

## 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 ..... 27/03/2023 12:49 (SGT)  
Reported by ..... Both Policyholder and Actual Driver  
Date of Accident ..... 20/03/2023 15:20 (SGT)  
Exact Location of Accident ..... 54 Bournemouth Rd, Singapore 439698  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMR957R

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LIM YU CHUN  
NRIC No ..... S8605817J  
Email Address ..... yuchunlim86@gmail.com  
Mobile Phone No ..... (Phone) +65-92466647  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Fit  
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 ..... 1317

#### INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance Pte Ltd  
Policy Number / Cover Note Number ..... SI22V12494/VPE/R00

#### DRIVER

Name of Driver ..... LIM YU CHUN  
NRIC No ..... S8605817J  
Date Of Birth ..... 03/03/1986  
Occupation ..... Outdoor

|  |                        |
|--|------------------------|
| Date Of Driving Pass .....   | 30/12/2013             |
| Driving experience .....   | 9 YEARS AND 3 MONTHS   |
| Gender .....   | Male                   |
| Mobile Number .....  | (Phone) +65-92466647   |
| Alt. Phone Number .....  | -                      |
| Email Address .....  | yuchunlim86@gmail.com  |
| Address .....  | BLK 305 YISHUN CENTRAL |
| Address complement .....   | #10-161                |
| Postcode .....   | 760305                 |
| 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 .....   | 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? .....  | Yes  |
| Police Station Name .....                       | Mountbatten Neighbourhood Police Post                |
| Police Station Phone No .....                   | (Phone) +65-18003449999                              |
| Alt. Police Station Phone No .....              | (Fax) +65-64474185                                   |
| Police Station Address .....                    | Blk 60 Dakota Crescent #01-213/ 215 Singapore 390060 |
| Was notice of intended Prosecution given? ..... | No   |
| If yes, against whom? .....                     | -  |

#### CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN ATTACHED.

#### 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 ..... | SKR779L |
| 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**

**IMPORTANT NOTICE**

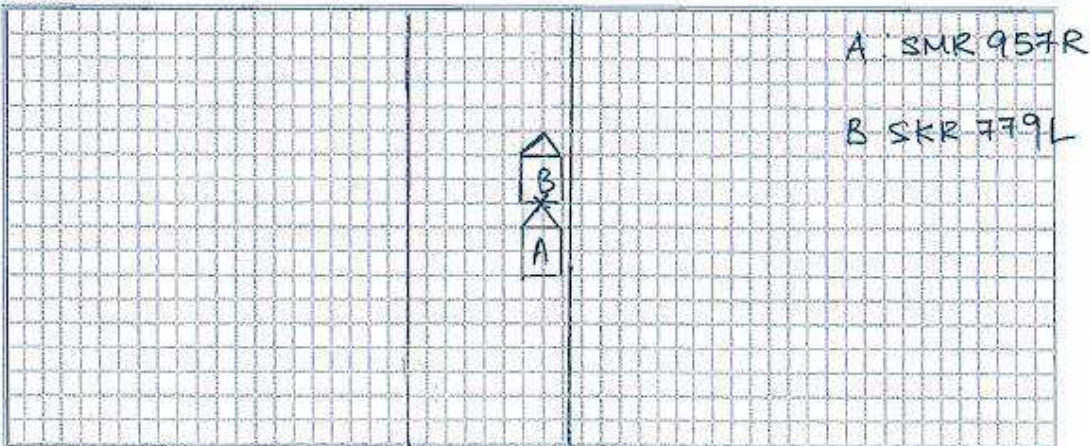
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow 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 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

