





## 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 Authorised 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 Report             | 04/06/2019 17:49                   |
| Date Of Accident           | 03/06/2019 14:55                   |
| Exact Location Of Accident | UPP PAYA LEBAR RD TWDS TAMPINES RD |
| Country/State of Loss      | SINGAPORE                          |

### DETAILS OF OWN VEHICLE

|                             |                             |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | GBA7834K                    |
| <b>Insured/Policyholder</b> |                             |
| Name Of Registered Owner    | WILD ANIMAL RESCUE SERVICES |
| Co Reg No                   | -                           |
| Email Address               | NOEMAIL                     |
| Mobile Phone No             |                             |
| Alternative Phone No        | OFFICE-87501007             |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | OPEL               |
| Model  | COMBO              |
| Exact Purpose for which vehicle was being used at time of accident           | COMMERCIAL         |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO                 |
| If No, Please state action to be taken                                       | THIRD PARTY        |
| Vehicle Category   | COMMERCIAL VEHICLE |

### Insurance Company

|                           |   |
|---------------------------|---|
| Name of Insurance Company | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage          | THIRD PARTY FIRE AND/OR THEFT                 |
| Fleet Policy              | NO  |
| Policy Number             | DMCVSN3021581901                              |
| Cover Note Number         | -   |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | LIM LISHAN ALVIN      |
| NRIC No              | S8211986H             |
| Date Of Birth        | 13/04/1982            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 06/10/2006            |
| Driving Experience   | 12 YEARS AND 7 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-87501007  |
| Fax Number           |                       |
| Contact Number       |                       |
| Email Address        | NOEMAIL               |

|   |                                |
|---|--------------------------------|
| Address   | BLK 254 COMPASSVALE RD #06-708 |
| Postcode  | 540254                         |
| Was driver an employee of the Insured's Company     | NO                             |
| If No, Relationship of the Driver with the Insured  | OWNER                          |
| Vehicle Registration Number of Driver's Own Vehicle | -                              |
|   | -                              |
|   | -                              |
| Insurance Company of Driver's Own Vehicle           | -                              |
|   | -                              |
|   | -                              |

#### General Information of the Accident

|                    |                            |
|--------------------|----------------------------|
| Type Of Accident   | COLLISION - CROSS JUNCTION |
| Weather Conditions | RAINING                    |
| Road Surface       | WET                        |

#### Other Information

|   |     |
|---|-----|
| Was any foreign vehicle involved in this accident?  | NO  |
| Number of vehicles (including own vehicle) involved in the accident                         | 2   |
| Was any body injured in the Accident?   | YES |
| Was any injured conveyed to hospital by ambulance?  | NO  |
| Was any other material or property damaged?   | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO  |
| Number of Passengers (Including Driver)   | 1   |

#### Details of Police Action

|   |   |
|---|---|
| Was the accident reported to the police?  | YES   |
| If Yes, Please state which Police Station |   |
| Police Station Name                       | TOA PAYOH NEIGHBOURHOOD POLICE CENTRE   |
| Police Station Address                    | <b>ROAD:</b> 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING ,<br><b>POSTCODE:</b> 319194 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-2519999 - <b>FAX NO:</b> 63548749   |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT

#### Attachment(s)

|   |             |
|---|-------------|
| Are accident photos available for attachment? | YES         |
| Was there any video captured by Car Camera?   | YES         |
| Remarks/ Reasons:                             | WITH DRIVER |
| Was there any audio recorded?                 | NO          |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |                    |
|-----------------------------|--------------------|
| Vehicle Registration Number | GBJ4236J           |
| Vehicle Make/Model/Colour   |                    |
| Details Of Properties       |                    |
| Vehicle Category            | COMMERCIAL VEHICLE |
| Name of Driver              |                    |
| NRIC/Passport Number        |                    |
| Contact Number              |                    |
| Address                     |                    |
| Postcode                    |                    |
| Insurance Company Name      |                    |

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name LIM LISHAN ALVIN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? GBA7834K

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode



## SKETCH PLAN

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

WILD ANIMAL RESCUE SERVICES

Reg. No.: 53347275W

Policyholder's Signature  
Date & Time:

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

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

NEW INDUSTRIAL RD

Upper Paya Lebar Road.

VEH A = GBA 7834K

VEH B = GBJ 4236 J

Refer to police Report.

WILD ANIMAL RESCUE SERVICES  
Reg. No.: 53347275W

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



Date of Accident : 3/6/19 Accident Time: 1455 (24-HR-Format)  
Accident Place : Upper Paya Lebar Rd - New Industrial Rd.  
Vehicle No. (Car Plate No.) : GBA7834K Make/Model: Opel Combo  
Insurance Company : China Taiping Policy No: DMCVSN3021581901  
Owner or Company Name / IC No. : Wild Animal Rescue Services 533472754  
Owner or Company Contact No. : 87501007 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : Lim Li Shan Alvin S8211986H  
DRIVER'S Date Of Birth : 13/04/82 DRIVER'S License Pass Date 06/10/2006  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others Owner  
DRIVER'S Address : BLK 254 Compassvale Rd. #06-708 S540254  
DRIVER'S Contact No. / Alt No. : (1) 87501007 (2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : \_\_\_\_\_  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 01  
Was there any video Captured by car camera YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any Injury (If YES, Pls state): \_\_\_\_\_

Other Party Driver's Particular (if any)

(B) Vehicle No: GBJ 4236 J Vehicle No: \_\_\_\_\_  
Vehicle Make/Model: TOYOTA HIACE Vehicle Make/Model: \_\_\_\_\_  
Name Driver: \_\_\_\_\_ Name Driver: \_\_\_\_\_  
IC No. Driver/Contact: \_\_\_\_\_ IC No. Driver/Contact: \_\_\_\_\_

\* NEW - Passenger's name & gender:



**SINGAPORE  
POLICE FORCE**



T/20190603/2209

1 of 1

Report No. T/20190603/22

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                           |
|--|------------------|---------------------------|
| Date/Time Report Made:<br>03/06/2019 23:05 | Vide Report No.: | Station Diary No.:<br>229 |
|--|------------------|---------------------------|

**Informant's Particulars**

|  |            |  |                              |
|--|------------|--|------------------------------|
| Name of Informant:<br>LIM LISHAN, ALVIN  |            | Address:<br>APT BLK 254 COMPASSVALE ROAD #06-708 SINGAPORE<br>540254 |                              |
| ID Type / ID No.:<br>NRIC NO / S8211986H |            | Contact No.:<br>Home/Office:   | Mobile: 87501007             |
| Nationality:<br>SINGAPORE CITIZEN        |            | Email:   |                              |
| Sex:<br>Male                             | Age:<br>37 | Date of Birth:<br>13/04/1982   | Type of Informant:<br>Driver |
| Race:<br>Chinese                         |            | Language:<br>English   | Institution / School Name:   |
| Occupation:<br>PEST CONTROL OFFICER      |            | Driving Licence Information:<br>Class: 3                             | Date of Expiry:              |

**General Information of the Accident**

|   |                  |                                    |  |                                     |
|---|------------------|------------------------------------|--|-------------------------------------|
| Type of Accident:   | Injury<br>Others | Drink Drive:<br>No                 | Date/Time of Accident:<br>03/06/2019 14:55 | Type of Location:<br>Straight Road  |
| Location:<br>Along Road 1<br>UPPER PAYA LEBAR ROAD<br><br>Upper Paya Lebar Road towards Tampines Road |                  |                                    |  |                                     |
| Weather:<br>Drizzling   |                  | Road Surface:<br>Wet               | Road Speed Limit:                          |                                     |
| Traffic Flow:<br>One Way  |                  | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Light                   |                                     |
| Type of Collision:<br>Between Moving Vehicles - Head To Side  |                  |                                    |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model                        | Color | Condition            | No of Passenger |
|-------------|------|------|------------------------------|-------|----------------------|-----------------|
| GBA7834K    | Van  |      | COMBO-C<br>1.3DTJ MTA<br>E4  |       | Seriously<br>Damaged | 0               |
| GBJ4236J    | Van  |      | HIACE VAN<br>TURBO 5DR<br>MT |       | Slightly<br>Damaged  | 0               |





# SINGAPORE POLICE FORCE



T/20190603/2209

2 of 3

Report No. T/20190603/2209

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

**CONTINUATION OF REPORT**

| Details of Person Involved        |                   |  |                                   |
|-----------------------------------|-------------------|--|-----------------------------------|
| Any Pedestrian Involved: No       |                   |  |                                   |
| No. of Pedestrians Injured: NIL   |                   | Use of Pedestrian Crossing: NA         |                                   |
| Driver                            |                   |  |                                   |
| Name                              | LIM LISHAN, ALVIN | ID No.                                 | S8211986H                         |
| Related Vehicle                   | GBA7834K (Van)    | Contact No.                            | 87501007                          |
| Hospital/Clinic                   | Unihealth Clinic  | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL   |
| Date Treatment                    | NIL               | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | 03                | Degree of Injury                       | Slight                            |
| Driver                            |                   |  |                                   |
| Name                              | Ulla Mohammade    | ID No.                                 | G2310730P                         |
| Related Vehicle                   | GBJ4236J (Van)    | Contact No.                            | NIL                               |
| Hospital/Clinic                   | NIL               | Class of Driving Licence & Expiry Date | Class: NIL<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 03/06/2019 at 0255pm, I was driving my vehicle, bearing registration plate number GBA7834K, along Upper Paya Lebar Road towards Tampines Road. When I was approaching the junction of New Industrial road, a van, bearing registration plate number GBJ4236J did not stop at the stop line giving way to the traffic from the major road. As such, this van collided to the left portion of my vehicle.

After the accident, I exchanged particular with the driver of the van and we both subsequently left. After reaching home, I felt unwell and seek treatment at Unihealth Clinic and was given three days medical leave.

I have the in car camera footage of the accident. I am lodging this report for the Traffic Police to investigate on this accident. No one was conveyed by ambulance

That is all.





SINGAPORE  
POLICE FORCE



T/20190603/2209

3 of 3

Report No. T/20190603/2209

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

E /

Sgt 1 RYJEAN YEOW ZHEN RUI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/06/2019 23:05

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65472076

Classification Of Case:

Authentication Stamp

NP168




SINGAPORE  
POLICE FORCE

SN 168

SIGNATURE



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8211986H





Name  
LIM LISHAN, ALVIN

Race  
林立山  
CHINESE

Date of birth  
13-04-1982

Sex  
M

Country of birth  
SINGAPORE


REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8211986H

Name  
LIM LISHAN, ALVIN

Birth Date: 13 Apr 1982

Issue Date: 06 Oct 2006



1001450586K

4853636




NRIC No S8211986H

Date of issue  
17-04-2012

Address  
APT BLK 254 COMPASSVALE ROAD  
#06-708  
SINGAPORE 540254

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

PASS DATE  
06 Oct 2006

NP 428A



Licence No: S8211986H

MOTOR COMMERCIAL VEHICLE

**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)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

ORIGINAL

CERTIFICATE No. DMCVSN3021581901

Engine No : Z13DTJ2091274

ChaN0:W0L0XCF2574428784

1. Index Mark and Registration Number of Vehicle GBA7834K
2. Name of Policy Holder WILD ANIMAL RESCUE SERVICES
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment 15 March 2019
4. Date of Expiry of Insurance 14 March 2020
5. Persons or Classes of Persons entitled to drive\*

Any person who is driving on the Policyholder's order or with their 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.\*

- (1) Use in connection with the Policyholder's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (3) Use for social, domestic or pleasure purposes.
- The Policy does not cover.
- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

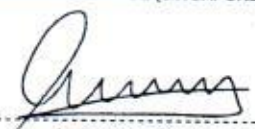
HIRE PURCHASE CO. : ABWIN PTE LTD AS HP OWNER

\* 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 (Malaysia), 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 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: ..... COSMO INSURANCE AGENCY PTE. LTD  
Authorised Officer  
.....  
Authorised Signatory