

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	08/05/2023 20:39 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	08/05/2023 08:00 (SGT)
Exact Location of Accident	Margaret Dr, Singapore
Additional Location Information	MARGARET DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK748P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM ZISIANG ,KEN (LIN ZIXIANG)
NRIC No	SXXXX461G
Email Address	kenlimzisiang@gmail.com
Mobile Phone No	(Phone) +65-98537136
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	Xc60
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	1969

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5133140721

DRIVER

Name of Driver	LIM ZISIANG ,KEN (LIN ZIXIANG)
NRIC No	SXXXX461G
Date Of Birth	05/06/1986
Occupation	Indoor

Date Of Driving Pass	02/12/2008
Driving experience	14 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98537136
Alt. Phone Number	-
Email Address	kenlimzisiang@gmail.com
Address	APT BLK 43A MARGARET DRIVE
Address complement	#02-318
Postcode	143043
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	Collided into Parked Vehicle
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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?	Yes
Police Station Name	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ACCIDENT STATEMENT ATTACHED

REFER TO POLICE REPORT NO: T/20230508/2034

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	kiv

DETAILS OF OTHER VEHICLE PROPERTY 1

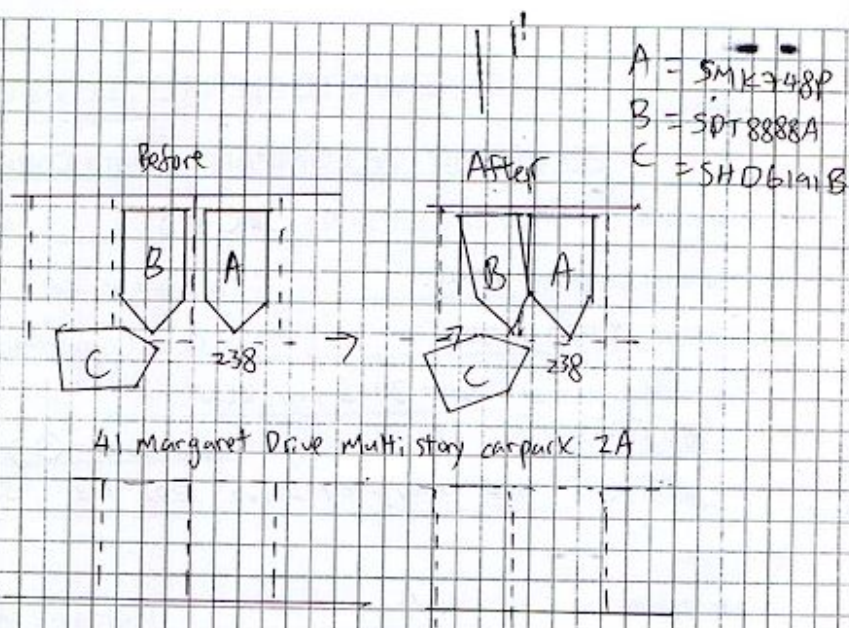
Vehicle Registration Number	SDT8888A
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHD6191B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The accident happened on 8 May 2023^{2A} Multi story carpark A1 Margaret Drive at lot 238 at around 0140Hrs.

My vehicle A, SMK748P, and vehicle B, SDT8888A, was stationary at the point of accident.

Suddenly, vehicle C, SHD6191B, came crashing into vehicle B Right front which bump into my right side wheel and bumper.

DECLARATION

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

Policyholder's Signature
Date & Time:

GLARMC Sketch form v3

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

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- ☐ Claim own policy
- ☐ Claim third party
- ☒ Claim OD / TP at other workshop Zest Auto
- ☐ For record purpose

Reporting Centre Personnel's Signature

Veh.No.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN**IMPORTANT NOTICE**

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7. 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 :
 - (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.
 - (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..

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA RMC Sketch Plan Form V2
















**SINGAPORE
POLICE FORCE**


T/20230508/2034

1 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20230508/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/05/2023 12:21		Vide Report No.: D/20230508/0039		Station Diary No.: 26	
Informant's Particulars					
Name of Informant: LIM ZI SIANG, KEN			Address: APT BLK 43A MARGARET DRIVE #02-318 SINGAPORE 143043		
ID Type / ID No.: NRIC NO / S8615461G			Contact No.: Home/Office: Mobile: 98537136		
Nationality: SINGAPORE CITIZEN			Email: kenlimzisiang@gmail.com		
Sex: Male	Age: 36	Date of Birth: 05/06/1986	Type of Informant: Vehicle Owner		
Race: Chinese			Language:		
Occupation: INSURANCE INDUSTRY			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: 08/05/2023 08:00	Type of Location: Car Park	
Location: MARGARET DRIVE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
SDT8888A	Car				Slightly Damaged	0
SHD6191B	Car				Slightly Damaged	0
SMK748P	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230508/2034

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20230508/2034

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	LIM ZI SIANG, KEN	ID No.	S8615461G
Related Vehicle	SMK748P (Car)	Contact No.	98537136
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 8/5/23 at 0800hrs, I was informed of my parked vehicle SMK748P at 41 Margaret Drive, was damaged. The owner of the vehicle parked beside mine, SDT8888A, informed me that both of our vehicles, parked at the multistorey carpark 41 Margaret Drive Deck 2A Lots 237 and 238, were damaged. The owner of SDT8888A managed to capture camera footage of vehicle SHD6191B, driving and colliding with SDT8888A and due to the hard impact of the collision, my vehicle SMK748P was hit as well. The taxi then drove off. Traffic Police attended to our scene and managed to find the vehicle SHD6191B at Deck 3B of the MSCP. I have the contact number of the person who informed me regarding the incident involving both of our vehicles, Ding HP: 91820486.

My vehicle SMK748P suffered scratches on right front bumper and right front headlight. Vehicle SDT8888A which was parked beside my vehicle suffered damages to the front bumper and the front grille as well as the front number plate came off. The vehicle that caused damage to both our cars, SHD6191B suffered damages to front left headlight and front left bumper. Traffic Police provided case card D/20230508/0039 and informed me to lodge a Police report.



**SINGAPORE
POLICE FORCE**



T/20230508/2034

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20230508/2034

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

D /
SGT 2 MOHAMMAD HAKIMI BIN
ABDULLAH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
08/05/2023 12:21

Officer In Charge Of Case:
TP / GIT /
SI MOHAMED SOPHIAN BIN MOHAMED AMIR
Contact No.: 91874317

Classification Of Case:

NP168



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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SS3623580006 Vehicle Registration No: SMK 748 P
 Name (as shown in NRIC): LIM ZIXIN KEN (Lim Zi Xing) NRIC/FIN/Passport No: S8615461A
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: Apt BLK 43A Margaret Dr #02-318 (S) 143043 Singapore ()
 Contact (Tel): _____ Mobile No.: 98531136
 Email Address: Kentlimzixiang@gmail.com
 Date of Accident: 08/05/2023 Time of Accident: 08:00
 Place of Accident: Margaret Drive
 Insurance Company: Income Insurance Limited

(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:

Accident Report, Refer to
Police Report No: T/20230508/2034

Policyholder / Actual Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: