

## 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	20/11/2019 12:37
Date Of Accident	18/11/2019 16:15
Exact Location Of Accident	SOON LEE DR TWDS SOON LEE RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG4396X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S LIM TIONG CHOON TRADING
Co Reg No	53113110J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 5MT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1753061902
Cover Note Number	

### Driver

Name of Driver	LIM WEI JIE
NRIC No	S9628677E
Date Of Birth	13/08/1996
Occupation	OUTDOOR
Date Of Driving Pass	14/10/2015
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81219736
Fax Number	
Contact Number	OFFICE-81219736
Email Address	NOEMAIL

Address	BLK 940 JURONG WEST STREET 91 #09-433
Postcode	640940
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

#### 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)	2
Passenger 1	NAME: : WONG QIN RU ZOWIE GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20191119/7016.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE9674X
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 WEI JIE  
Approximate Age  
Injuries Sustain NECK & BACK  
Injured person in which vehicle? GBG4396X  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO

Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name WONG QIN RU ZOWIE  
Approximate Age  
Injuries Sustain HEAD  
Injured person in which vehicle? GBG4396X  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO

Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN


#### IMPORTANT NOTICE


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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.
- (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.

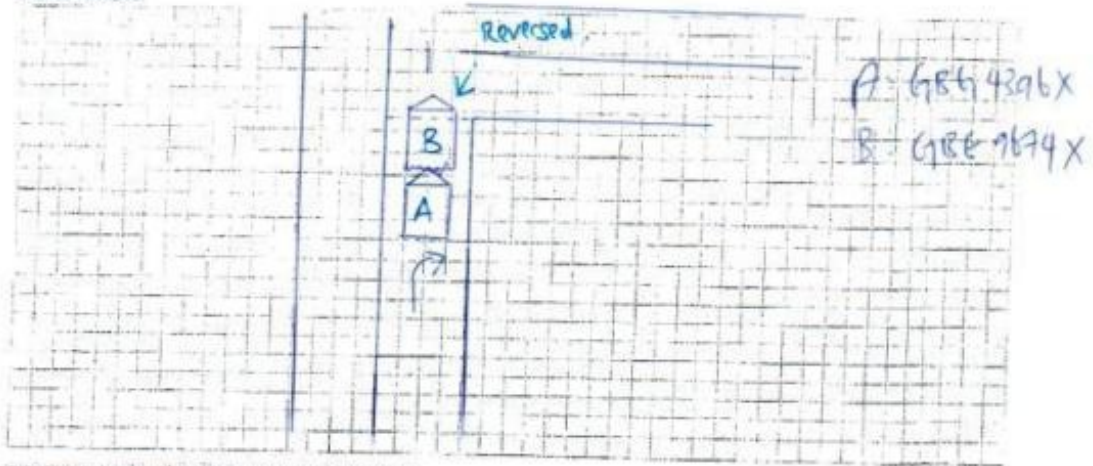
  
Policyholder's Signature  
Date & Time:

  
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.

Lim  
Policyholder's Signature  
Date & Time:

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

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



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20191119/7016

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

1 of 3

Report No. T/20191119/7016

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/11/2019 17:11	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: LIM WEI JIE		Address: APT BLK 940 JURONG WEST STREET 91 #09-433 SINGAPORE 640940	
ID Type / ID No.: NRIC NO / S9628677E		Contact No.: Home/Office: Mobile: 81219736	
Nationality: SINGAPORE CITIZEN		Email: weijielim96@outlook.com	
Sex: Male	Age: 23	Date of Birth: 13/08/1996	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Other electrical engineers		Driving Licence Information: Class: Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/11/2019 16:10	Type of Location: T-Junction
Location: SOON LEE DRIVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
GBE9674X (Not Accurate)	Tailgate lorry					0
GBG4396X	Lorry					0

## Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20191119/7016

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

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Report No. T/20191119/7016

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	WONG QIN RU ZOWIE		ID No. S9813324J
Related Vehicle	GBG4396X (Lorry)		Contact No. 83216015
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	03	Degree of Injury	Slight
<b>Driver</b>			
Name	LIM WEI JIE		ID No. S9628677E
Related Vehicle	GBG4396X (Lorry)		Contact No. 81219736
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	03	Degree of Injury	Slight

### Brief Details.

Me and my friend, Wong Qin Ru Zowie, S9813324J, was travelling along soon Lee drive turning right towards soon Lee road, I was queuing behind vehicle B, GBE9674X at the stop line while awaiting for my turn to cross. Suddenly, vehicle B reversed and I felt a huge impact on the front of my vehicle. I realised that I was involved in an accident.

Me and my friend felt that we were in discomfort and went to see a doctor and was given 3 days of MC.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20191119/7016

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

3 of 3

Report No. T/20191119/7016

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
YEO GEAK ENG CECILIA  
Contact No.: 65476404

Authentication Stamp  
NP168

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

Date/Time:  
19/11/2019 17:11

Classification Of Case:



## INFORMATION REQUEST

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT, THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of LIM TIONG CHOON TRADING (S3113110J)

Date: 20110219

## The Following Are The Basic Particulars of:

Name of Business	LIM TIONG CHOON TRADING
Former Name(s) if any	
Date of Change of Name	
Registration No.	S3113110J
Registration Date	01/04/2008
Commencement Date	01/04/2008
Status of Business	Live
Status Date	10/04/2019
Renewal Date	10/04/2019
Expiry Date	01/04/2020
Renewal via GIRO	NO
Constitution of Business	Partnership
Principal Place of Business	940 JURONG WEST STREET 91 #09-433 NANYANG RUBY SINGAPORE (640940)
Date of Change of Address	04/04/2010

## Principal Activities

Activity (1)	RETAIL SALE OF FRUITS AND VEGETABLES (47211)
Description	RETAIL SALE OF FRUITS AND VEGETABLES
Activity (2)	
Description	

## Particulars of Authorized Representative(s)

Name	ID	Nationality	Address	Address Source	Date of Appointment
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Authentication No.: H19837677X

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## INFORMATION RESOURCES

ACCOUNTING AND CORPORATE REGULATORY AUTHORITY (ACRA)

bizFile™

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Business Profile (Business) of LIM TIONG CHOON TRADING (53112118J)

Date: 20/11/2018

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

Name	ID	Nationality/Place of Incorporation/Origin	Address	Address Source	Date of Entry Position
LIM GUAT CHOON	S1582967H	SINGAPORE CITIZEN	540 JURONG WEST STREET #1 #09-433 NANYANG RUBY SINGAPORE (540940)	ACRA	01/04/2008 Owner
NG SEW HONG	S1725729C	SINGAPORE CITIZEN	540 JURONG WEST STREET #1 #09-433 NANYANG RUBY SINGAPORE (540940)	ACRA	01/04/2008 Owner

## Withdrawn Partner(s)

Name	ID	Nationality/Place of Incorporation/Origin	Address	Address Source	Date of Entry Position	Date of Withdrawal
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## Acknowledgement

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority

## Note:

The information contained in this Business Profile is extracted from lodgements filed by this entity with ACRA.

The list of officers for this entity is available for online authentication within 30 days from the date of purchase of this Business Profile. Please scan the QR code available on the last page of this profile to access the authentication page. For more information, please visit [www.s222.gov.sg](http://www.s222.gov.sg).

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES  
SINGAPORE

RECEIPT NO. ACRA181120182549

DATE: 20/11/2018

This is computer generated. Hence no signature required.



Authentication No.: H19637577X

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Accident Photo





Accident Photo



Accident Photo





Accident Photo



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