



SINGAPORE ACCIDENT STATEMENT

+65, 9387.0769
Mohamad

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 Submission	04/12/2020 17:15 (SGT)
Date of Accident	25/11/2020 09:30 (SGT)
Exact Location of Accident	Choa Chu Kang Street 51, Singapore
Additional Location Information	Junction of Choa Chu Kang st 51 Ang Choa Chu Kang north 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD1879E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	INSTRUMAC INSTRUMENTATION
Company Reg No	4XXXX800X
Email Address	vincent@clauto.com.sg
Mobile Phone No	(Phone) +65-90627876
Alternative Phone No	(Home) +65-90627876

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	ERGO
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCG20007473
Cover Note Number	NA

DRIVER

Name of Driver	LIM WAH GUAN JOHNNY
NRIC No	SXXXX956F
Date Of Birth	09/02/1955
Occupation	Outdoor

Date Of Driving Pass	13/09/1977
Driving experience	43 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90627876
Alt. Phone Number	-
Email Address	vincent@clauto.com.sg
Address	NA
Address complement	-
Postcode	-
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 - Cross Junction
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material 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

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 25/11/2020 AT ABOUT 0930 HOURS, I WAS DRIVING MY COMPANY VEH NO:GBD1879E ALONG CHOA CHU KANG STREET 51 INTENDING TO TURN INTO CHOA CHU KANG NORTH 5. I WAS ON THE EXTREME LANE AND THE TRAFFIC LIGHT WAS GREEN IN MY FAVOR I STOPPED TO LOOK OUT FOR INCOMING TRAFFIC FROM THE OPPOSITE DIRECTION (CHOA CHU KANG STREET 52) AS THERE WAS NO ONCOMING TRAFFIC FROM CHOA CHU KANG STREET 52, I PROCEEDED TO TURN RIGHT INTO CHOA CHU KANG NORTH 5. I TURNED RIGHT AND AS I WAS COMPLETING MY RIGHT TURN INTO CHOA CHU KANG NORTH 5, I SUDDENLY HEARD A LOUD SOUND COMING FROM THE REAR OF MY VEHICLE. I STOPPED MY VEHICLE, ALIGHTED TO CHECK THE SOURCE OF THE LOUD SOUND. I DISCOVERED A M/TAXI SHA4011S WHICH WAS TRAVELLING ON THE EXTREME LEFT LANE OF CHOA CHU KANG STREET 52 HAD COLLIDED ONTO THE LEFT REAR OF MY VEHICLE GBD1879E DAMAGING THE LEFT REAR LIGHTS, BUMPER AND MUD GUARD. NO ONE WAS INJURED IN THE ACCIDENT. THERE WAS NO AMBULANCE OR POLICE OFFICER AS SCENE. AT THE TIME OF THE ACCIDENT, WEATHER WAS FINE AND ROAD SURFACE DRY. I WISH TO REITERATE THAT I AM LIABLE FOR THIS ROAD TRAFFIC ACCIDENT

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	SHA4011S
Vehicle Manufacturer	Hyundai
Vehicle Model	I40
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	NA
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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. The 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 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:

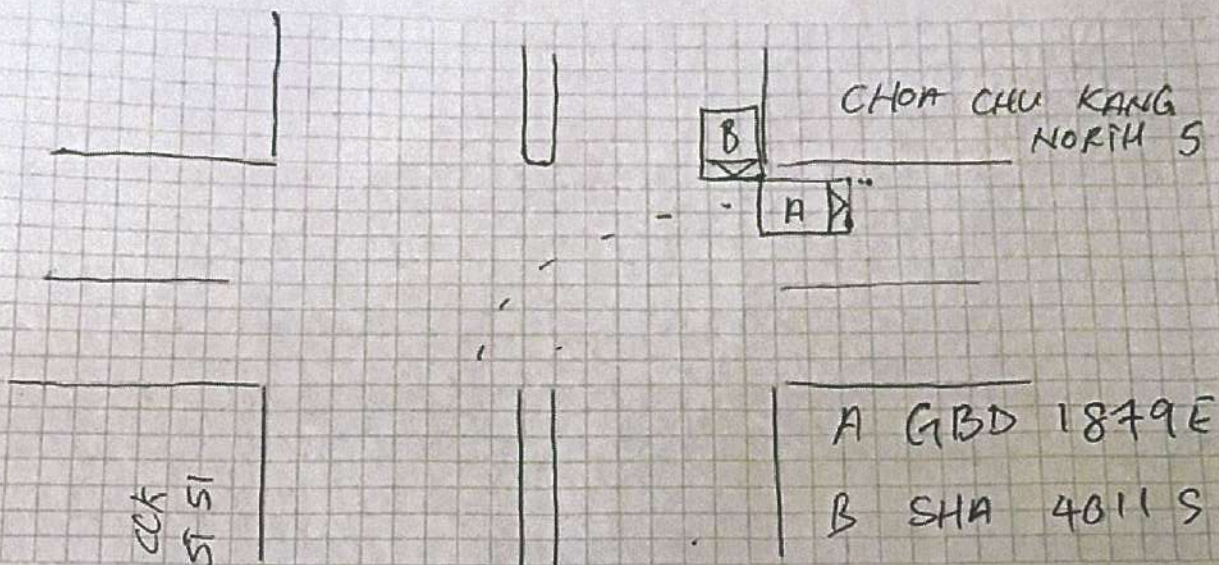
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature
Date & Time:

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

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MUHAMMAD SUMARDI BIN MOHD AFFANDI
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.





