

# 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 .....	21/01/2023 12:25 (SGT)
Reported by .....	Both
Date of Accident .....	20/01/2023 14:05 (SGT)
Exact Location of Accident .....	TPE, Singapore
Additional Location Information .....	TOWARDS SLE BEFORE PUNGGOL RD EXIT
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMQ6949E
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LIM TENG PENG
NRIC No .....	S8205340I
Email Address .....	TPLIM001@GMAIL.COM
Mobile Phone No .....	(Phone) +65-87889599
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Hyundai
Model .....	Avante
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 .....	1600

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5126216612

### DRIVER

Name of Driver .....	LIM TENG PENG
NRIC No .....	S8205340I
Date Of Birth .....	10/02/1982
Occupation .....	Indoor

Date Of Driving Pass .....	08/09/2003
Driving experience .....	19 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87889599
Alt. Phone Number .....	-
Email Address .....	TPLIM001@GMAIL.COM
Address .....	BLK 308C #12-340
Address complement .....	PUNGGOL WALK
Postcode .....	823308
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 .....	Side Swipe
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 .....	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

REFER TO POLICE REPORT: T/20230120/7040

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	PLEASE EMAIL VIDEO TO MOTORVIDEO@INCOME.COM.SG

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBK9409P
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	UNKNOWN
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

**SKETCH PLAN**

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**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.



21/01/2023 & 1300HRS

Policyholder's Signature / Date & Time

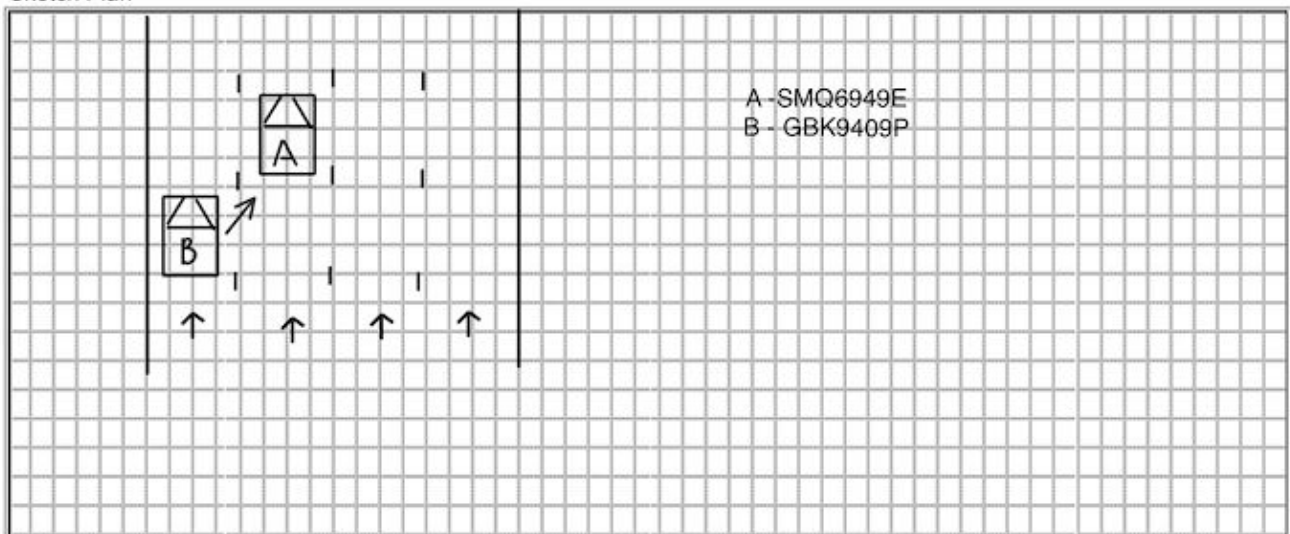
Driver's Signature (if driver is not the policyholder) / Date & Time



Mohammad Ikhsan Bin Abdul Aziz

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

**Sketch Plan**



Describe Circumstance of the Accident

Declaration

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

21/01/2023 & 1300HRS

Policyholder's Signature / Date & Time

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

Mohammad Ikhsan Bin Abdul Aziz

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)























**SINGAPORE  
POLICE FORCE**



T/20230120/7040

3 of 3

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

Report No. T/20230120/7040

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
RASHIDAH BINTE AZMAN  
Contact No.: 65476902

NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:  
20/01/2023 16:31

Classification Of Case:





**SINGAPORE  
POLICE FORCE**



T/20230120/7040

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

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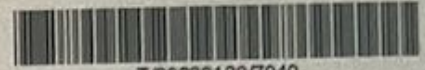
Date/Time:  
20/01/2023 16:31

Classification Of Case:





**SINGAPORE  
POLICE FORCE**



T/20230120/7040

1 of 3

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

Report No. T/20230120/7040

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/01/2023 16:31		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LIM TENG PENG			Address: 308C PUNGGOL WALK #12-340 SINGAPORE 823308		
ID Type / ID No.: NRIC NO / S8205340I			Contact No.: Home/Office: Mobile: 87889599		
Nationality: SINGAPORE CITIZEN			Email: TPLIM001@GMAIL.COM		
Sex: Male	Age: 40	Date of Birth: 10/02/1982	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 20/01/2023 14:05	Type of Location: Straight Road
Location:  RIVERVALE CRESCENT				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMQ6949E	Car	HYUNDAI	AD AVANTE 1.6 GLS (A)	White		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMQ6949E	NTUC Income Insurance Co-Operative Limited	5126216612	29/05/2022	28/11/2023