

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	30/10/2024 15:16 (SGT)
Reported by	Actual Driver
Date of Accident	30/10/2024 08:20 (SGT)
Exact Location of Accident	Jalan Bukit Merah, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB8964G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	UNI GREAT CONSTRUCTION PTE LTD
Company Reg No	1XXXXX118R
Email Address	winsonlim0310@gmail.com
Mobile Phone No	(Phone) +65-94249535
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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?	No - Claiming third party
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	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z24VC05025656

DRIVER

Name of Driver	LIM AH CHYE WINSON
NRIC No	SXXXX560B
Date Of Birth	03/10/1965
Occupation	Outdoor
Driving Pass Date	17/01/1984
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	40 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94249535
Alt. Phone Number	-
Email Address	winsonlim0310@gmail.com
Address	BLK 28 JALAN BUKIT MERAH #05-4484
Address complement	-
Postcode	152028
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

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	SNN5869M
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	SMA3003M
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 3

Vehicle Registration Number	SLX5582K
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM AH CHYE WINSON
Gender	Male
Phone No	(Phone) +65-94249535
Address	-
Address Complement	-
Post Code	-

Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBB8964G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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

Handwritten signature: 30/10/24

Handwritten signature: 30/10/2024

Handwritten signature: JORBA BUKIT MARAY

D	A	B	C
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A: GBB8964G
B: SNN5867M
C: SMA3003M
D: SLX5582K

Describe Circumstances of the Accident

Refer to Police WPRM HQ: 1120241030/7512

A large rectangular area with horizontal lines for writing. A diagonal line is drawn across the entire area, from the bottom left to the top right, indicating that no further details are to be recorded.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &

Winkler 30/10/24

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

[Signature]
30/10/2024

Witnessed by Reporting Centre

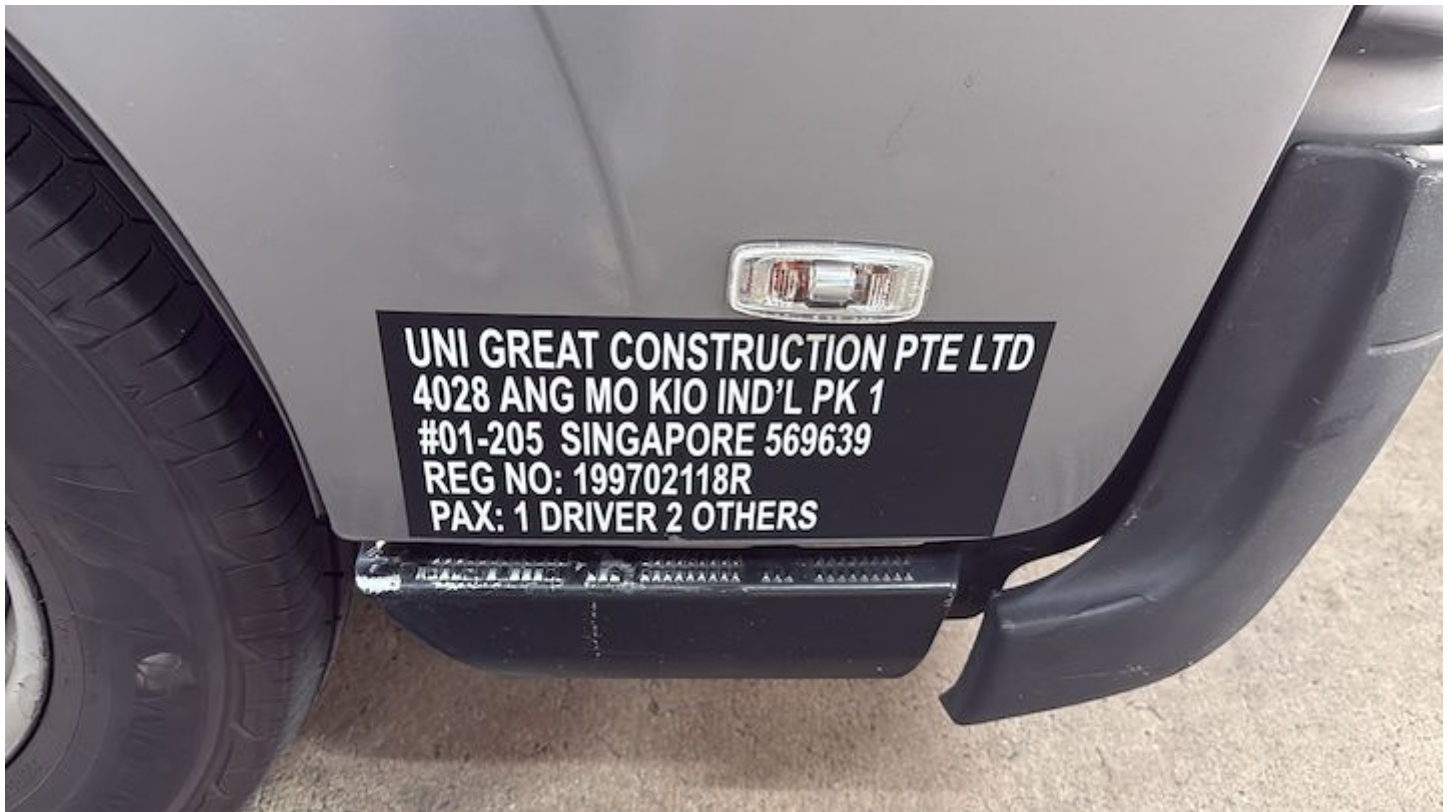




















SINGAPORE POLICE FORCE



T/20241030/7012

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

Report No. T/20241030/7012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/10/2024 11:06		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: LIM AH CHYE WINSON		Address: 28 JALAN BUKIT MERAH #05-4484 SINGAPORE 152028		
ID Type / ID No.: NRIC NO / S1783560B		Contact No.: Home/Office: Mobile: 94249535		
Nationality: SINGAPORE CITIZEN		Email: winsonlim0310@gmail.com		
Sex: Male	Age: 59	Date of Birth: 03/10/1965	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: CONTRACTOR		Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/10/2024 08:20	Type of Location: Straight Road
Location: JALAN BUKIT MERAH				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB8964G	Lorry					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
GBB8964G	LONPAC INSURANCE BHD.			



**SINGAPORE
POLICE FORCE**



T/20241030/7012

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

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Report No. T/20241030/7012

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM AH CHYE WINSON	ID No.	S1783560B
Related Vehicle	GBB8964G (Lorry)	Contact No.	94249535
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

Brief Details.

On 30.10.2024 at about 0820hrs, I was travelling along Jalan Bukit Merah Towards Lower Delta Road. The traffic was on moderate move. Upon reaching the traffic junction, the traffic turn red. I slow down and stop. While stopping, all of a sudden I felt an hard impact from the rear. The impact was great and my vehicle had move forward and hit onto SLX 5582K. I alight and realised a vehicle SNN 5869M had hit onto my vehicle. Total 4 vehicles had involved in the accident. Due the impact, I felt pain on my back and neck. I consult a doctor and was given an mc. That's all.

- A) GBB 8964G
- B) SNN 5869M
- C) SMA 3003M
- D) SLX 5582K



**SINGAPORE
POLICE FORCE**

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



T/20241030/7012

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Report No. T/20241030/7012

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
KOH WEI JIE
Contact No.: 65476358

NP168

Signature Of Informant:
The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Date/Time:
30/10/2024 11:06

Classification Of Case: