# 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.
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 | 21/05/2022 09:43 (SGT) |
| Date of Accident | 20/05/2022 09:47 (SGT) |
| Exact Location of Accident | 630 Bedok Reservoir Rd, Singapore 470630 |
| Additional Location Information | BLK 630 BEDOK RESEVIOR ROAD BASEMENT CARPARK |
| Country/State of Loss | Singapore |

## DETAILS OF OWN VEHICLE

| | |
|---|---|
| Vehicle Registration Number | SMQ500E |

### INSURED/POLICYHOLDER

| | |
|---|---|
| Is company? | No |
| Name Of Registered Owner | LIM SZE ENG |
| NRIC No | SXXXX485D |
| Email Address | teresafareast@yahoo.com |
| Mobile Phone No | (Phone) +65-81286235 |
| Alternative Phone No | +65-81286235 |

### VEHICLE PARTICULARS

| | |
|---|---|
| Manufacturer | Mercedes |
| Model | S500l |
| Variant | AMG |
| 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 | 2999 |

### INSURANCE COMPANY

| | |
|---|---|
| Name of Insurance Company | AXA Insurance Pte Ltd |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | GA524216/1 |
| Cover Note Number | - |

### DRIVER

| | |
|---|---|
| Name of Driver | LIM SZE ENG |
| NRIC No | SXXXX485D |

| | |
|---|---|
| Date Of Birth | 16/12/1953 |
| Occupation | Indoor |
| Date Of Driving Pass | 15/05/1975 |
| Driving experience | 47 YEARS |
| Gender | Male |
| Mobile Number | (Phone) +65-81286235 |
| Alt. Phone Number | +65-81286235 |
| Email Address | teresafareast@yahoo.com |
| Address | 5 TEO KIM ENG ROAD |
| Address complement | - |
| Postcode | 1441 |
| 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 | 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

ATTACHED THE POLICE REPORT NO :T/20220520/2063.

## ATTACHMENT(S)

| | |
|---|---|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Was there any audio recorded? | No |

## DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|---|---|
| Vehicle Registration Number | GBG998K |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |

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

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. 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_ 20/5/22 | | _stamp_ |
| Policyholder's Signature / Date & Time  4.55pm | Driver's Signature (If driver is not the policyholder) / Date & Time | Witnessed by Reporting Centre Personnel |

**Sketch Plan**

BLK 630
BEDOK
RESERVOIR
ROAD
BASEMENT
CARPARK

A=SMQ 500E
B:GBG 998K

## Describe Circumstances of the Accident

Attached the Police Report NO.T/20220520/2063.

## Declaration

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

Policyholder's Signature / Date & Time 20/5/22 4.55 pm

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

Witnessed by Reporting Centre Personnel

## SINGAPORE POLICE FORCE

T/20220520/2063

1 of 3

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

Report No. T/20220520/2063

### REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: 20/05/2022 15:46 | Vide Report No.: | Station Diary No.: |
|---|---|---|

#### Informant's Particulars

| Name of Informant: LIM SZE ENG | Address: 5 TEO KIM ENG ROAD SINGAPORE 416376 |
|---|---|
| ID Type / ID No.: NRIC NO / S0053485D | Contact No.: Home/Office:    Mobile: 81286235 |
| Nationality: SINGAPORE CITIZEN | Email: |

| Sex: Male | Age: 68 | Date of Birth: 16/12/1953 | Type of Informant: Driver |
|---|---|---|---|
| Race: Chinese | | Language: English | Institution / School Name: |
| Occupation: COMPANY DIRECTOR | | 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: 20/05/2022 09:45 | Type of Location: Car Park |
|---|---|---|---|---|

Location:

BEDOK RESERVOIR ROAD

| Weather: Clear | Road Surface: Dry | Road Speed Limit: |
|---|---|---|
| Traffic Flow: Two 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 |
|---|---|---|---|---|---|---|
| SMQ500E | Car | MERCEDES BENZ | S500L AMG LINE M-HYBRID AUTO | Silver | | 1 |

#### Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|---|---|---|---|---|
| SMQ500E | AXA INSURANCE SINGAPORE PTE LTD | GA524216 | 09/01/2022 | 08/01/2023 |

# SINGAPORE POLICE FORCE

T/20220520/2063

2 of 3

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

Report No. T/20220520/2063

CONTINUATION OF REPORT

| Details of Person Involved | | | | |
|---|---|---|---|---|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | | |
| Driver | | | | |
| Name | LIM SZE ENG | | ID No. | S0053485D |
| Related Vehicle | SMQ500E (Car) | | Contact No. | 81286235 |
| 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 THE STATED DATE, TIME AND LOC.

ON 20/05/2022 ABOUT 0947HRS AT THE CARPARK AT MAKAN PLACE @ BREDOK RESERVIOR, I WAS INVOLVED IN A HIT AND RUN WITH AN UNKNOWN LORRY VEHICLE WAS A NIPPON PAINT VEHICLE I WAS NOT TOO SURE OF THE VEHICLE NUMBER. AS THE CAM WAS BLURRY. (GBC958K) /(GBC938K). WE GOT AN ALLARM FROM OUR VEHICLE THAT MY VEHICLE WAS BEEN HIT.

THAT IS ALL.

SINGAPORE
POLICE FORCE

T/20220520/2063

3 of 3

Report No. T/20220520/2063

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

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 / Other MUHAMMAD AQIL MARZUQ BIN JUHARI | Signature Of Informant: |
|---|---|
| Signature Of Interpreter: Not applicable | Date/Time: 20/05/2022 15:46 |
| Officer In Charge Of Case: TP / HRT / Other SUFIYAN BIN KHAIRI Contact No.: 65476390 | Classification Of Case: SINGAPORE POLICE FORCE Signature: |

NP168