

# 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 ..... 17/02/2022 15:01 (SGT)  
Date of Accident ..... 16/02/2022 09:45 (SGT)  
Exact Location of Accident ..... Upper Changi Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SBZ16U

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LIM ELSIE NEE TAN AH MEE  
NRIC No ..... SXXXX802H  
Email Address ..... elsielim7@hotmail.com  
Mobile Phone No ..... (Phone) +65-96440686  
Alternative Phone No ..... +65-96440686

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... E200  
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 ..... 1991

### INSURANCE COMPANY

Name of Insurance Company ..... MS First Capital Insurance Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... D-21097798MVPC  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LIM GUAN CHWEE ERIC  
NRIC No ..... SXXXX549F

Date Of Birth .....	19/10/1946
Occupation .....	Indoor
Date Of Driving Pass .....	06/09/1973
Driving experience .....	48 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96420298
Alt. Phone Number .....	-
Email Address .....	vacauto@singnet.com.sg
Address .....	16 BEDOK RIA CRESCENT
Address complement .....	-
Postcode .....	489832
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	Side Swipe
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 .....	Bedok Division Headquarters
Police Station Phone No .....	(Phone) +65-18002440000
Alt. Police Station Phone No .....	(Fax) +65-64443009
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT AND POLICE REPORT : G/20220217/7006.

#### 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 .....	SMR434H
Vehicle Manufacturer .....	Mercedes
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car


Name of Driver .....	SHAWN TAN
Contact Number .....	(Phone) +65-97979779
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

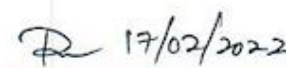
**SKETCH PLAN****IMPORTANT NOTICE**

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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' 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 GIA 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 &  
Time 17/02/2022

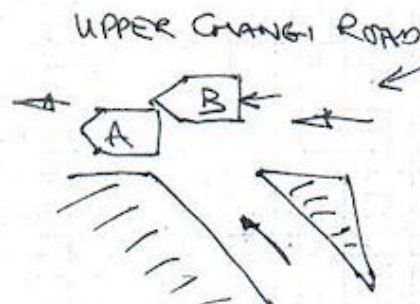
Sketch Plan

  
Driver's Signature (If driver is not the policyholder) / Date  
& Time 17/02/2022

  
Witnessed by Reporting Centre  
Personnel

 A SBZ16U

 B SMR434H





## Describe Circumstances of the Accident

ON 16/02/2022 AT ABOUT 0945HRS, I DROVE DOWN UPPER CHANGI ROAD TOWARDS THE CHANGI FIRE STATION. I MADE A LEFT TURN AT THE SLIP ROAD ONTO BEDOK NORTH AVENUE VERY CAUTIOUSLY. A MERCEDES E200 LICENCE PLATE (SMR434H) DRIVEN BY SHAWN <sup>TAN</sup> ~~LEE~~ DROVE VERY QUICKLY AND HIT THE RIGHT REAR BACK OF THE CAR SBZ16U OWNED BY MY WIFE ELSIE LIM.

— As police report attached : G/20220217/7006. —

## Declaration

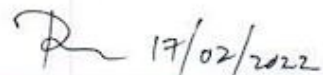
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time  
17/02/2022



Driver's Signature (If driver is not the policyholder) / Date & Time  
17/02/2022



Witnessed by Reporting Centre Personnel  
17/02/2022





























**SINGAPORE  
POLICE FORCE**



G/20220217/7006

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220217/7006

Person Name	LIM GUAN CHWEE ERIC		
ID Type	NRIC NO	ID No	S1039549F
Gender	Male	Age	75
Race	Chinese	Language	English
Occupation	Retiree	Address	16 BEDOK RIA CRESCENT SINGAPORE 489832
Mobile No	96420298	Is Informant A Victim?	Yes
Person Name	LIM GUAN CHWEE ERIC (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:  
17/02/2022 09:44

Classification Of Case: