# **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.

- 4. The issue and acceptance of this is form by instrained 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 24/09/2021 22:34 (SGT) Date of Accident 23/09/2021 14:00 (SGT) Exact Location of Accident Newton Circus, Singapore Additional Location Information Along Newton circus Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Porsche

Vehicle Registration Number SDH3003H

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LIM KALING NRIC No. S1601173H Email Address evangeline.t@live.com Mobile Phone No (Phone) +65-90047743 Alternative Phone No +65-90047743

#### VEHICLE PARTICULARS

Manufacturer

Model 911 Variant CARRERA CABRIOLET AUTO 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 2982

#### **INSURANCE COMPANY**

Name of Insurance Company Liberty Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number SD21V08465 Cover Note Number

## DRIVER

Name of Driver TAY SU ANN, EVANGELINE NRIC No. S8827259E

Date Of Birth 04/07/1988 Occupation Indoor Date Of Driving Pass 13/08/2015 Driving experience 6 YEARS AND 1 MONTH Gender Female Mobile Number (Phone) +65-90047743 Alt. Phone Number Email Address evangeline.t@live.com Address 7 One-North Gateway Address complement #05-28 Postcode 138642 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Friend Does Driver Own Other Vehicles? Nο 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 Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Orchard Neighbourhood Police Centre Police Station Phone No (Phone) +65-18007359999 Alt. Police Station Phone No (Fax) +65-67331934 Police Station Address 51 Killiney Road Singapore 239572 Was notice of intended Prosecution given? Nο If yes, against whom?

# CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO, (T/20210924/2003) LODGE AT ORCHARD NPC ON THE 13/09/2021 AT AROUND 1400HRS I WAS DRIVING TOWARDS NEWTON ROUND ABOUT ON THE WAY HOME. AS I ENTERED THE ROUND ABOUT AT 1400HRS, I SIGNALED RIGHT TO ENTER THE RIGHT LANE AS I HAD MAKE A RIGHT TURN TOWARDS PARK INFINIA, I ENTERED THE LANE FIRST AND THIS HAD THE RIGHT OF WAY. HOWEVER, A CAR SDU642P FROM BEHIND CAME AND HIT MY CAR. HE HIT MY CAR ON THE DRIVER SIDE. AS SEEN FROM MY DASH CAM, MY CAR IS ESTABLISHED WITHIN THE LANE AT THE POINT OF IMPACT AND THE CAR SDU642P WAS OUT OF LANE WHEN THE TWO CARS CAME TO A STANDSTILL.WHEN THE DRIVER STOPPED I TRIED TO GET HIS PARTICULARS AND WITH HIS DOOR OPENED,I WAS HOLDING THE DOOR TO GET HIS PARTICULARS BUT HE FLED THE SCENE WITHOUT EXCHANGING HIS DETAILS WITH ME, I ONLY MANAGE TO GET THE CAR PLATE NUMBER DUE TO MY DASH CAM RECORDING. I HAVE HANDED OF THE DASH CAM VIDEO TO THE TRAFFIC POLICE INVESTIGATION OFFICER MR JOA.

IT WAS A HIT AND RUN, MY CAR WAS SERIOUSLY DAMAGED AND THE TRAFFIC POLICE WAS AT SCENE. I DO NOT KNOW HOW THE CAR SDU642P LOOKED LIKE AND I DID NOT SEE THE COLOR AND THE MODEL OF THE CAR AS AFTER THE DRIVER HIT ME, THE DRIVER FLED AWAY. I AM LODGING THIS REPORT AS ADVISED BY TRAFFIC POLICE AND FR RECORD PURPOSE.

# 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 Vehicle Manufacturer Vehicle Model	SDU642P Subaru Impreza
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NA
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

