

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	27/11/2020 09:39
Date Of Accident	25/11/2020 19:30
Exact Location Of Accident	AYE TWDS CLEMENTI RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK3350M
Insured/Policyholder	
Name Of Registered Owner	FIXWERKS PTE LTD
Co Reg No	2XXXXX010R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98623874

Vehicle Particulars

Manufacturer	PEUGEOT
Model	PARTNER
Exact Purpose for which vehicle was being used at time of accident	WORK
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	DMCVSNW00036162000
Cover Note Number	

Driver

Name of Driver	LIM ZHEN WEI
NRIC No	SXXXX837B
Date Of Birth	08/10/1992
Occupation	OUTDOOR
Date Of Driving Pass	29/03/2011
Driving Experience	9 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91093416
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 424A YISHUN AVE 11 #05-256
Postcode	761424
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
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)	2
Passenger 1	NAME: : TAN KAI LIN 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
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20201126/7017

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	SBJ18Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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 ZHEN WEI
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? GBK3350M
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name TAN KAI LIN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? GBK3350M
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.



FIXWERKS PTE LTD
YOUR ONE-STOP REPAIR SERVICE PROVIDER

Registration No: 201543010R
Hotline: (65) 6765 8890 Emergency: 9388 4281
Email: admin@fixwerks.com
www.fixwerks.com

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.:

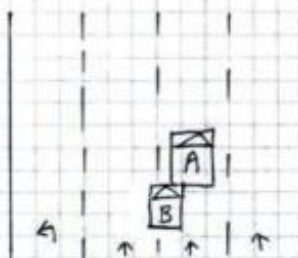
Accident Sketch Plan

SKETCH PLAN

AYE towards Clementi Road Exit

Vehicle A: $618 \pm 3350 \text{ m}$

Vehicle B: SBJ/BZ



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No: T/20201126/7017

DECLARATION

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



FIXWERKS PTE LTD

REWARDS FIELD
YOUR ONE-STOP REPAIR SERVICE PROVIDER
Policyholder's Signature _____
Registration No. 2015430108
Hotline: 970-674-6666; Emergency: 970-674-6281
Email: admin@rewards.com
www.rewards.com

张

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

Handwritten signature

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201126/7017

1 of 3

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

Report No. T/20201126/7017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/11/2020 17:11		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM ZHEN WEI			Address: 424A YISHUN AVENUE 11 #05-256 SINGAPORE 761424		
ID Type / ID No.: NRIC NO / S9235837B			Contact No.: Home/Office: Mobile: 91093416		
Nationality: SINGAPORE CITIZEN			Email: LZW92@LIVE.COM.SG		
Sex: Male	Age: 28	Date of Birth: 08/10/1992	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Service Engineer			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 25/11/2020 19:30	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
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	Conditio	No of
GBK3350M	Car					0
SBJ18Z	Car					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/20201126/7017

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

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Report No. T/20201126/7017

CONTINUATION OF REPORT

Driver			
Name	LIM ZHEN WEI		ID No. S9235837B
Related Vehicle	GBK3350M (Car)		Contact No. 91093416
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	TAN KAI LIN		ID No. NIL
Related Vehicle	NIL		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

ON 25/11/2020 AT AROUND 19:30HRS, I WAS DRIVING VEHICLE BEARING NUMBER PLATE (GBK3350M) TRAVELLING STRAIGHT ALONG AYE TOWARDS CLEMENTI ROAD EXIT. AS INFRONT VEHICLE SLOWED DOWN AND CAME TO A STOP, I FOLLOW SUIT. SUDDENLY I FELT AN IMPACT FROM THE LEFT REAR PORTION OF MY VEHICLE. AFTER I FELT THE IMPACT VEHICLE BEARING NUMBER PLATE (SBJ18Z) STILL CONTINUE TO TRAVEL & DID NOT STOP NOR ALIGHT. MY PASSENGER FELT UNWELL AFTER THE ACCIDENT, SHE WILL GO TO CONSULT THE DOCTOR LATER.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201126/7017

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

3 of 3

Report No, T/20201126/7017

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
NEO ZHI YUAN
Contact No.: 65476079

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:
26/11/2020 17:11

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