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

Sketch Plan



Describe Circumstance of the Accident

Refer to police Report  
T/20230324/2094

Declaration

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

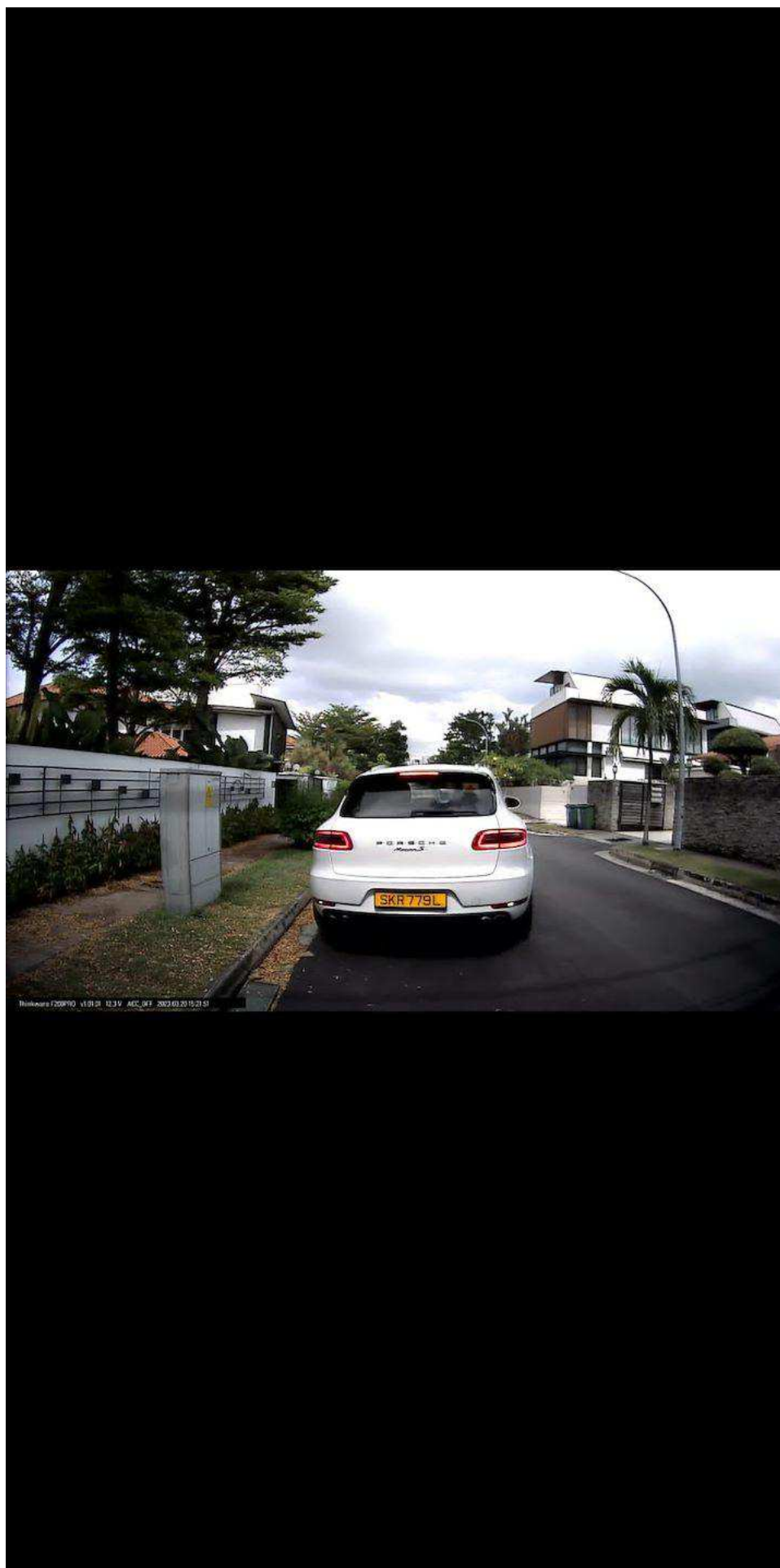
X   
Policyholder's Signature / Date & Time