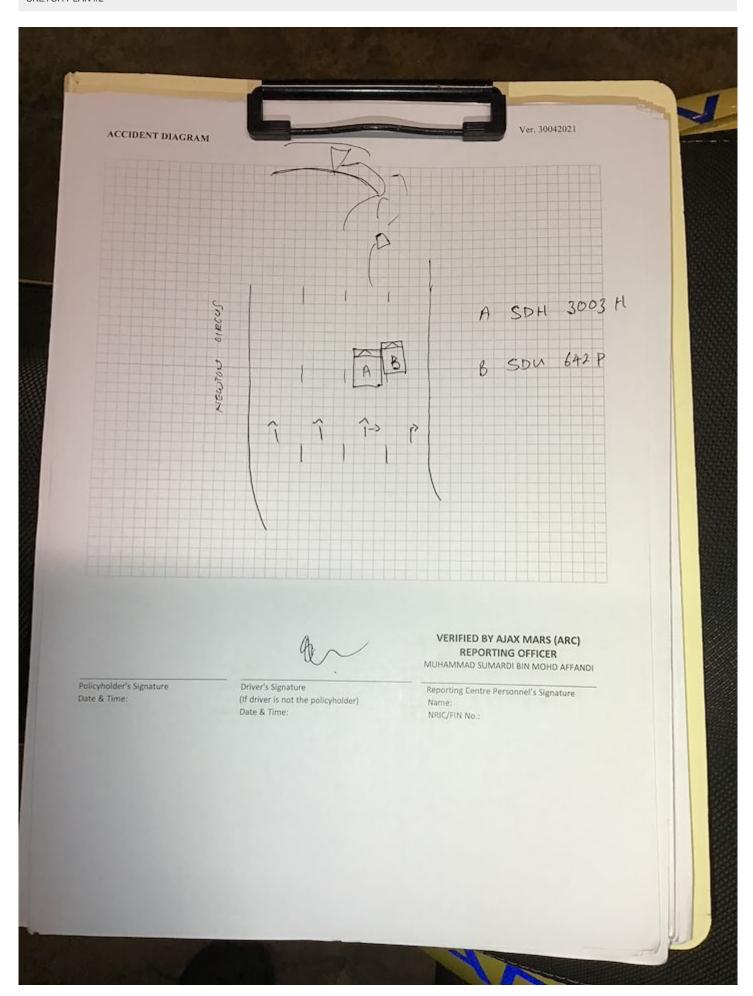
- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
- 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,
- By the lodgment 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:
  - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

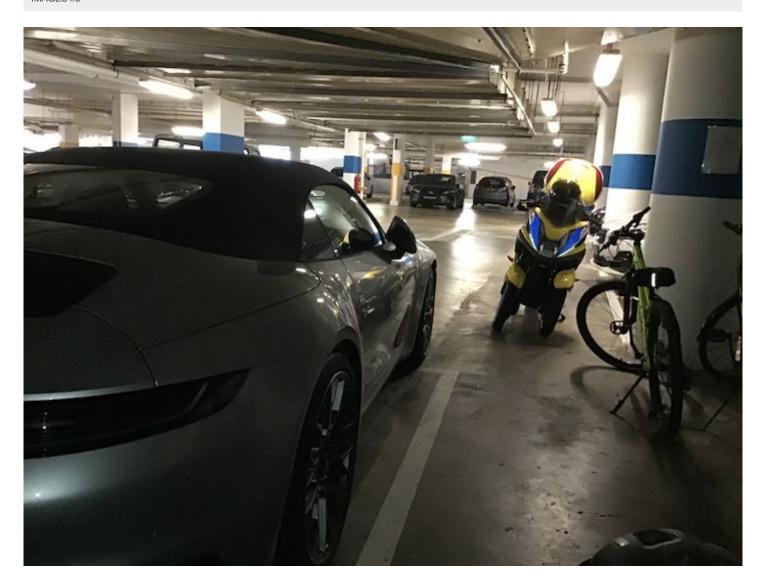
Sol	VERIFY BY AJAX MARS (ARC)  REPORTING OFFICER  MUHAMMAD SUMARDI BIN MOHD AFFAND
Driver's Signature	Reporting Centre Personnel's Signature
(If driver is not the policyholder)	Name:
Date & Time:	NRIC/FIN No.:
	(If driver is not the policyholder)

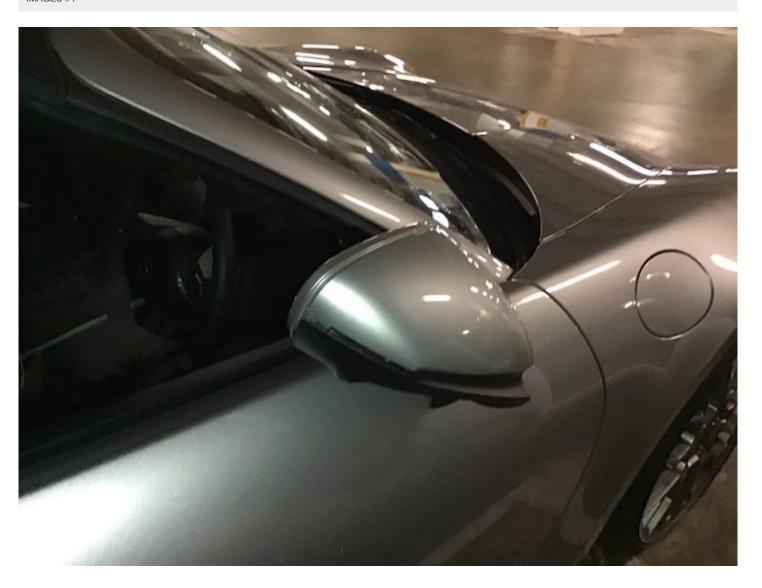
GIABMC SketchPlanForm\_V











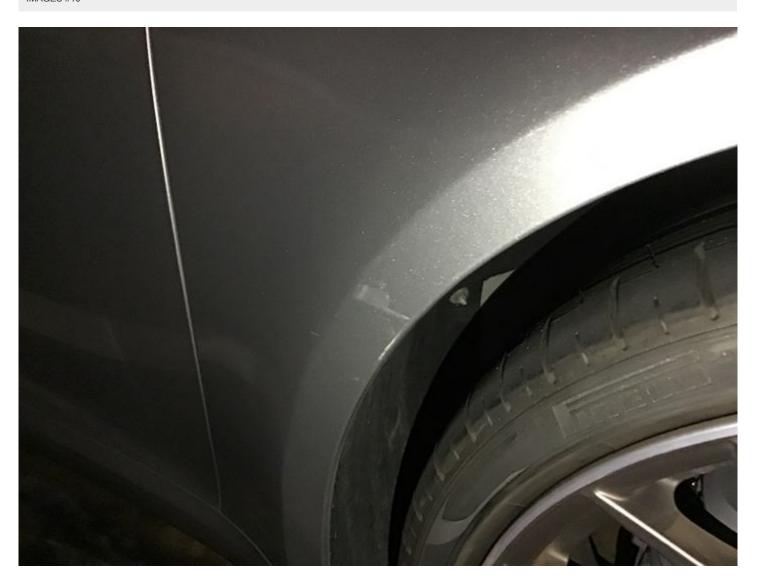


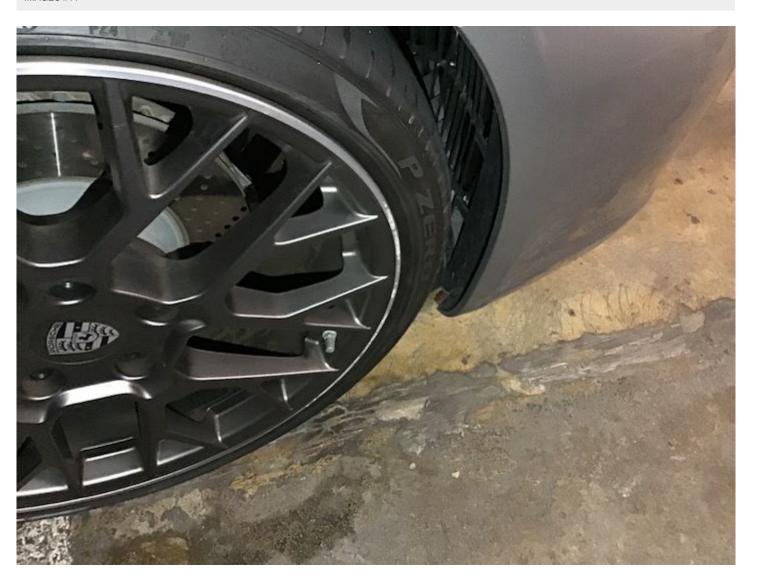




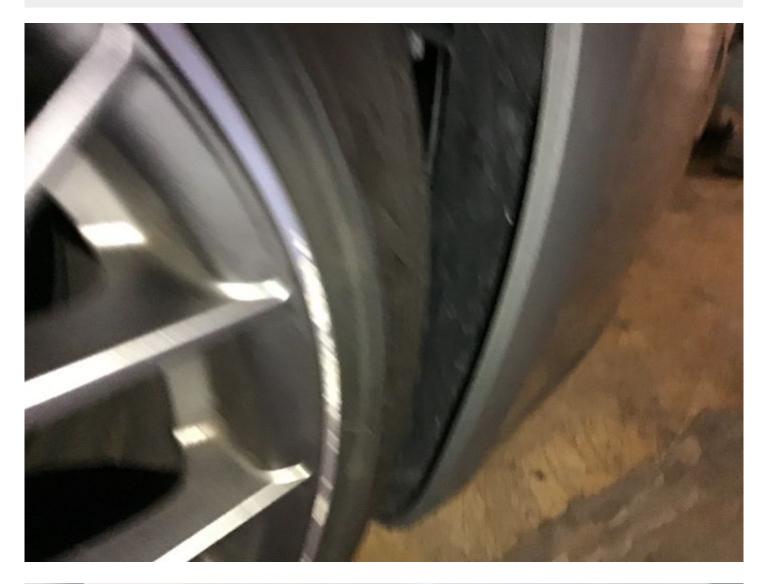














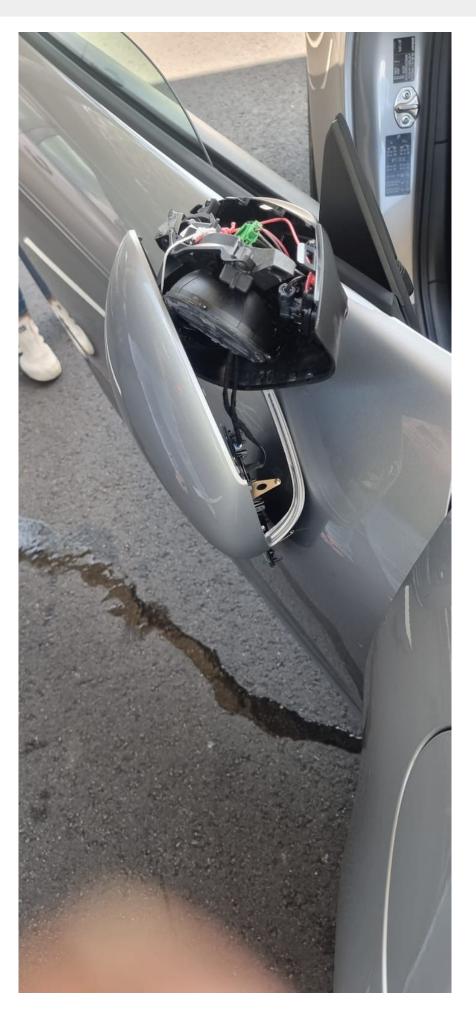












Orchard N.P.C 51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999  REPORT OF A TRAFFIC ACCIDENT  Date/Time Report Made: 24/03/2021 00:38  Informant's Particulars Name of Informant: TAY SU ANN, EVANGELINE ID Type / ID No: NRIC NO / S8827259E Nationality: SinGAPORE CITIZEN Sex: Age: Chinese Occupation: UNEMPLOYED  Driving Licence Information: UNEMPLOYED  Class: 3A  Date of Expiry:  General Information of the Accident Type of Non-injury Drive: No: Lenguage: Chinese Occupation: UNEMPLOYED  Driving Licence Information: Class: 3A  Date of Expiry:  Female Type of Non-injury Drive: Accident: Location: NeWTON CIRCUS  Weather: Clear Traffic Flow: One Way Traffic Control: Traffic Control: Traffic Flow: Traffic Flow: One Way Traffic Control: Traffic Light - Working No of Passenger  Dataged  Passenger  Drivalia Light Anyone conveyed by ambutance: No Dataged  Occupation No of Passenger Occupation Occupation No of Passenger Occupation No of Passenger Occupation No of Passenger Occupation Occupation No of Passenger Occupation Occupation No of Passenger Occupation No of Passenger Occupation Occupatio	Police Statio	SINGAPI POLICE	FORCE					/20210924/200 Report No. T/20	1 of 3	
Date/Time Report Made: 24/09/2021 00:38    Informant's Particulars   Address: Name of Informant: TAY SU ANN, EVANGELINE   Address: Name of Informant: TAY SU ANN, EVANGELINE   Address: Nationality: SINGAPORE CITIZEN   Age: Date of Birth: Female   33	Orchard N.F 51 Killiney I Tel No: 18	Road SING 00-7359999	APORE 239572							
Name of Informant: TAY SU ANN, EVANGELINE ID Type / ID No.: NRIC NO / S8827259E Nationality: SINSAPORE CITIZEN Sex: Age: Date of Birth: Female 33 04/07/1988 Driver Chinese Occupation: UNEMPLOYED  General Information of the Accident Type of Non-Injury Hit and Run No Drive: Accident: Location: NEWTON CIRCUS  Road Surface: Dry Traffic Flow: Traffic Control: Clear Dry Type of Collision: Between Moving Vehicles - Head To Side  Nationality: Address: 6A LINCOLN ROAD #30-17 SINGAPORE 308366  Address: 6A LINCOLN ROAD #30-17 SINGAPORE 308366  ALINCOLN ROAD #30-17 SINGAPORE 308366  Address: 6A LINCOLN ROAD #30-17 SINGAPORE 308366  ALINCOLN ROAD #30-17 SINGAPORE 308366  Mobile: 90047743  Email: Nobile: 90047743  Email: Sex: Age: Drive Institution / School Name: Class: 3A Drive: Institution / School Name: Class: 3A Drive: Accident: Drive Accident:	Date/Tin	me Report M	ACCIDENT lade:	Vide Re E/2021	port No.: 0923/0133				iary No.:	
ID Type / ID No.:   NRIC NO / S8827259E   Home/Office:   Mobile: 90047743     Nationality:   SINGAPORE CITIZEN     Sex:   Age:   Date of Birth:   Driver     Female   33   04/07/1988   Language:   Institution / School Name:     Race:   Chinese   Occupation:   UNEMPLOYED   Driving Licence Information:   Date of Expiry:     UNEMPLOYED   Driving Licence Information:   Date of Expiry:     Occupation:   UNEMPLOYED   Drink   Date/Time of   Accident:   Type of   Accident:   No.	Inform Name TAY S	nant's Partic of Informani SU ANN, EV	VI.	Addres 6A LIN	s: COLN ROA	D #30-17 SI	NGAPOR	E 308366		
Sex:   Age:   O4/07/1988   Driver   Driver   Institution / School Name:	ID Typ NRIC	pe / ID No.: : NO / \$8827: nality:	259E	Home/ Email:	Office:		Mobile:	90047743		
Chinese Occupation: UNEMPLOYED  Class: 3A  Driving Licence Information: Class: 3A  Date of Expiry:  Date of Location:  Roundabout  Accident:  Accident:  Date of Coalision:  Roundabout  Accident:  Date of Coalision:  Roundabout  Accident:	Sex: Fema	le 33	Date of Birth:	Driver			Institution	on / School N	lame:	
Type of Accident: Drive: Accident: 23/09/2021 14:00 Roundabout    Location: NEWTON CIRCUS   Road Surface: Dry   Traffic Flow: One Way   Traffic Control: Traffic Light - Working   Anyone conveyed by ambulance: No    Details of Vehicle Involved   Vehicle No. Type   Make   Model   Color   Seriously Damaged   Slightly   O	Chine	Chinese Occupation:		Driving Class:	Driving Licence Information: Class: 3A Date of Ex				xpiry:	
Type of Collision:   Between Moving Vehicles - Head To Side   Details of Vehicle Involved   Vehicle No.   Type   Make   Model   Color   Seriously   Damaged   Slightly   O		100	on of the Acciden			Date/Tir	me of	Type	of Location:	
Road Surface:   Dry   Traffic Flow:   Traffic Flow:   Traffic Control:   Light   Light   Traffic Flow:   Traffic Light - Working   Anyone conveyed by ambulance:   No	Location	ent:   on:				23/09/2	021.1434		and Limit:	
Type of Collision: Between Moving Vehicles - Head To Side  Details of Vehicle Involved  Vehicle No. Type Make Model Color Seriously Damaged  Slightly 0	Clear Traffic Flo	Clear Traffic Flow: One Way		Dry Control:			Traffic Volume: Light Anyone conveyed by			
Vehicle No.     Type     Make     Model     Color     Seriously Damaged       SDH3003H     Car	Between N	Moving Ven						No	nce.	
SDH3003H Car Seriously Damaged Slightly 0	Details of V	lehicle Inv	olved Make	1		Color	19			
SDURATE I CAL				-	lodel		1	Damaged Slightly	0	
SDU642P Car Damaged								Damayee		

