

# 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 .....              | 10/05/2023 17:04 (SGT)              |
| Reported by .....                     | Both Policyholder and Actual Driver |
| Date of Accident .....                | 09/05/2023 23:35 (SGT)              |
| Exact Location of Accident .....      | Upper Changi Rd, Singapore          |
| Additional Location Information ..... | CARPARK                             |
| Country/State of Loss .....           | Singapore                           |

## DETAILS OF OWN VEHICLE

|                                   |         |
|-----------------------------------|---------|
| Vehicle Registration Number ..... | SNF822Y |
|-----------------------------------|---------|

### INSURED/POLICYHOLDER

|                                |                       |
|--------------------------------|-----------------------|
| Is company? .....              | No                    |
| Name Of Registered Owner ..... | ALEX LIM CHEE KIANG   |
| NRIC No .....                  | S7925030I             |
| Email Address .....            | ALEXCKLIM79@GMAIL.COM |
| Mobile Phone No .....          | (Phone) +65-98888333  |
| Alternative Phone No .....     | -                     |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | Volvo                     |
| Model .....  | S60                       |
| 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 .....   | 2000                      |

### INSURANCE COMPANY

|   |                          |
|---|--------------------------|
| Name of Insurance Company .....         | Income Insurance Limited |
| Policy Number / Cover Note Number ..... | 5131717751               |

### DRIVER

|                      |                     |
|----------------------|---------------------|
| Name of Driver ..... | ALEX LIM CHEE KIANG |
| NRIC No .....        | S7925030I           |
| Date Of Birth .....  | 22/08/1979          |
| Occupation .....     | Indoor              |

|  |                                   |
|--|-----------------------------------|
| Date Of Driving Pass .....   | 11/06/2003                        |
| Driving experience .....   | 19 YEARS AND 11 MONTHS            |
| Gender .....   | Male                              |
| Mobile Number .....  | (Phone) +65-98888333              |
| Alt. Phone Number .....  | -                                 |
| Email Address .....  | ALEXCKLIM79@GMAIL.COM             |
| Address .....  | 65 NEW UPPER CHANGI ROAD #13-1142 |
| Address complement .....   | -                                 |
| Postcode .....   | 460065                            |
| 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) .....   | 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/20230510/7031

#### 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 ..... | SHD6828Z |
| 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 ..... | VEHICLE B |
| No. Of Passenger (Including Driver) .....     | -         |

## SKETCH PLAN

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

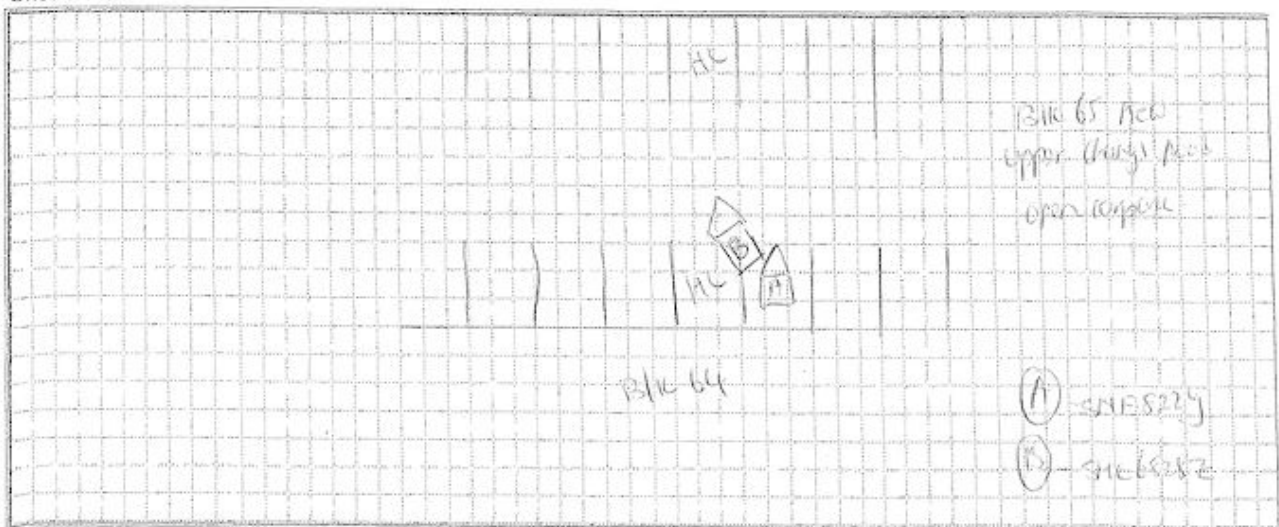
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 &amp; Time

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

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

## Sketch Plan



vJun2022

1

Describe Circumstance of the Accident

ref to police report

Declaration

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



Policyholder's Signature / Date & Time



Actual 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/20230510/7031

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

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Report No. T/20230510/7031

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                              |  |                    |  |
|--|------------|------------------------------|--|--------------------|--|
| Date/Time Report Made:<br>10/05/2023 13:30 |            | Vide Report No.:             |  | Station Diary No.: |  |
| <b>Informant's Particulars</b>             |            |                              |  |                    |  |
| Name of Informant:<br>ALEX LIM CHEE KIANG  |            |                              | Address:<br>65 NEW UPPER CHANGI ROAD #13-1142 SINGAPORE 460065 |                    |  |
| ID Type / ID No.:<br>NRIC NO / S7925030I   |            |                              | Contact No.:<br>Home/Office: Mobile: 98888333                  |                    |  |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:<br>ALEXCKLIM79@GMAIL.COM                                |                    |  |
| Sex:<br>Male                               | Age:<br>43 | Date of Birth:<br>22/08/1979 | Type of Informant:<br>Vehicle Owner                            |                    |  |
| Race:<br>Chinese                           |            |                              | Language:<br>English   |                    |  |
| Occupation:<br>Office supervisor           |            |                              | Driving Licence Information:<br>Class: Date of Expiry:         |                    |  |

