

# 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 .....	16/07/2022 11:31 (SGT)
Reported by .....	Both
Date of Accident .....	15/07/2022 10:05 (SGT)
Exact Location of Accident .....	507 Tampines Central 1, Singapore 520507
Additional Location Information .....	MULTI STOREY CARPARK
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKJ1400P
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LIM CHIEN JOO DERICK
NRIC No .....	SXXXX891J
Email Address .....	LIMCHIENJOO@YAHOO.COM.SG
Mobile Phone No .....	(Phone) +65-93873238
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Audi
Model .....	A5
Variant .....	SPORTBACK 2.0 TFS
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 .....	1968

### INSURANCE COMPANY

Name of Insurance Company .....	AXA Insurance Pte Ltd
Policy Number / Cover Note Number .....	GA614326

### DRIVER

Name of Driver .....	LIM CHIEN JOO DERICK
NRIC No .....	SXXXX891J
Date Of Birth .....	23/08/1970
Occupation .....	Indoor

Date Of Driving Pass .....	07/08/1991
Driving experience .....	30 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93873238
Alt. Phone Number .....	-
Email Address .....	LIMCHIENJOO@YAHOO.COM.SG
Address .....	25 ELIAS ROAD
Address complement .....	#10-10
Postcode .....	519931
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	SEAH GEOK LING
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Tampines Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005871999
Alt. Police Station Phone No .....	(Fax) +65-65871699
Police Station Address .....	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO THE POLICE REPORT

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SBP3688M
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****IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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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.

*Sub* 16/7/22  
10:20am

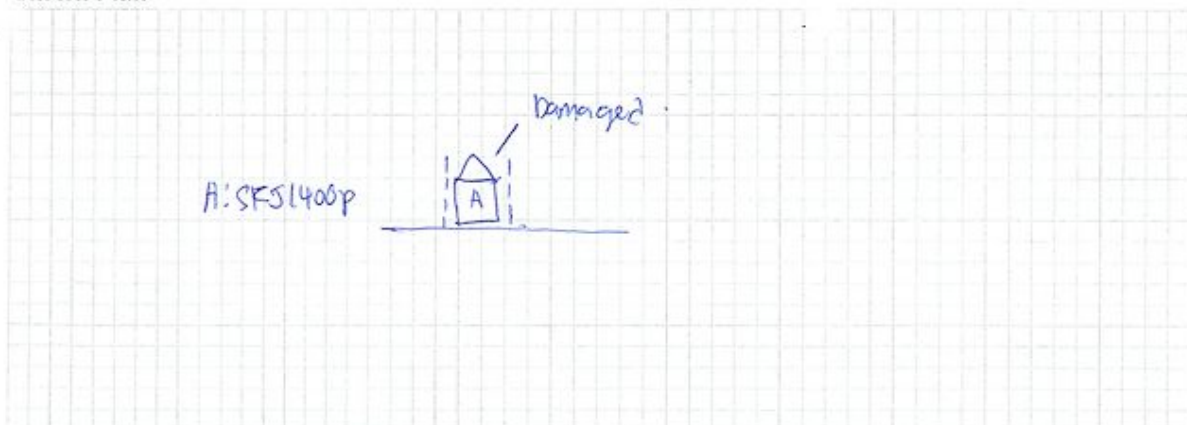
Policyholder's Signature / Date & Time

*Sub* 16/7/22  
10:20am

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



Witnessed by Reporting Centre Personnel

**Sketch Plan**

**Describe Circumstances of the Accident**

*Refer to police report.*

**Declaration**

We declare the foregoing particulars are true in every respect.

*[Signature]*

Policyholder's Signature / Date & Time

*[Signature]*

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



Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20220715/2034

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

2 of 3  
Report No. T/20220715/2034

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKJ1400P	AXA INSURANCE SINGAPORE PTE LTD	GA614326	28/03/2022	27/03/2023

**Brief Details.**

On 15/07/2022 at about 0910hrs, I parked my vehicle SKJ1400P at the MSCP of BLK 507 Tampines Central 1, Deck 2A. That was the last time everything was intact.

On the same day at about 1100hrs, I came to retrieve my vehicle and discovered that the front right side was dented and there was a lot of scratches. I checked my in car camera and discover that one vehicle, a grey/silver Mercedes bearing SBP3688M had collided into my vehicle at 1006hrs. The said vehicle was exiting the parking lot on my right and the said vehicle rear left side collided into my vehicle front right side. There was no note written or the owner did not come back while I was at my vehicle.

That is all.





















































**SINGAPORE  
POLICE FORCE**



T/20220715/2034

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

1 of 3

Report No. T/20220715/2034

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/07/2022 12:05	Vide Report No.:	Station Diary No.: 35
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**Informant's Particulars**

Name of Informant: LIM CHIEN JOO DERICK			Address: 25 ELIAS ROAD #10-10 SINGAPORE 519931	
ID Type / ID No.: NRIC NO / S7029891J			Contact No.: Home/Office: Mobile: 93873238	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 51	Date of Birth: 23/08/1970	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: ACCOUNTANT			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: 15/07/2022 10:05	Type of Location: Car Park
Location:  TAMPINES CENTRAL 1				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
SBP3688M	Car					0
SKJ1400P	Car	AUDI	A5 SB 2.0 TFSI S TRONIC (DESIGN)	White	Seriously Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20220715/2034

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

2 of 3  
Report No. T/20220715/2034

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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That is all.



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POLICE FORCE**



T/20220715/2034

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

3 of 3

Report No. T/20220715/2034

**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:  
G /  
SGT 3 SIM FAWWAZ BIN SIM  
HASHIM

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
15/07/2022 12:05

Officer In Charge Of Case:  
TP / HRT /  
STAFF SGT SUFIYAN BIN KHAIRI  
Contact No.: 65476148

Classification Of Case:

NP168



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : SP14227G0002 Vehicle Registration No: SKJ 1400 P  
Name (as shown in NRIC) : LIM CHIEN JOO DERICK NRIC/FIN/Passport No : SXXXX891J  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 25 ELIAS ROAD, #10-10 Singapore (519931)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 9387 3238  
Email Address : LIMCHIENJOO@YAHOO.COM.SG  
Date of Accident : 15/07/2022 Time of Accident : 10:05  
Place of Accident : 507 TAMPINES CENTRAL 1, MULTI STOREY CARPARK  
Insurance Company: AXA Insurance Pte Ltd

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO AMEND TO THIRD PARTY CLAIM.

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Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Lim Lee Sing  
NRIC/FIN No.: 7XXXX569M  
Date: 15/7/2022