

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	13/03/2023 12:16 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/03/2023 22:35 (SGT)
Exact Location of Accident	546 Bedok North Street 3, Block 546, Singapore 460546
Additional Location Information	OPEN CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV9009Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LUM KEE SOON
NRIC No	S7933633E
Email Address	GEORGE.LUM.KS@GMAIL.COM
Mobile Phone No	(Phone) +65-98891350
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Is250
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	2500

INSURANCE COMPANY

Name of Insurance Company	Singapore Life Ltd
Policy Number / Cover Note Number	11042713

DRIVER

Name of Driver	LUM KEE SOON
NRIC No	S7933633E
Date Of Birth	18/10/1979
Occupation	Indoor

Date Of Driving Pass	29/03/2006
Driving experience	17 YEARS
Gender	Male
Mobile Number	(Phone) +65-98891350
Alt. Phone Number	-
Email Address	GEORGELUM.KS@GMAIL.COM
Address	BLK 546 BEDOK NORTH ST 3 #12-1416
Address complement	-
Postcode	460546
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
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 10/03/2023 AT ABOUT 21:00HRS AT OPEN CARPARK OF BLK 546 BEDOK NORTH STREET 3, I PARKED MY VEHICLE A AT CARPARK LOT NO.6 ABD WENT BACK HOME. ON THE SAME DATE, AT ABOUT 22:35HRS, SUDDENLY, I HEARD A LOUD BANG FROM DOWNSTAIRS. WHEN I WENTT DOWN TO HAVE A CHECK, I REALISED MY VEHICLE WAS INVOLVED IN A COLLISION. THE DRIVER OF VEHICLE B ADMITTED THAT HE HAD COLLIDED ONTO THE FRONT PORTION OF MY VEHICLE A WHILE PASSING BY.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC8087S
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	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

Policyholder's Signature / Date & Time

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

13/3/23

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

Sketch Plan



Describe Circumstance of the Accident

Refer to Attached

Declaration

I/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
(Name as in NRIC/ID card)

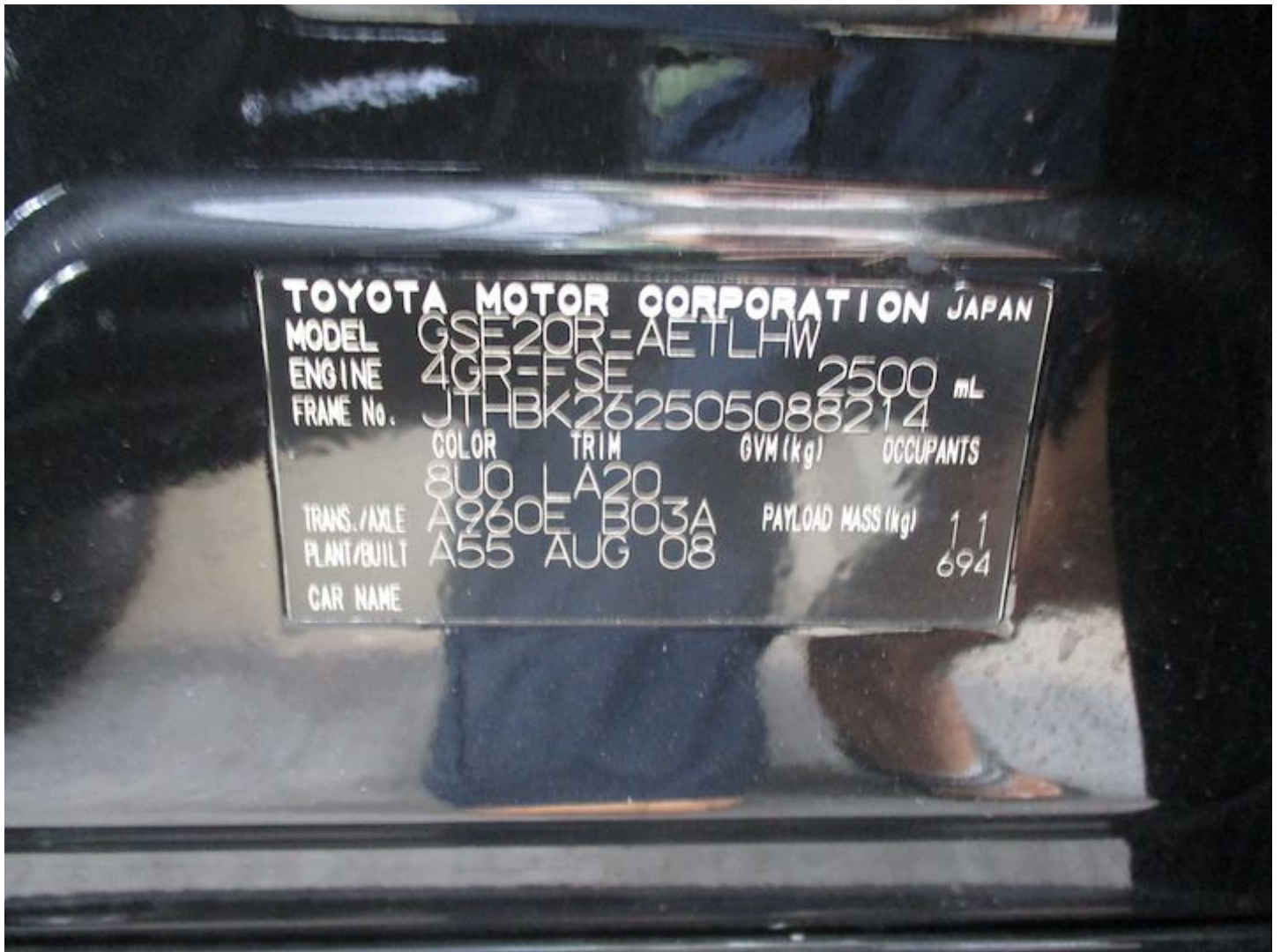
On 10.03.2023 at about 21:00 hours at Open Carpark of BLK 546 Bedok North Street 3, I parked my vehicle (A) at Carpark Lot No.6 and went back home.

