

# 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 .....	07/01/2022 17:23 (SGT)
Date of Accident .....	06/01/2022 20:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	BLK 237 HOUGANG AVE 1 CARPARK LOT NO 87
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SDA6388P
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LIM KHIAM HOON
NRIC No .....	SXXXX982H
Email Address .....	jennifer@hengwee.com.sg
Mobile Phone No .....	(Phone) +65-98331022
Alternative Phone No .....	+65-98331022

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Civic
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 .....	1600

### INSURANCE COMPANY

Name of Insurance Company .....	Tokio Marine Insurance Singapore Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	21-MQ000849-R00
Cover Note Number .....	-

### DRIVER

Name of Driver .....	LIM KHIAM HOON
NRIC No .....	SXXXX982H

Date Of Birth .....	03/01/1966
Occupation .....	Indoor
Date Of Driving Pass .....	01/01/1992
Driving experience .....	30 YEARS
Gender .....	Female
Mobile Number .....	(Phone) +65-98331022
Alt. Phone Number .....	+65-98331022
Email Address .....	jennifer@hengwee.com.sg
Address .....	25 STRATTON DRIVE
Address complement .....	-
Postcode .....	806881
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 .....	Paya Lebar Neighbourhood Police Post
Police Station Address .....	Blk 114 Hougang Avenue 1 #01-1270 Singapore 530114
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

#### 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 .....	SMM2852Y
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 ..... -  
No. Of Passenger (Including Driver) ..... -

## SKETCH PLAN

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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.

Lindhi 07/01/22  
Policyholder's Signature / Date &  
Time

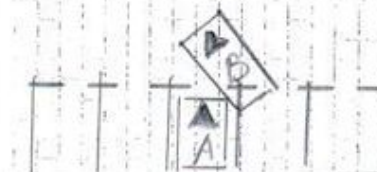
Slym 07/01/22  
Driver's Signature (If driver is not the policyholder) / Date  
& Time

Slym 07/01/22  
Witnessed by Reporting Centre  
Personnel

## Sketch Plan

BLK 237 HOUGANG AVE 1  
CARPARK LOT NO 87

A- SDA6388P  
B- SMM28524





## Describe Circumstances of the Accident

I parked my veh at the carpark lot no 87 at Bk 237 Hougang Ave 1 in the morning. At about 2030, I went back to retrieve my car and I saw there was damages on my veh. Then I saw there was a note at my windscreen. indicate ~~them~~ ask me to call the number that they provide. Then I called the driver and ~~he~~ he told me while he exiting out from the carpark lot his left side portion of his veh hit onto my front right portion of my veh.

## Declaration

We declare the foregoing particulars are true in every respect.

