

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 Actual 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	05/12/2022 12:49 (SGT)
Reported by	Both
Date of Accident	03/12/2022 05:30 (SGT)
Exact Location of Accident	Kheam Hock Rd, Singapore
Additional Location Information	TOWARDS BUKIT TIMAH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC1068S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM CHEOK PENG
NRIC No	SXXXX534A
Email Address	cheokpeng08@gmail.com
Mobile Phone No	(Phone) +65-96661889
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	LandRover
Model	Range rover
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1997

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI22V11506/VPE/R00

DRIVER

Name of Driver	LIM CHEOK PENG
NRIC No	SXXXX534A
Date Of Birth	08/11/1946
Occupation	Indoor

Date Of Driving Pass	11/07/1985
Driving experience	37 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96661889
Alt. Phone Number	-
Email Address	cheokpeng08@gmail.com
Address	24 YARWOOD AVENUE
Address complement	-
Postcode	587996
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	Collision - Head on collision
Weather Conditions	Raining
Road Surface	Wet

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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Timah Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004629999
Alt. Police Station Phone No	(Fax) +65-64628933
Police Station Address	1 Duke Road Singapore 268914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20221203/2047

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1


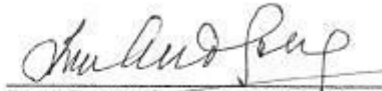


Vehicle Registration Number	SDZ312R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

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' 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 	Driver's Signature (if driver is not the policyholder) / Date & Time 	Witnessed by Reporting Centre Personnel Date: 05/12/2022 
Sketch Plan: KIAM HOCK ROAD TOWARDS BUNCIT TIMAH ROAD		
		

Describe Circumstances of the Accident

REFER TO POLICE REPORT NO. T/20221203/2047

Declaration

I/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 policy holder) / Date & Time

[Signature] 05/12/2022

Witnessed by Reporting Centre Personnel





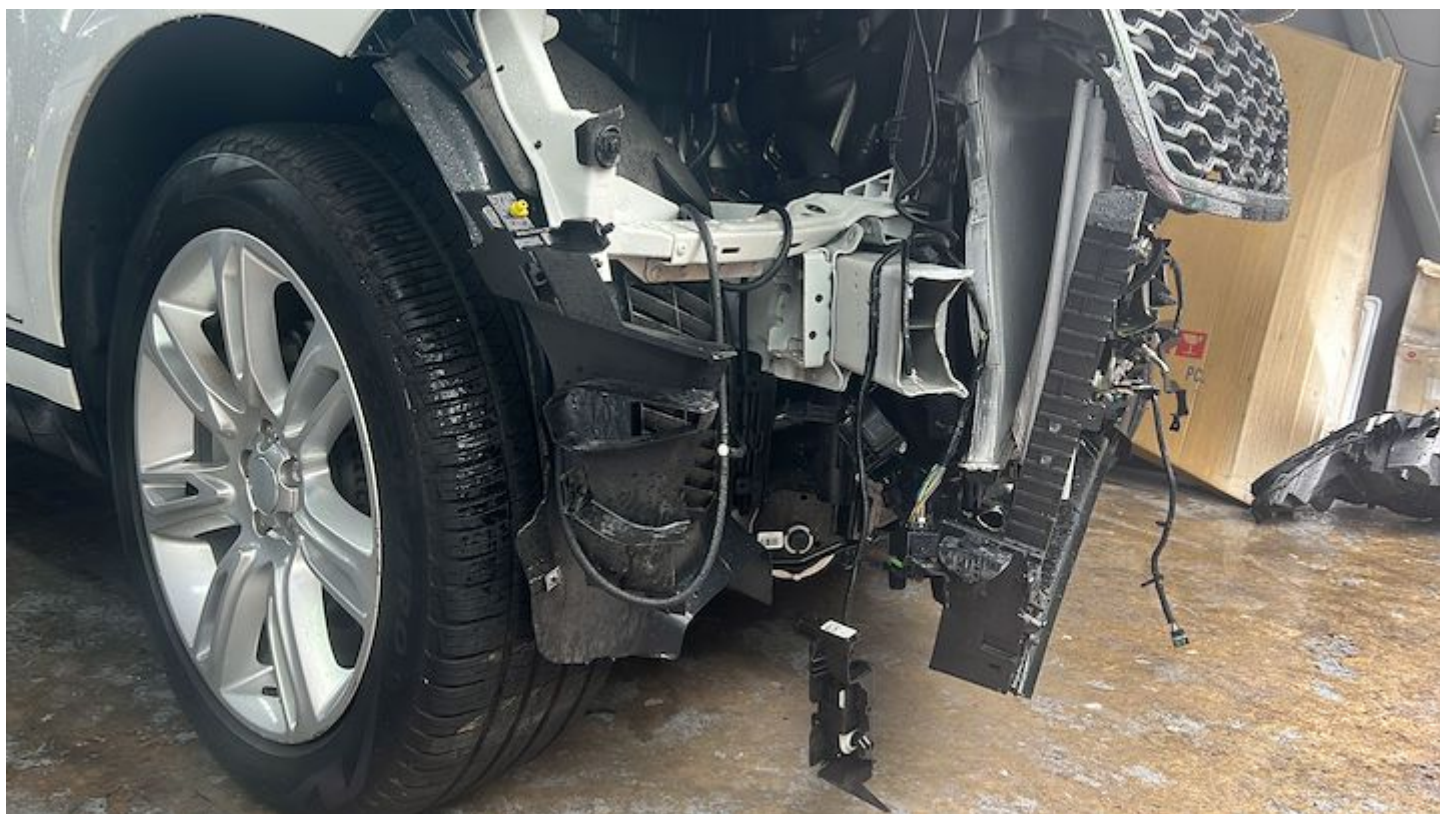






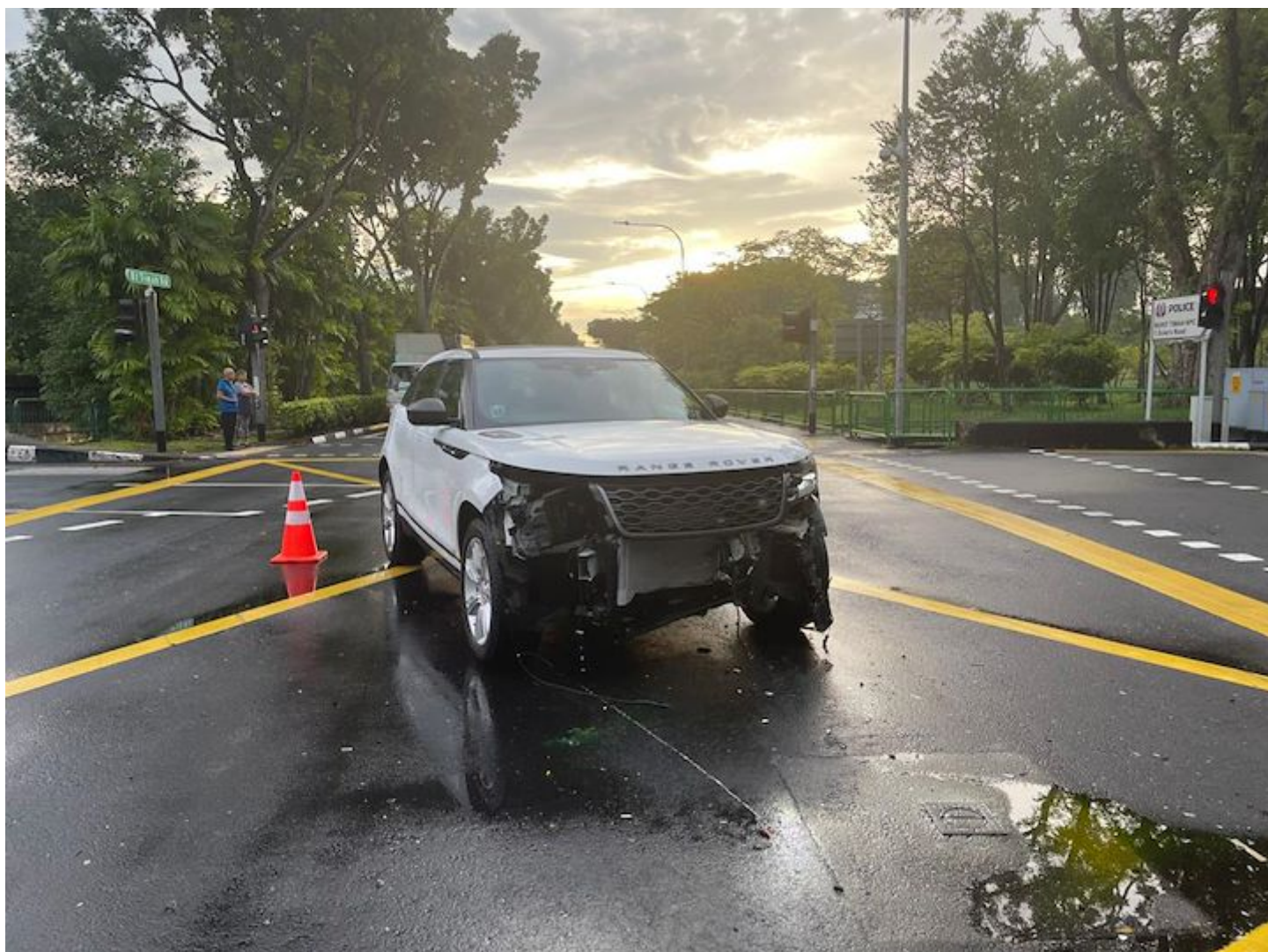



















**SINGAPORE
POLICE FORCE**


T/20221203/2047

1 of 3

Report No. T/20221203/2047

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/12/2022 15:26		Vide Report No.: E/20221203/0054		Station Diary No.: 26	
Informant's Particulars					
Name of Informant: LIM CHEOK PENG			Address: 24 YARWOOD AVENUE SINGAPORE 587996		
ID Type / ID No.: NRIC NO / S2511534A			Contact No.: Home/Office: Mobile: 96661889		
Nationality: SINGAPORE CITIZEN			Email: cheokpeng08@gmail.com		
Sex: Male	Age: 76	Date of Birth: 08/11/1946	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DOCTOR			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident					
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/12/2022 05:35	Type of Location: X-Junction	
Location: BUKIT TIMAH ROAD					
Lamp Post Number: 133/1					
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDZ312R	Car				Seriously Damaged	0
SNC1068S	Car				Seriously Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA


**SINGAPORE
POLICE FORCE**


T/20221203/2047

2 of 3

Report No. T/20221203/2047





Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

CONTINUATION OF REPORT

Driver			
Name	LIM CHEOK PENG	ID No.	S2511534A
Related Vehicle	NIL	Contact No.	96661889
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 03/12/2022, at around 5.35am, I was driving along Dunearn Road and made a right turn onto Kheam Hock Road. At the junction of Bukit Timah Road and Kheam Hock Road, the traffic light turned green in my favour and I drove forward. Suddenly, a white car appeared in front of my vehicle