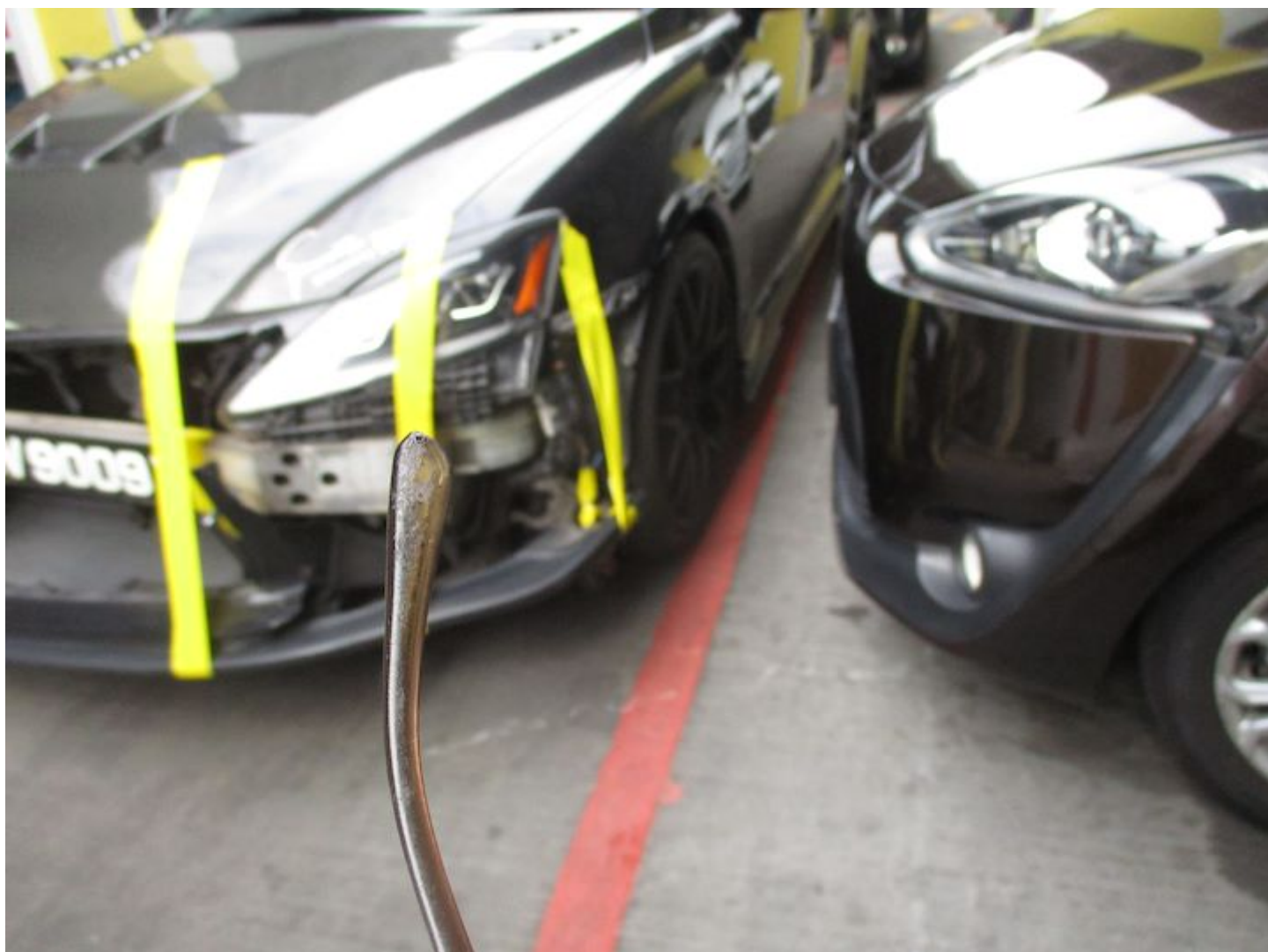
On the same date (10.03.2023) at about 22:35 hours, suddenly I heard a loud bang from downstairs. When I went down to have a check, I then realised my vehicle (A) had involved in a collision. The driver of vehicle (B) admitted that he had collided onto the front portion of my vehicle (B) while passing by.

