

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 Submission 20/04/2021 17:57 (SGT)
Date of Accident 05/04/2021 15:10 (SGT)
Exact Location of Accident 10 Paya Lebar Road, PLQ Mall, Paya Lebar Quarter, Singapore 409057
Additional Location Information DROP OFF POINT OF PLQ1 & PLQ2
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMP1073U

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ROSET LIMOUSINE SERVICES PTE LTD
Company Reg No 2XXXXXX722Z
Email Address KHIERTHII@ROSETLIMO.COM
Mobile Phone No (Phone) +65-68445225
Alternative Phone No (Office) +65-68445225

VEHICLE PARTICULARS

Manufacturer Toyota
Model ALTIS
Variant -
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 - Reporting only
Vehicle Category Private hire
Transmission Auto
CC 1598

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SD20V13100/VPZ/R02
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD JOHAN BIN ABDULLAH @ LIM KHOON HENG

NRIC No	SXXXX852I
Date Of Birth	11/09/1951
Occupation	Outdoor
Date Of Driving Pass	10/11/1981
Driving experience	39 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89010016
Alt. Phone Number	-
Email Address	JOHANLIM1951@GMAIL.COM
Address	BLK 620 CHOA CHU KANG ST 62
Address complement	#02-16
Postcode	680620
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 - Opening Door of Vehicle
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

PLS REFER TO THE POLICE REPORT:T/20210416/2105

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	SLH3181G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.
 - (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.



Policyholder's Signature / Date & Time

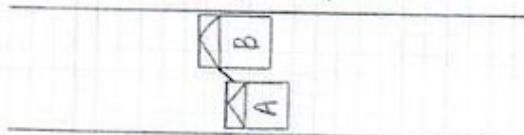
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

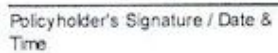
A: SMP1073U
B: SLH3181G

PLQ 1 & PLQ 2
Drop-off point



Refer to police report : T/20210416/2105

We declare the foregoing particulars are true in every respect.



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

Witnessed by Reporting Centre
Personnel



**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/20210416/2105

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Report No: T/20210416/2105

CONTINUATION OF REPORT

Driver Name	MUHAMMAD JOHAN BIN ABDULLAH	ID No.	S20078521
Related Vehicle	SMP1073U (Car)	Contact No.	89010016
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 the 05/04/2021 at about 1510hrs, I was driving my vehicle(SMP1073U) , I dropped off my passenger at the drop off point of PLQ 1 & 2. I was behind a black vehicle bearing the car plate number of SLH3181G when I move off my vehicle.

Just when I drove pass from the left side of the mentioned black car, the front passenger door opened and I could not stop in time, result in a collision with the door. The right mirror of my vehicle fell off, and I did not stop for long as I was rushing off to pick up other passenger. I stopped to pick up my damaged mirror from the floor and drove off immediately. I affirm that no one was injured during the incident.

I am lodging this report as I subsequently received TP letter requesting me to do so.


















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



T/20210416/2105

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Report No: T/20210416/2105

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
16/04/2021 17:23

Video Report No:

Station Diary No:
82

Informant's Particulars

Name of Informant
MUHAMMAD JOHAN BIN
ABDULLAH

ID Type / ID No.:
NRIC NO / S20078521

Nationality:
SINGAPORE CITIZEN

Sex: Male Age: 69 Date of Birth: 11/09/1951

Race:
Chinese

Occupation:
GRAB DRIVER

Address:
APT BLK 620 CHOA CHU KANG STREET 62 #02-16
SINGAPORE 680620

Contact No.:
Home/Office: Mobile: 89010016

Email:

Type of Informant:
Driver

Language: Institution / School Name

Driving Licence Information:
Class: Date of Expiry:

General Information of the Accident

General Information:		Drink Drive: No	Date/Time of Accident: 05/04/2021 15:10	Type of Location: Drop off point
Type of Accident:	Non-Injury Others			
Location: PAYA LEBAR LINK				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLH3181G	Car				Slightly Damaged	0
SMP1073U	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



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20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
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T/20210416/2105

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Report No: T/20210416/2105

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T/20210416/2105

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Report No. T/20210416/2105

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.

<p>Signature Of Officer Recording The Report: J / Sgt 2 YAP CHONG WEI</p>	<p>Signature Of Informant:</p>
<p>Signature Of Interpreter: <i>SIGNATURE</i> Not applicable</p>	<p>Date/Time: 16/04/2021 17:23</p>
<p>Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476229</p>	<p>Classification Of Case:</p>
<p>Authentication Stamp NP168</p>	

