

# 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 ..... 11/11/2024 14:46 (SGT)  
Reported by ..... Actual Driver  
Date of Accident ..... 11/11/2024 08:25 (SGT)  
Exact Location of Accident ..... Ang Mo Kio Ave 3, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKS3429Y

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... LIMOGO TRANS  
Company Reg No ..... 53388792E  
Email Address ..... ATMY3004@YAHOO.COM  
Mobile Phone No ..... (Phone) +65-84683279  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Corolla  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1598  
Vehicle Fuel ..... -  
First Registration Date ..... -  
Chassis no ..... -  
Effective Date/Time of Ownership ..... -

### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5113377071-05

### DRIVER

Name of Driver .....	LIM CHIANG HUAY, LANDIES
NRIC No .....	S7144764B
Date Of Birth .....	15/12/1971
Occupation .....	Outdoor
Driving Pass Date .....	17/12/2004
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	19 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96962699
Alt. Phone Number .....	-
Email Address .....	ATMY3004@YAHOO.COM
Address .....	BLK 510A YISHUN STREET 51 #10-543
Address complement .....	-
Postcode .....	761510
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	Collision - Head to Rear
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? .....	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 ACCIDENT STATEMENT AS ATTACHED.

#### 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 .....	GBD5420T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	White
Vehicle Category .....	Commercial vehicle
Name of Driver .....	SAW EH WANG
Passport No/FIN .....	G3088326N
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	LIM CHIANG HUAY, LANDIES
Gender .....	Male
Phone No .....	(Phone) +65-96962699
Address .....	BLK 510A YISHUN STREET 51 #10-543
Address Complement .....	-
Post Code .....	761510
Approximate Age Years Old .....	52
Injuries Sustained .....	OBTAINED 7 DAYS MC
Injured person in which vehicle? .....	SKS3429Y
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

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**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

*Lv*

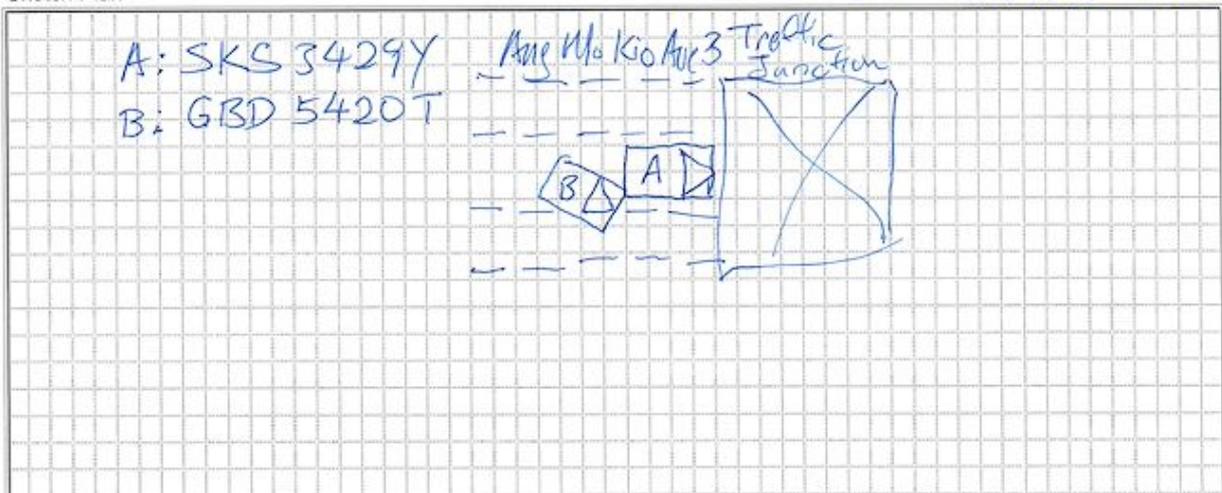
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

*[Handwritten Signature]*

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

*Joelle Tan AMK Autopoint P/L*

Sketch Plan



vJun2022

1

Describe Circumstance of the Accident

As per police report no. T/20241111/7052

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)