Vehicle (A): SMV 9009Y

Vehicle (B): PC 8087S




















Singlife with AVIVA

Singlife is a subsidiary of Singlife Insurance Limited, a company incorporated in Singapore.

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1960 (RTA ACT)

THE THIRD PARTY (THIRD PARTY) LIABILITY, ACCIDENT (PAID UP) OF MAYBANK

THE THIRD PARTY (THIRD PARTY) ROAD TRANSPORT ACT 1960 (RTA ACT)

ACT 1960 (RTA ACT) AND THE ROAD TRANSPORT ACT 1960 (RTA ACT)

CERTIFICATE NUMBER: T1042743

**1) VEHICLE REGISTRATION NO.
CHASSIS NO.
ENGINE/MOTOR NO.**

SVM6009Y
JH1HK1C/50208214
IC395147001

2) NAME OF INSURED

FAMILY NAME
GIVEN NAME

Lim
Ewe Sook

**3) EFFECTIVE DATE OF COMMENCEMENT OF INSURANCE FOR THE
PURPOSE OF THE ACT**

10-Jan-2022 00:00 hours

4) DATE OF EXPIRY OF INSURANCE

19-Jan-2024 23:59 hours

5) PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE

You and any driver

Provided that the person driving is permitted to drive a vehicle with the licensing or other laws or regulations to drive the Motor Vehicle or has been permitted to do so and is qualified by virtue of a Court of Law or by any criminal or any other law or regulation to that effect to drive the Motor Vehicle

And provided further that the Motor Vehicle is registered under the Road Traffic Act and not registered under the Road Traffic Act and not licensed under the Road Traffic Act

Please refer to the policy document for full terms and conditions

6) LIMITATIONS AS TO USE*

Only for the social, domestic and pleasure purposes and for the insured's business. The Policy does not extend to use for hire or reward, business or driving tests, racing, pace making, exhibition work, speed testing or the carriage of goods other than samples in connection with any trade or business use for any purpose in connection with the Motor Vehicle

* Limitations subject to approval by the Motor Vehicle (Third Party) Risk and Compensation Act 1960 and Section 104 of the Road Transport Act 1960 (RTA Act) and not to be included under the Road Transport Act 1960 (RTA Act)

NAMED DRIVER

7) FINANCE COMPANY

MAYBANK SINGAPORE LIMITED

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicle (Third Party) Risk and Compensation Act 1960 and Part IV of the Road Transport Act 1960 (RTA Act) and any amendment, and/or approved modification thereof.

Issued in Singapore: 31-Dec-2022 at 15:16 hours

Singapore Life Ltd.

IMPORTANT NOTE:

- If you wish to cancel your policy at any time, you will need to return the certificate to us
- You must report all accidents to us within 24 hours of the occurrence to be by the next working day, please accident reporting centre regardless of whether you proceed to claim on your company or not, or whether your car is damaged or not. Should you not inform us, your NCD could be affected and your claim may be jeopardised

For the list of our accident reporting centres, please visit http://singlife.com.sg/Regulations_AccidentReportingCentres or call us at 6333 2222 for assistance including assistance on accident damage



Pradyan Phua
 General Services Officer

In case of vehicle breakdown, accident or windscreen damage, please call 6333 2222 (24 hours) immediately

