

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
Insured/Policyholder	
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	
EEmail 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	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 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	

Accident Sketch Plan

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

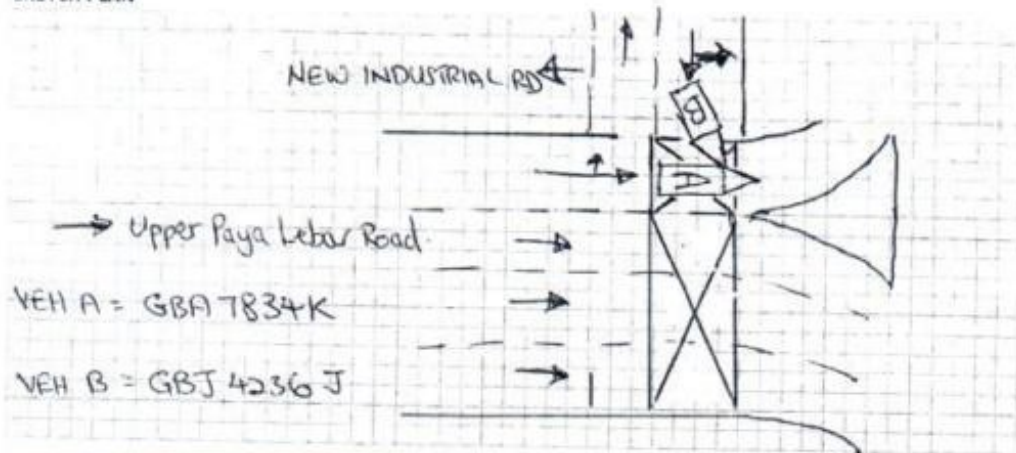
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report.

DECLARATION

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

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.:

POLICE REPORT



**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:
03/06/2019 23:05

Vide Report No.:

Station Diary No.:
229

Informant's Particulars

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

General Information of the Accident

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

Details of Vehicle Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190603/2209

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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

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

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.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190603/2209

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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 No. T/20190603/2209

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:

SN 168

Authentication Stamp

NP158



SINGAPORE
POLICE FORCE

SIGNATURE

DRIVING DOC

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8211986H



Name
LIM LISHAN, ALVIN

林立山

Race
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

001450486K



4883638



SING. 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)

PASS DATE

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

06 Oct 2006

NP 428A

Licence No: S8211986H



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

