

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	21/02/2022 15:38 (SGT)
Date of Accident	20/02/2022 21:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MSCP OF LIMBANG SHOPPING CENTRE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS3509L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM CHUNG BENG
NRIC No	SXXXX002D
Email Address	keith@hotmail.sg
Mobile Phone No	(Phone) +65-98290368
Alternative Phone No	+65-98290368

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Allion
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	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00081812100
Cover Note Number	-

DRIVER

Name of Driver	LIM CHUNG BENG
NRIC No	SXXXX002D

Date Of Birth	24/06/1985
Occupation	Outdoor
Date Of Driving Pass	04/08/2004
Driving experience	17 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98290368
Alt. Phone Number	+65-98290368
Email Address	keith@hotmail.sg
Address	BLK 490A CHOA CHU KANG AVENUE 5
Address complement	#04-255
Postcode	681490
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?	Yes
Police Station Name	Aljunied Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002809999
Alt. Police Station Phone No	(Fax) +65-62815960
Police Station Address	Blk 13 Joo Seng Road #01-69 Singapore 360013
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : T/20220221/2052

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1


Vehicle Registration Number	SCF1518A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

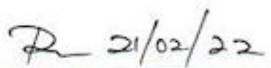
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLANIMPORTANT 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.


Policyholder's Signature / Date & Time


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

 21/02/22
Witnessed by Reporting Centre Personnel

Sketch Plan

A = SJS 3509 L

B = SCF 1518 A

mSCP of Limbang Shopping Centre.



Describe Circumstances of the Accident

— Pls refer to the police report : T/2022.0221/2052. —

Declaration

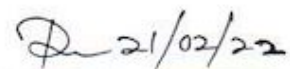
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel



























**SINGAPORE
POLICE FORCE**



T/20220221/2052

Police Station Of Origin:
Aljunied NPP
13 Joo Seng Road #01-69 SINGAPORE
360013
Tel No: 1800-2809999

1 of 3

Report No. T/20220221/2052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/02/2022 13:27	Vide Report No.:	Station Diary No.: 10
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Informant's Particulars

Name of Informant: LIM CHUNG BENG			Address: APT BLK 490A CHOA CHU KANG AVENUE 5 #04-255 SINGAPORE 681490		
ID Type / ID No.: NRIC NO / S8519002D			Contact No.: Home/Office: Mobile: 9829 0368		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 36	Date of Birth: 24/06/1985	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: CAR DEALER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 20/02/2022 21:00	Type of Location: Car Park
Location: CHOA CHU KANG STREET 51				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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 Passenger
SCF1518A	Car				Slightly Damaged	0
SJS3509L	Car	TOYOTA	ALLION 1.5 A	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJS3509L	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000818 12100	19/04/2021	11/08/2022



**SINGAPORE
POLICE FORCE**



T/20220221/2052

2 of 3

Report No. T/20220221/2052

Police Station Of Origin:
Aljunied NPP
13 Joo Seng Road #01-69 SINGAPORE
360013
Tel No: 1800-2809999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM CHUNG BENG	ID No.	S8519002D
Related Vehicle	SJS3509L (Car)	Contact No.	9829 0368
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 21/02/2022 at about 1900hrs I parked my car bearing registration number SJS3509L at MSCP of Limbang Shopping centre I am unsure of the lot number.

Subsequently, on the same day at about 2200hrs I discovered damages on the front right side near the headlight. I reviewed my in-car camera and discovered a car bearing registration number SCF1518A collided with my car. The said car tried to park beside my car however, he side swipe my right side of the car. My car sustained damages due to the incident.

I have a in-car camera installed and I have a video footage of the incident however the timing might not be accurate.



**SINGAPORE
POLICE FORCE**



T/20220221/2052

3 of 3

Police Station Of Origin:
Aljunied NPP
13 Joo Seng Road #01-69 SINGAPORE
360013
Tel No: 1800-2809999

Report No. T/20220221/2052

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:
E / SGT 2 SULAIMAN AD-
DARANI BIN MOHAMAD ISMAIL

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
21/02/2022 13:27

Officer In Charge Of Case:
TP / HRT /

Classification Of Case:

Contact No.:

NP168