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

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















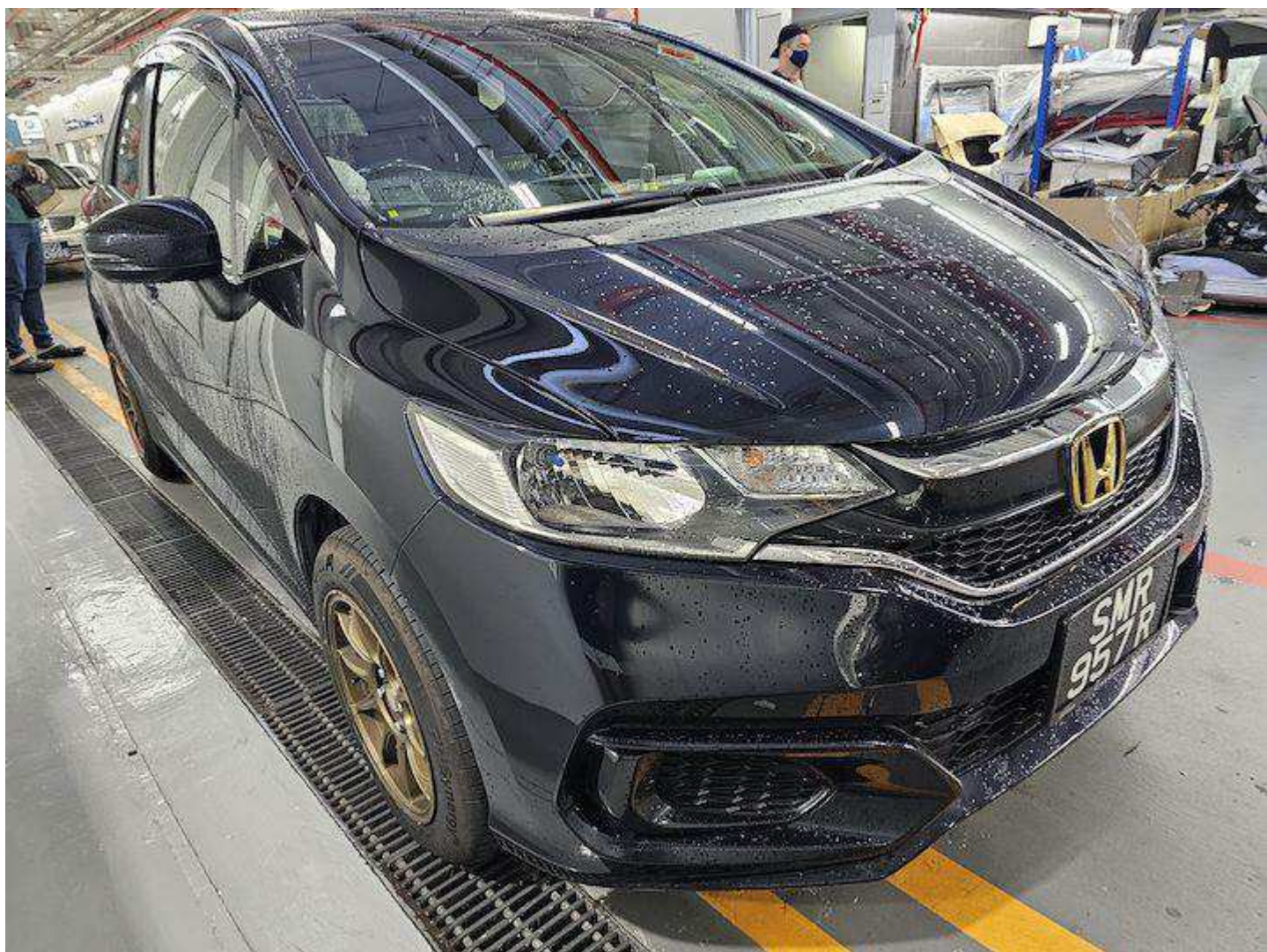






















**SINGAPORE  
POLICE FORCE**



T/20230324/2094

Police Station Of Origin:  
Mountbatten NPP  
80 Dakota Crescent #01-213 SINGAPORE  
390060  
Tel No: 1800-3449999

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Report No. T/20230324/2094

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report:

G /

SR STAFF SGT MUHAMMAD  
HAZWAN BIN ADNAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/03/2023 18:35

Officer In Charge Of Case:

TP / HRT /

STAFF SGT SUFIYAN BIN KHAIRI

Contact No.: 65476148

Classification Of Case:

NP168



**SINGAPORE  
POLICE FORCE**



T/20230324/2094

Police Station Of Origin:  
Mountbatten NPP  
60 Dakota Crescent #01-213 SINGAPORE  
390060  
Tel No: 1800-3449999

1 of 3

Report No. T/20230324/2094

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |  |                              |
|--|------------|--|------------------------------|
| Date/Time Report Made:<br>24/03/2023 18:35 |            | Vide Report No.:   | Station Diary No.:<br>16     |
| <b>Informant's Particulars</b>             |            |  |                              |
| Name of Informant:<br>LIM YU CHUN          |            | Address:<br>APT BLK 305 YISHUN CENTRAL #10-161 SINGAPORE<br>760305 |                              |
| ID Type / ID No.:<br>NRIC NO / S8605817J   |            | Contact No.:<br>Home/Office: Mobile: 92466647                      |                              |
| Nationality:<br>SINGAPORE CITIZEN          |            | Email:<br>yuchunlim86@gmail.com                                    |                              |
| Sex:<br>Male                               | Age:<br>37 | Date of Birth:<br>03/03/1986                                       | Type of Informant:<br>Driver |
| Race:<br>Chinese                           |            | Language:  |                              |
| Occupation:<br>PERSONAL DRIVER             |            | Driving Licence Information:<br>Class: 3,4 Date of Expiry:         |                              |

|  |                           |                      |  |                                    |
|--|---------------------------|----------------------|--|------------------------------------|
| <b>General Information of the Accident</b> |                           |                      |  |                                    |
| Type of Accident:                          | Non-Injury<br>Hit and Run | Drink Drive:<br>No   | Date/Time of Accident:<br>20/03/2023 15:20 | Type of Location:<br>Straight Road |
| Location:<br><br>BOURNEMOUTH ROAD          |                           |                      |  |                                    |
| Weather:<br>Clear                          |                           | Road Surface:<br>Dry |  |                                    |
| Traffic Flow:                              |                           | Traffic Control:     | Traffic Volume:                            |                                    |
| Type of Collision:                         |                           |                      | Anyone conveyed by ambulance:<br>No        |                                    |

| <b>Details of Vehicle Involved</b> |      |      |       |       |                  |                 |
|------------------------------------|------|------|-------|-------|------------------|-----------------|
| Vehicle No.                        | Type | Make | Model | Color | Condition        | No of Passenger |
| SKR779L                            | Car  |      |       |       |                  | 0               |
| SMR957R                            | Car  |      |       |       | Slightly Damaged | 0               |

|                                   |                                |
|-----------------------------------|--------------------------------|
| <b>Details of Person Involved</b> |                                |
| Any Pedestrian Involved: No       |                                |
| No. of Pedestrians Injured: NIL   | Use of Pedestrian Crossing: NA |