and I collided into his right driver's seat area, near the wheel. A passer-by called ambulance as there was a lot of smoke coming from the car. Ambulance and police soon arrived at scene and there were no injuries. I was given a case card with incident number E/20221203/0054 under IO Yeo Kia Huat. I have an in-car camera and have managed to recover the SD card which I will hand over to IO Yeo Kia Huat after I lodge this report.

 SINGAPORE POLICE FORCE		 TQ2221205/2039
Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999		Report No: TQ2221205/2039
CONTINUATION OF REPORT		
Sketch Plan Informant is not able to provide sketch plan		
<p>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 <u>report number</u> as reference.</p>		
Signature of Officer Recording The Report: E / SGT 3 JOEL EE CHYE TECK		Signature Of Informant 
Signature Of Interpreter: Not applicable		Date/Time: 05/12/2022 12:48
Officer In Charge Of Case: TP / GIT / SGT 3 MUHAMMAD AFIQ BIN RAHMAT Contact No.: 65476171		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 : SN0922C50004 Vehicle Registration No: SNC10685
Name(as shown in NRIC) : Lim Cheek peng NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 41 Yorkwood Avenue Singapore 687996
Contact (Tel) : _____ Mobile No. : 96661889
Email Address : _____
Date of Accident : 3/12/2022 Time of Accident : 0530h
Place of Accident : Towards Bukit Timah Road
Insurance Company: Liberty 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 report to own Damage Claim
against Liberty Insurance for the repair.

[Signature]
Policyholder / Driver's Signature
Date: _____

[Signature] 09/12/22
Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: _____

GRASSROOTS Accident Report Form - 1/2