Liddia 7/1/22  
Policyholder's Signature / Date & Time

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

shym 07/01/22  
Witnessed by Reporting Centre Personnel

















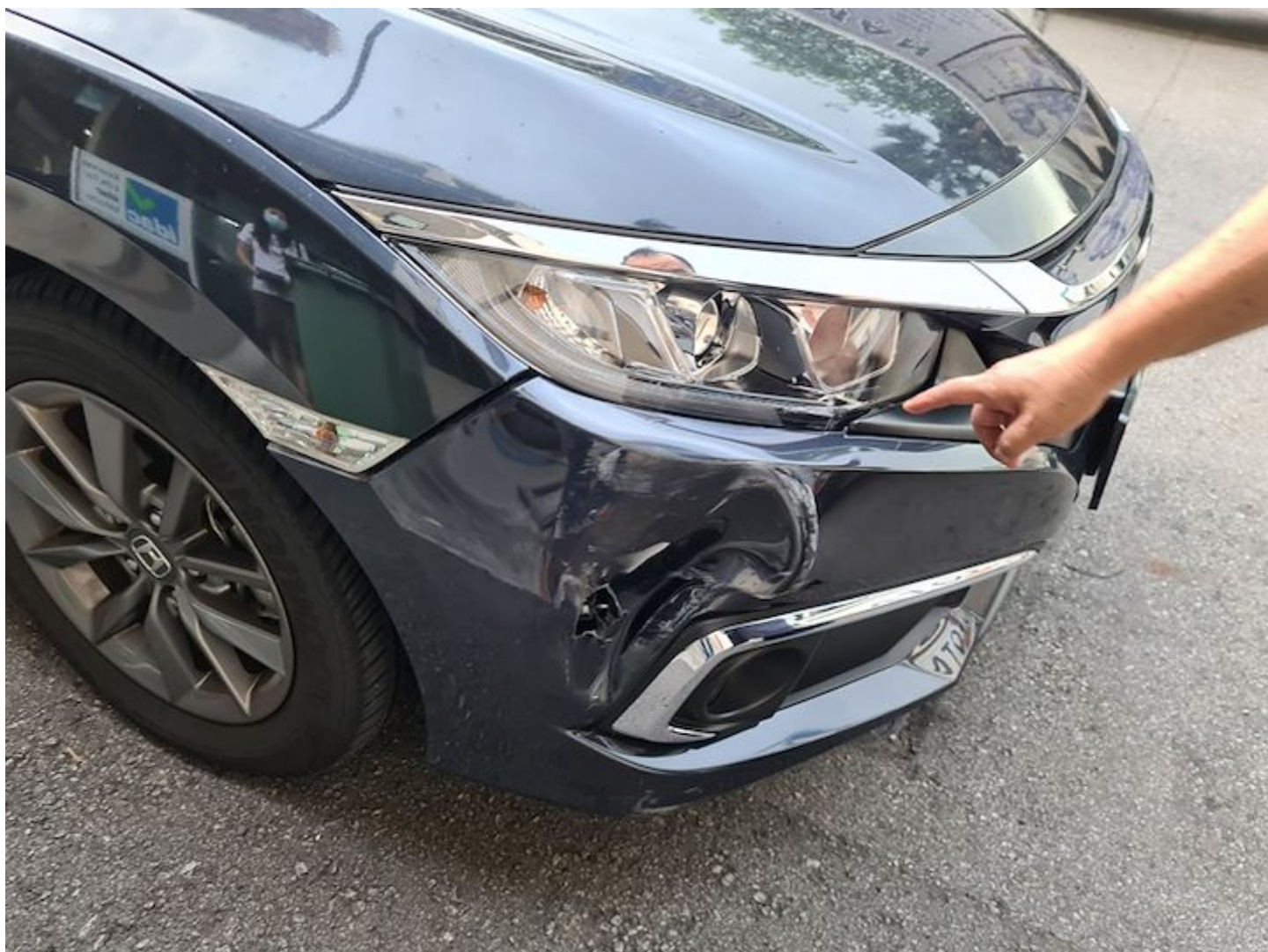




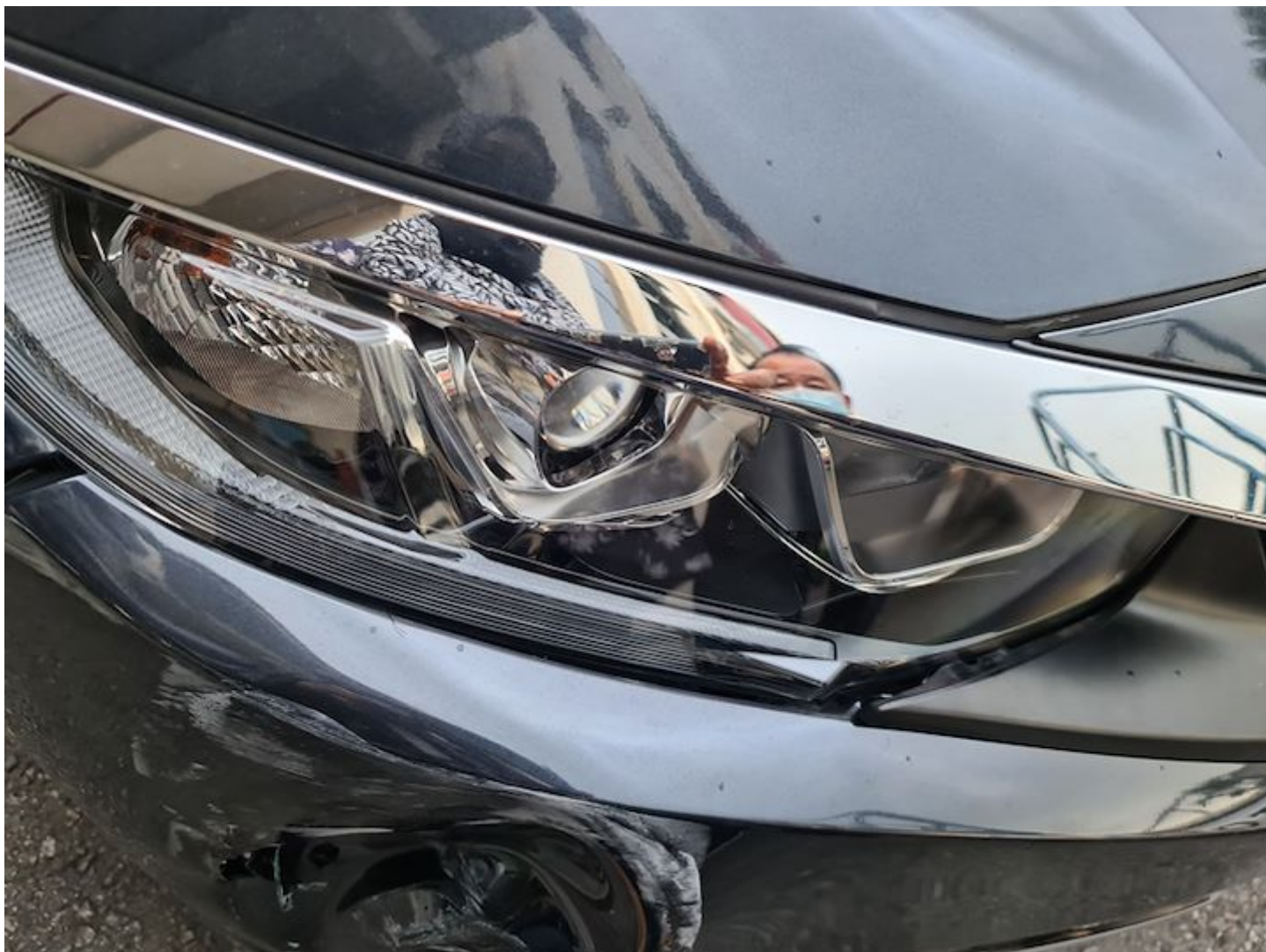


















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Annex E

## NOTICE OF COMPLIANCE

This is to confirm that Lim Khiam Hoo, NRIC: S1781982H, 25 Statton Drive Singapore 806881 contact 98331022 has reported to the Police a non-injury traffic accident which occurred along Block 237 Hougang Avenue 1 parking lot 87 towards Road on 06/01/2021 at 2030 pm involving the following vehicles: SDA6388P and ~~SMM2853Y.~~

SMM2852Y

- 2 If this accident was reported to the Police within 24 hours of its occurrence,  
Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SSGT Robin Teo

Date: 07/01/2021 Time: 1558hrs

S/D Ref: 24

Police Post/Unit: Paya Lebar NPP

APPROVED FOR  
ISSUANCE  
BY: [Signature]  
DATE: 07/01/2021  
TIME: 1558hrs

Original – to be issued to informant  
Duplicate – to be submitted to Traffic Police

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Version as of 15 Jan 2002