

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 First Submission	16/08/2024 09:21 (SGT)
Reported by	Actual Driver
Date of Accident	15/08/2024 09:30 (SGT)
Exact Location of Accident	22 Boundary Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH7160J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	L.T.P. GENERAL CONTRACTOR
Company Reg No	5XXXX050C
Email Address	ltpcog@gmail.com
Mobile Phone No	(Phone) +65-81838929
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00103432204

DRIVER

Name of Driver	LAI TZY PING
NRIC No	SXXXX112E
Date Of Birth	24/11/1972
Occupation	Outdoor
Driving Pass Date	12/12/1995
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	28 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81838929
Alt. Phone Number	-
Email Address	ltpcog@gmail.com
Address	BLK 134 ANG MO KIO AVENUE 3 #08-1687
Address complement	-
Postcode	560134
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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	Chain Collision
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	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

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	SHD9315S
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	TOH TECK TIONG
NRIC No	SXXXX056I
Contact Number	(Phone) +65-93649635
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	SLA3894U
Vehicle Manufacturer	Hyundai
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**

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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

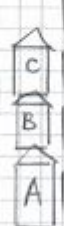
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan

	<p>A: 6BH 7160J</p> <p>B: SHD 9315S</p> <p>C: SLA 3894U</p> <p>Location: 22 Boundary Rd</p>
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Describe Circumstances of the Accident

I was driving along 22 Boundary Rd. I couldn't stop in time & hit onto Vehicle B rear portion & as the same time, Vehicle B moving forward hit into Vehicle A rear portion. No body was injured.

Declaration

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



















































CONFIDENTIAL**Annex D****NOTICE OF COMPLIANCE**

This is to confirm that Lai Tzv Ping, Hp: 81838929

NRIC/FIN : S7277112E of Blk 134 Ang Mo Kio Ave 3 #08-1687 has reported to Police a non-injury traffic accident which occurred along Ang Mo Kio Avenue 3 on 15/8/2024 at 0930hrs involving the following vehicles:

My vehicle: GBH7160J

1st vehicle: SLA3894U

2nd Vehicle : SHD9315S (Toh Teck Tiong, S1168056I)

2 He/She has therefore complied with Sec84(2) of the Road Traffic Act, Cap 276.

Date: 15/08/2024

Name of Issuing Officer: SGT2 Ramesh

S/D Ref: _____ Police Post/Unit: Ang Mo Kio South NPC

Ang Mo Kio South NPC
81 Ang Mo Kio Ave 3
S'pore 568920
Tel: 1190 - 451 9999

Original - to be issued to informant.
Duplicate - to be retained at police post or unit.

CONFIDENTIAL

ACCOUNTING AND CORPORATE REGULATORY AUTHORITY
(ACRA)bizfile⁺

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Business Profile (Business) of L.T.P. GENERAL CONTRACTOR (52942050C)

Date: 15 Aug 2024

Name of Business	: L.T.P. GENERAL CONTRACTOR
Former Name if any	:
Date of Change of Name	:
UEN	: 52942050C
Registration Date	: 16 APR 2001
Commencement Date	: 14 APR 2001
Status of Business	: LIVE
Status Date	: 14 APR 2016
Renewal Date	: 05 APR 2024
Expiry Date	: 16 APR 2027
Renewal via GIRO	: NO
Constitution of Business	: SOLE-PROPRIETOR
Principal Place of Business	: 1046 EUNOS AVENUE 5 #01-127 EUNOS INDUSTRIAL ESTATE SINGAPORE (409746)
Date of Change of Address	:

Business Activities

Primary Activity	: GENERAL CONTRACTORS (BUILDING CONSTRUCTION INCLUDING MAJOR UPGRADING WORKS) (41001)
Primary User-Described Activity	:

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Business Profile (Business) of L.T.P. GENERAL CONTRACTOR (52942050C)

Date: 15 Aug 2024

Secondary Activity : RENOVATION CONTRACTORS (43301)

Secondary User-Described
Activity :

Particulars of Authorised Representative(s) ¹

Name Address	Identification Number	Nationality/ Citizenship	Date of Appointment	Source of Address
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¹ Authorised Representative was formerly known as Manager before 03 Jan 2016 for business firms

Existing Sole-Proprietor(s) / Partner(s)

Name Address	Identification Number	Nationality ² / Place of origin ³	Position	Date of Appointment	Source of Address
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LAI TZY PING 134 ANG MO KIO AVENUE 3 #08-1687 KEBUN BARU SPRING SINGAPORE (560134)	S7277112E	MALAYSIAN	OWNER	14 APR 2001	OSCARS
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² Includes nationality and citizenship

³ Includes place of incorporation, place of origin and place of registration

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Business Profile (Business) of L.T.P. GENERAL CONTRACTOR (52942050C)

Date: 15 Aug 2024

Withdrawn Partner(s)

Name	Identification Number	Nationality ⁴ / Place of origin ⁵	Position	Date of Appointment	Source of Address
Address				Date of Withdrawal	

⁴ Includes nationality and citizenship

⁵ Includes place of incorporation, place of origin and place of registration

Abbreviation

OSCARS : One Stop Change of Address Reporting Service by Immigration & Checkpoint Authority.

Notes

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**Business Profile (Business) of L.T.P. GENERAL CONTRACTOR
(52942050C)**

Date: 15 Aug 2024



TAN YONG TAT

ASST REGISTRAR OF COMPANIES & BUSINESS NAMES
ACCOUNTING AND CORPORATE REGULATORY AUTHORITY (ACRA)
SINGAPORE

RECEIPT NO. : ACRA240815129482

DATE : 15 AUG 2024

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