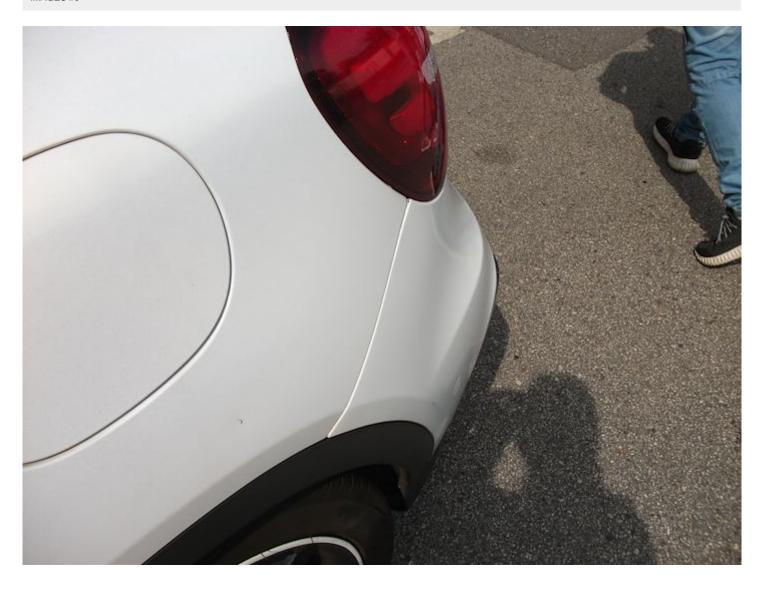


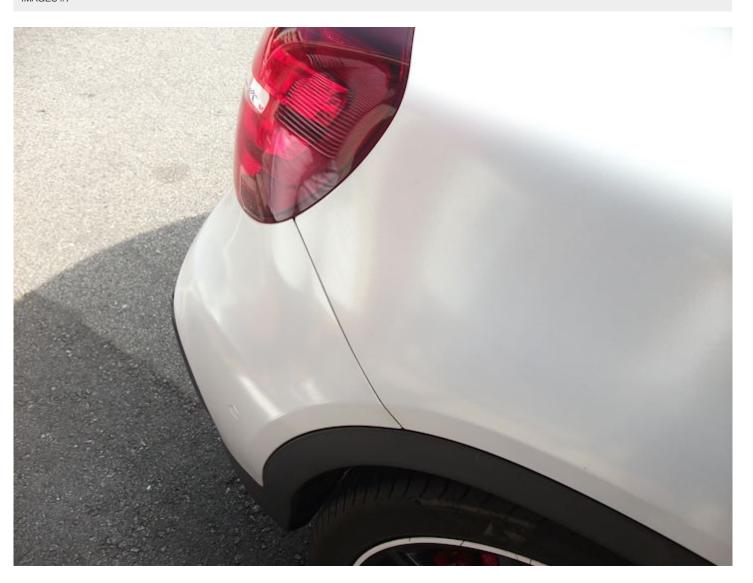


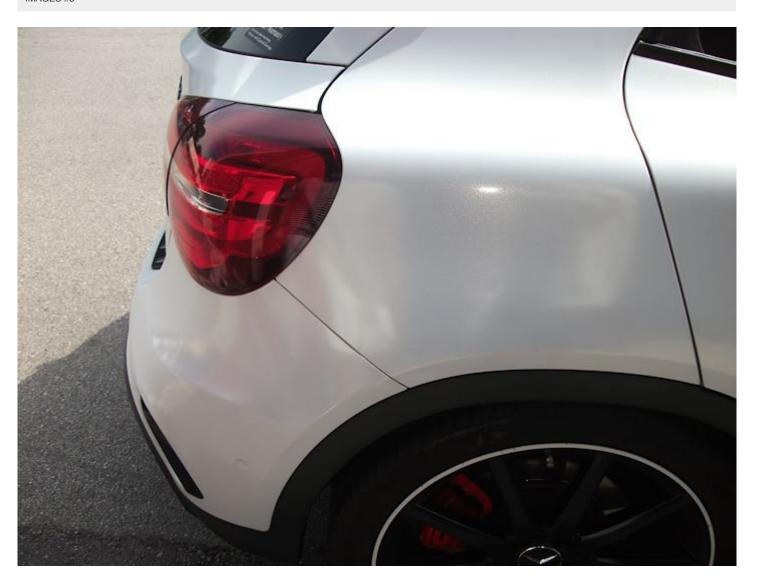


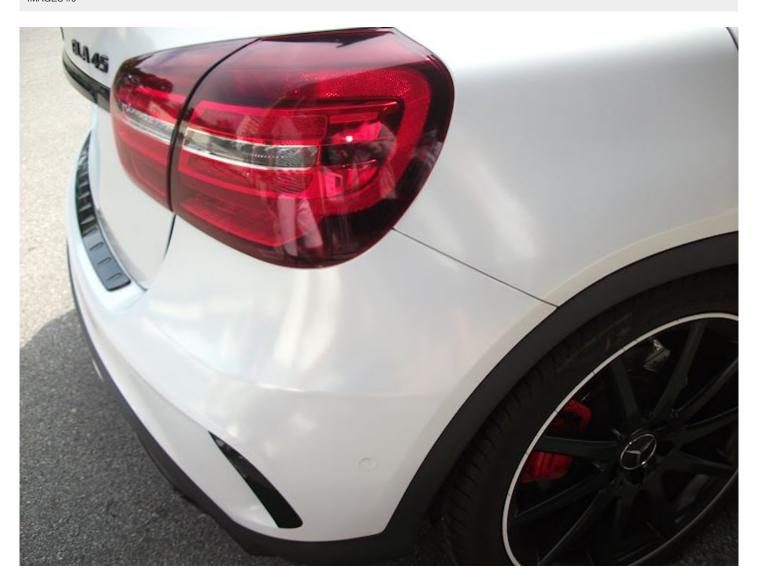


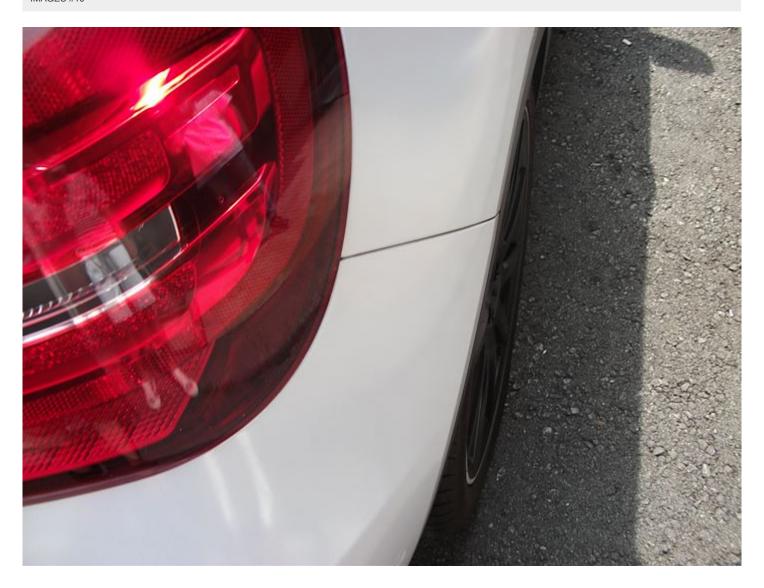






















T/20211222/2019

Lof3

Report No. T/20211222/2019

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT	OF A	TRAFFIC	ACCIDENT

Date/Time Report Made: 22/12/2021 10:50			Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars		作物图为类似于1945年,但如果是是这一种心。	
Name of Informant: LIM TUNG LI DARREN (LIN TONGLI)			Address: 15A CACTUS CRESCENT CACTUS GREEN SINGAPORE 809750		
ID Type / ID No.: NRIC NO / S7415050J			Contact No.: Home/Office: Mobile: 91594649		
National SINGAP	ity: PORE CITIZ	EN	Email:		
Sex: Age: Date of Birth: Male 47 21/05/1974		Type of Informant: Driver			
Race: Chinese		Language: English	Institution / School Name:		
Occupation: PROPERTY AGENT		Driving Licence Information: Class: 3 Date of Expiry:			

General Infor	mation of the Accide	nt de la company			
Type of Accident:	Non-Injury Others		Date/Time of Accident: 21/12/2021 14:00	Type of Location:	
	S AVENUE 12	Road Surface:	l'e	Road Speed Limit:	
Weather: Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collision:			а	inyone conveyed by mbulance:	

Details of V	ehicle Invo	lved	Secretary Consumer	- Harmann		
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SND7U	Car	MERCEDES BENZ	AMG GLA45 4MATIC (R20 LED)	Black		0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SND7U	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001193 82100	11/06/2021	10/06/2022





2 of 3

Report No. T/20211222/2019

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

#### CONTINUATION OF REPORT

Any Pedestrian Ir	nvolved: No					
No. of Pedestrian			Use of	Pedestriar	Cross	sing: NA
Driver				6.5000000000000000000000000000000000000		
Name	LIM TUNG LI DARF	IM TUNG LI DARREN (LIN TONGLI)				S7415050J
Related Vehicle	SND7U (Car)			Conta	ct No.	91594649
Hospital/Clinic	NIL			Class Drivin Licend Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date I		Date D	ischarge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree	of Injury	NIL	

#### Brief Details.

ON THE ABOVE MENTIONED DATE, TIME & LOCATION.

I WAS DRIVING AT WOODLANDS AVENUE 12 ON THE EXTREME RIGHT LANE ON A 3 LANE ROAD.

I WAS DRIVING STRAIGHT AND A CAR INFRONT OF ME STOPPED AND SO I STOPPED.

A CAR (SLB581L) FROM THE MIDDLE LANE SWITCHED TO THE RIGHT LANE AND IMMEDIATELY COLLIDED ONTO MY REAR PORTION OF MY CAR.

WE THEN STOPPED AND STATIONED OUR CAR'S ON THE RIGHT LANE.

WE ONLY MANAGED TO EXCHANGED PHONE NUMBERS DUE TO THE TRAFFIC.

WE THEN LEFT THE SCENE AND EXCHANGED PARTICULARS THROUGH WHATSAPP.

MY CAR'S REAR PORTION WAS DAMAGED.

THE CAR DRIVER (MUHAMMAD SALAHUDIN) CAR'S FRONT PORTION WAS DAMAGED.

NOBODY WAS INJURED.

POLICE & AMBULANCE WAS NOT AT SCENE.

I HAVE PICTURES & FOOTAGE OF THE ACCIDENT.

THAT IS ALL.





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

3 of 3 Report No. T/20211222/2019

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 TP / SC2 HAKAN SIDDIQ ONDEK	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/12/2021 10:50
Officer In Charge Of Case: TP / GIA / DSP (2) YIP YEW SENG NELSON Contact No.: 65476182	Classification Of Case:
NP168	