**General Information of the Accident**

|   |                           |                      |  |                                     |
|---|---------------------------|----------------------|--|-------------------------------------|
| Type of Accident:   | Non-Injury<br>Hit and Run | Drink Drive:<br>No   | Date/Time of Accident:<br>09/05/2023 23:35 | Type of Location:<br>Car Park       |
| Location:<br><br>NEW UPPER CHANGI ROAD                        |                           |                      |  |                                     |
| Weather:<br>Clear   |                           | Road Surface:<br>Dry |  |                                     |
| Traffic Flow:<br>Two Way                                      |                           | Traffic Control:     |  | Traffic Volume:                     |
| Type of Collision:<br>Moving Vehicle Against - Parked Vehicle |                           |                      |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|-----------|-----------------|
| SHD6828Z    | Car  |      |       |       |           | 0               |
| SNF822Y     | Car  |      |       |       |           | 0               |

**Details of Person Involved**

|                                 |                                |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No     |                                |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE  
POLICE FORCE**



T/20230510/7031

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

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Report No. T/20230510/7031

**CONTINUATION OF REPORT**

| Vehicle Owner                     |                     |                                   |                                   |
|-----------------------------------|---------------------|-----------------------------------|-----------------------------------|
| Name                              | ALEX LIM CHEE KIANG | ID No.                            | S7925030I                         |
| Related Vehicle                   | SNF822Y (Car)       | Contact No.                       | 98888333                          |
| Hospital/Clinic                   | NIL                 | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL                 | Date                              | NIL                               |
| No. of Days granted Medical Leave | NIL                 | Degree of                         | NIL                               |

Brief Details.

On 09/05/2022 at about 2000hrs, I parked my vehicle at home and everything was intact nothing was amiss.

On 10/05/2022 at about 1015hrs, I went to my vehicle and start up my vehicle. My in car camera prompted me that there is an imptac on my vehicle. I then took my camera for viewing and notice that on 09/05/2022 at about 2335hrs there was a taxi vehicle number bearing SHD6828Z reverse into the lot beside me and hit onto my vehicle subsequently and left. There is no note on my vehicle.

I then contacted taxi company and was informed that to lodge an insurance report. I'm lodging this report for insurance purpose and police action.



**SINGAPORE  
POLICE FORCE**

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



T/20230510/7031

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Report No. T/20230510/7031

**CONTINUATION OF REPORT**

|  |  |
|--|--|
| Signature Of Officer Recording The Report:<br>Not applicable                               | Signature Of Informant:<br>The identity of the person making this report has been authenticated by Singpass. No signature is required. |
| Signature Of Interpreter:<br>Not applicable  | Date/Time:<br>10/05/2023 13:30   |
| Officer In Charge Of Case:<br>TP / TPIB /<br>RASHIDAH BINTE AZMAN<br>Contact No.: 65476902 | Classification Of Case:  |
| This report is lodged at Eunos NPP Kiosk<br>NP168  |  |



### 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 (MALAYSIA)  
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5131717751

**Cover :** drive CLASSIC

- |   |                       |
|---|-----------------------|
| 1. Index mark and Registration Number of Vehicle  | : SNF822Y             |
| Chassis Number  | : YV1FS40LDH2431409   |
| 2. Name of Policyholder   | : ALEX LIM CHEE KIANG |
| 3. Effective Date of Insurance  | : 29 Dec 2022         |
| 4. Expiry Date of Insurance   | : 28 Dec 2023         |
| 5. 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/her 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. |                       |
| 6. Limitations as to Use#   |                       |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.   |                       |

**This Policy does not cover**

- (a) Use for hire or reward.
  - (b) Use for racing, pace-making, reliability trial 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 Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

|  |   |
|--|---|
| EXCESS (SECTION 1)                     | : S\$600  |
| EXCESS (SECTION 2)                     | : N/A   |
| WINDSCREEN EXCESS                      | : S\$100  |
| ADDITIONAL EXCESS                      | : N/A   |
| UNNAMED DRIVER EXCESS                  | : PLEASE REFER OVERLEAF                           |
| REPAIR AT OWNER'S PREFERRED WORKSHOP   | : NO  |
| INSURE WITH COE                        | : YES   |
| NCD PROTECTION                         | : YES (FREE)                                      |
| ROADSIDE ASSISTANCE AND WELLNESS COVER | : YES   |
| TRANSPORT ALLOWANCE                    | : NO  |
| EXCESS WAIVER                          | : NO  |
| PRIMARY DRIVER                         | : ALEX LIM CHEE KIANG                             |
| NAMED DRIVER (1)                       | : N/A   |
| NAMED DRIVER (2)                       | : N/A   |
| HIRE PURCHASE COMPANY                  | : MAYBANK SINGAPORE LIMITED                       |
| SUM INSURED                            | : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS |

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 (Malaysia)

Agency : KINETIC INSURANCE AGENCY (00000573090)

Date of Issue : 22 Nov 2022 12:15 hrs

For INCOME INSURANCE LIMITED

Chief Executive