**SINGAPORE  
POLICE FORCE**



T/20230324/2094

2 of 3

Report No. T/20230324/2094

Police Station Of Origin:  
Mountbatten NPP  
60 Dakota Crescent #01-213 SINGAPORE  
390060  
Tel No: 1800-3449999

**CONTINUATION OF REPORT**

|                                   |               |  |                                   |
|-----------------------------------|---------------|--|-----------------------------------|
| <b>Driver</b>                     |               |  |                                   |
| Name                              | LIM YU CHUN   | ID No.                                 | S8605817J                         |
| Related Vehicle                   | SMR957R (Car) | Contact No.                            | 92466847                          |
| Hospital/Clinic                   | NIL           | Class of Driving Licence & Expiry Date | Class: 3,4<br>Date of Expiry: NIL |
| Date Treatment                    | NIL           | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL           | Degree of Injury                       | NIL                               |

**Brief Details.**

On 23/03/2023 at around 1900hrs, I had parked my vehicle, registration number: SMR957R outside 54 Bournemouth Road. I moved to the rear of my vehicle and opened the boot. It was then that I discovered there was a dent at the rear side of my vehicle boot. I then tried review the footage for my in-car camera but I was unable to.

On 24/03/2023 at around 1700hrs, I made a check with the technician who installed the in-car camera and I was able to view the footage. I was able to see that on 20/03/2023 at around 1521hrs, that there was a white car, vehicle registration number: SKR779L which had reversed into the rear portion of my vehicle. After the collision, the car moved in front and moved away. I wish to state that I am not injured as I was not in the vehicle at the time of the collision. I believe that the driver is staying at 51 Bournemouth Road. I have a rear in-car camera in my vehicle which recorded the accident.

The damages to my vehicle is as follows:

- 1.) Dents and scratches on the rear boot
- 2.) Dents and scratches on the area below the rear registration number plate





**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: SA18233R0005 Vehicle Registration No: SMR957R  
 Name (as shown in NRIC): LIM YU CHUN NRIC/FIN/Passport No: SXXXX817J  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: BLK 305 YISHUN CENTRAL #10-161 Singapore (760305)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 92466647  
 Email Address: yuchunlim86@gmail.com  
 Date of Accident: 20/03/2023 Time of Accident: 15:20  
 Place of Accident: 54 Bournemouth Rd, Singapore 439698  
 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:

I wish to amend my name from Lim Yu Chan to Lim Yu Chun.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

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



www.libertyinsurance.com.sg



# Certificate of Insurance

Motor Vehicles (Third Party Risks And Compensation) Act (Chapter 189), Motor Vehicles (Third Party Risks And Compensation) Rules, 1960, Road Transport Act, 1987, Road Transport (Amendment) Act 2016, The Motor Vehicles (Third Party Risks) Rules, 1959.

**Name of Policyholder:**

LIM YU CHUN

**Date of Issue:**

15 Sep 2022

**Registration No.:**

SMR957R

**Effective Date of Commencement:**

15 Sep 2022 09:50

**Chassis No.:**

GK33422559

**Certificate No.:**

SI22V12494 / VPE / R00

**Date of Expiry:**

14 Sep 2023 23:59

**Type of Certificate:**

MX1

**Persons or Classes of Persons entitled to drive\*:**

A) The Policyholder

B) Any other person who is driving on the Policyholder's order or with his permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

**Limitations as to use:**

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

**The Policy does not cover:**

A) Use for hire or reward.

B) Use for racing, pace-making, reliability trials or speed-testing.

C) Use for the carriage of goods (other than samples) in connection with any trade or business.

D) Use for any purpose in connection with the Motor Trade.

\*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 are not to be included under these headings.

I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987.

For and on behalf of  
**LIBERTY INSURANCE PTE LTD**  
Approved Insurers

**For Information Only:**

Coverage(s):

Comprehensive Unlimited Windscreen

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Excess:

Section 1 - Named Drivers: S\$600, Section 1 - Unnamed Drivers: S\$1100, Additional Excess for Young, Elderly & Inexperienced Drivers: S\$3000, Windscreen Excess: S\$100

Name of Finance Company:

GENIE FINANCIAL SERVICES PTE LTD

Name of Producer:

CAR TIMES INSURANCE AGENCY PTE LTD (A1200-4)