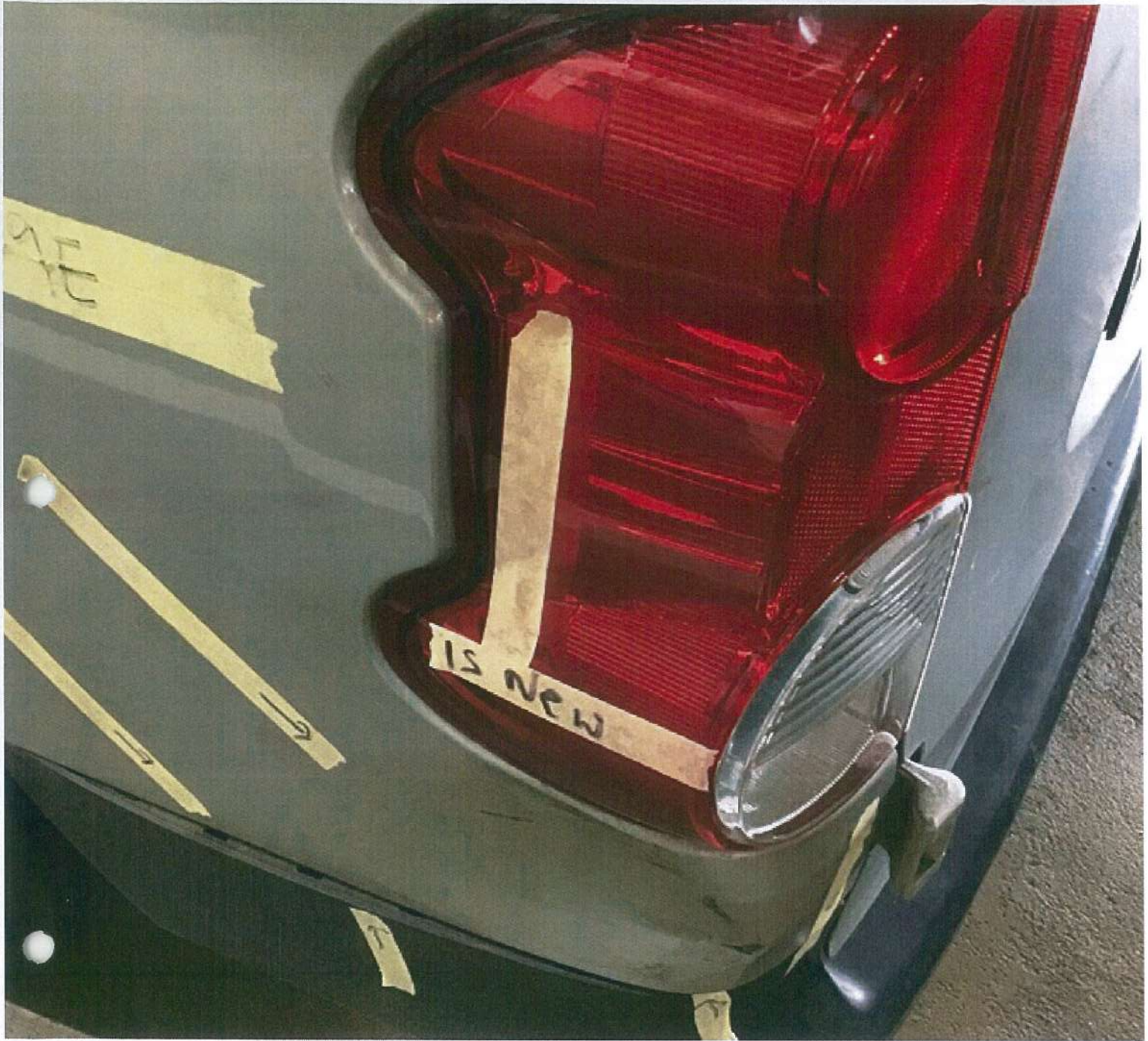


























SINGAPORE POLICE FORCE



T/20201201/2084

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Report No. T/20201201/2084

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/12/2020 17:51	Vide Report No.:	Station Diary No.: 75
Informant's Particulars		
Name of Informant: LIM WAH GUAN JOHNNY	Address: APT BLK 505 CHOA CHU KANG STREET 51 #10-189 SINGAPORE 680505	
ID Type / ID No.: NRIC NO / S1102956F	Contact No.: Home/Office:	Mobile: 90627876
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male	Age: 65	Date of Birth: 09/02/1955
Type of Informant: Driver		
Race: Chinese	Language:	Institution / School Name:
Occupation: TRADING	Driving Licence Information: Class: 3,4	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 25/11/2020 09:30	Type of Location: X-Junction
Location: CHOA CHU KANG STREET 51				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic	
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
GBD1879E	Van	NISSAN	NV200 1.5L MT ABS AIRBAG 2WD 6DR	Silver	Slightly Damaged	0


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20201201/2084 2 of 3
Report No: T/20201201/2084

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver		Use of Pedestrian Crossing: NA	
Name	LIM WAH GUAN JOHNNY	ID No.	S1102956F
Related Vehicle	GBD1879E (Van)	Contact No.	90627876
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3.4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 25/11/2020 at about 0930hrs, I was travelling along Choa Chu Kang Street 51 intending to turn right towards Choa Chu Kang North 5 at the cross junction. The traffic light was green at the cross junction of Choa Chu Kang St 51 towards St 52 and I attempted to turn right and had stopped my vehicle to check for on coming traffic from opposite direction along Choa Chu Kang St 52. There wasn't any oncoming traffic and I started to turn right and as I was about to complete my right turn into Choa Chu Kang North 5, I heard a loud noise coming from the rear of my vehicle and had stopped safely at the road side to alight and make a check. Upon checking, I discovered that there was a blue taxi (SHA4011S) coming from the direction of Choa Chu Kang St 52 had collided onto the rear left corner of my vehicle. Both of us came down to make a check however I requested to exchange details with the taxi driver but he did not give me and asked us to claim our own insurance. No one was injured at the point of accident and subsequently we left the scene.

25
1

Left
End Corner



**SINGAPORE
POLICE FORCE**



T/20201201/2084

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Report No. T/20201201/2084

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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:

J /

Sgt 1 **ONG WEI SONG**
 **POLICE FORCE**
SAFEGUARDING EVERY DAY

Signature Of Interpreter:

Not applicable

SIGNATURE

Signature Of Informant:

Date/Time:

01/12/2020 17:51

Classification Of Case:

Officer In Charge Of Case:

TP / GIA /

Staff Sgt **WONG SIEU LUI**

Contact No.: 65476151