*[Handwritten signature]*

*[Handwritten signature]*

Joelle Tan  
AMB AUTOPPOINT P/L





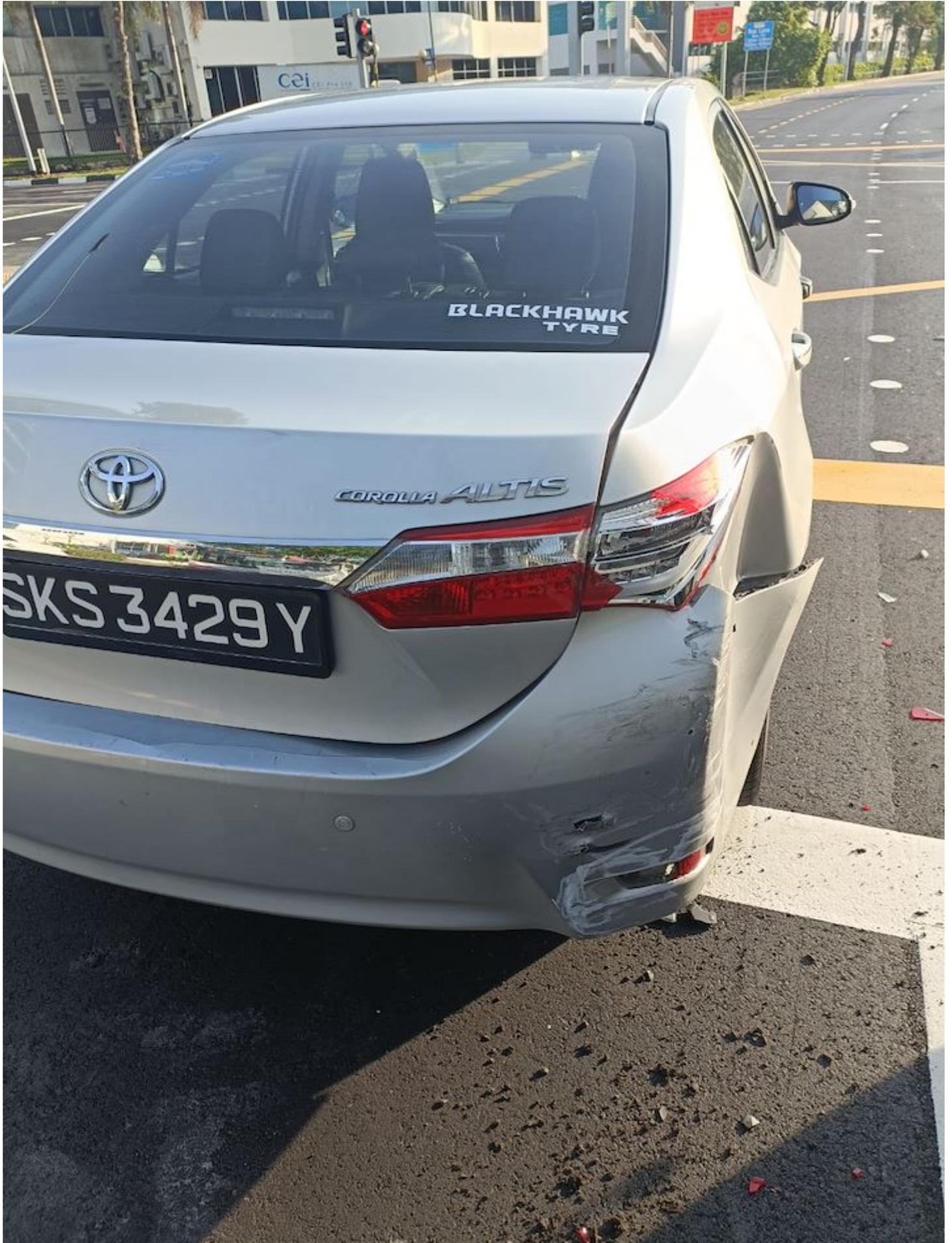




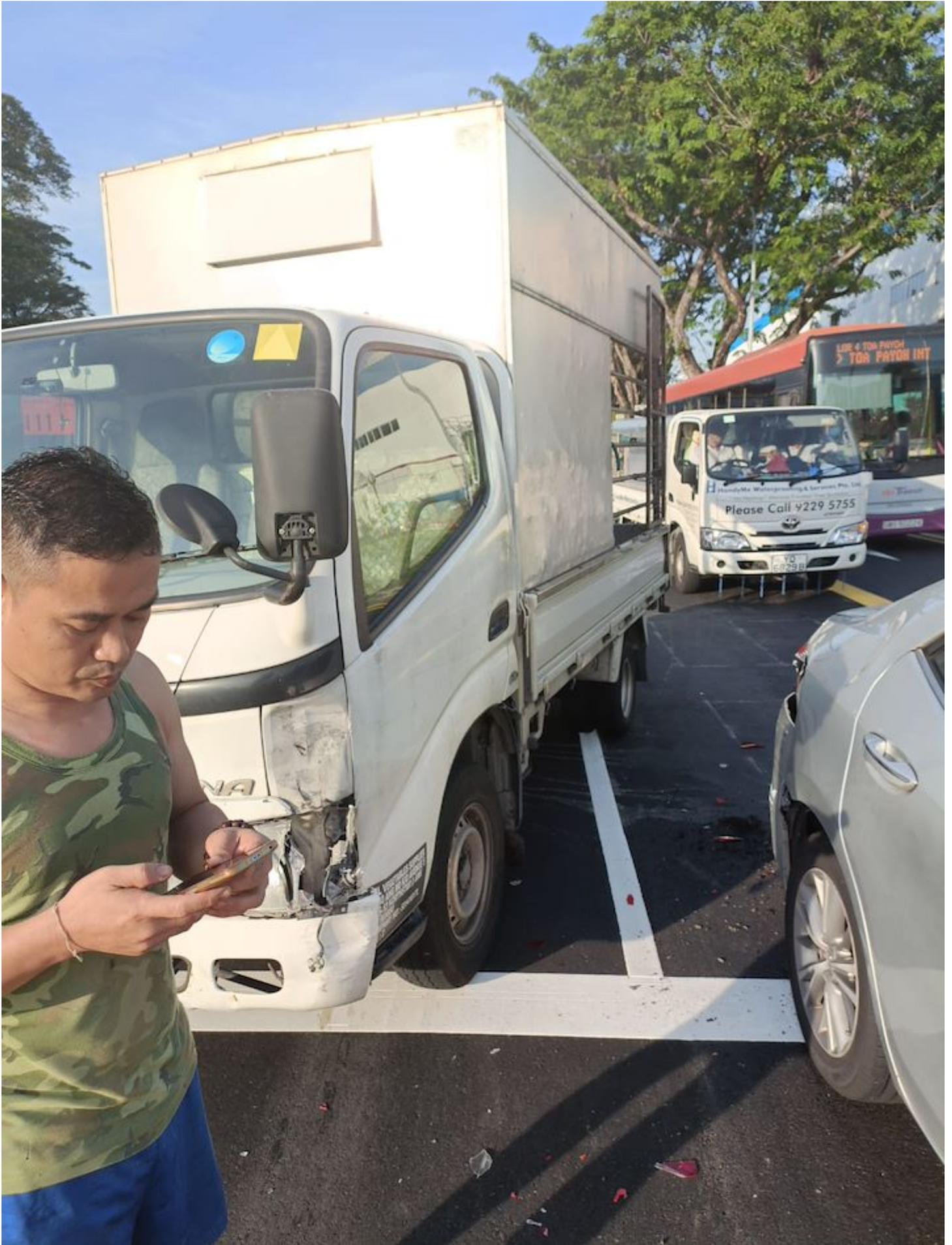














**SINGAPORE  
POLICE FORCE**



T/20241111/7052

1 of 3

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

Report No. T/20241111/7052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/11/2024 12:40		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LIM CHIANG HUAY, LANDIES			Address: 510A YISHUN STREET 51 #10-543 SINGAPORE 761510		
ID Type / ID No.: NRIC NO / S7144764B			Contact No.: Home/Office: Mobile: 96962699		
Nationality: SINGAPORE CITIZEN			Email: LIMCHIANGHUAY@GMAIL.COM		
Sex: Male	Age: 52	Date of Birth: 15/12/1971	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Private-hire car driver			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>					
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/11/2024 08:25	Type of Location: T-Junction	
Location: ANG MO KIO AVENUE 3					
Weather: Clear		Road Surface: Dry			
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD5420T	Lorry			White		0
SKS3429Y	Motor car			Silver		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/20241111/7052

2 of 3

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

Report No. T/20241111/7052

CONTINUATION OF REPORT

Driver			
Name	SAW EH WANG	ID No.	G3088326N
Related Vehicle	GBD5420T (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL
Driver			
Name	LIM CHIANG HUAY, LANDIES	ID No.	S7144764B
Related Vehicle	SKS3429Y (Motor car)	Contact No.	96962699
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/11/2024	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	07	Degree of Injury	Serious

**Brief Details.**

On the above mentioned date and time, I was driving PH vehicle plate no. SKS3429Y travelling straight along Ang Mo Kio Ave 3, at lane 3, the road has 4 lanes, when my vehicle reached a T-junction at Ang Mo Kio Ave 12. Traffic light in red, I stopped and stationary, suddenly a lorry plate no. GBD5420T didn't stop and collided onto my vehicle from the rear.

After the accident, I felt unwell.

I went to Sunshine Clinic Family Practice & Surgery to consult a doctor and was given 7 MC.



**SINGAPORE  
POLICE FORCE**

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



T/20241111/7052

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Report No. T/20241111/7052

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219

NP168

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 11/11/2024 12:40
Classification Of Case:

