

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	11/05/2021 16:49 (SGT)
Date of Accident	10/05/2021 11:05 (SGT)
Exact Location of Accident	Serangoon Rd, Singapore
Additional Location Information	TURNING RIGHT INTO LAVENDER STREET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH1062P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TODDS PARTNERS PTE LTD
Company Reg No	2XXXXX177E
Email Address	xinyaauto@singnet.com.sg
Mobile Phone No	(Phone) +65-81802030
Alternative Phone No	+65-81802030

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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 - Reporting only
Vehicle Category	Private hire
Transmission	Auto
CC	1794

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	DMHCSNA00004332101
Cover Note Number	-

DRIVER

Name of Driver	LIM SOO HENG
NRIC No	SXXXX202D

Date Of Birth	31/10/1959
Occupation	Outdoor
Date Of Driving Pass	18/05/1979
Driving experience	42 YEARS
Gender	Male
Mobile Number	(Phone) +65-81802030
Alt. Phone Number	-
Email Address	xinyaauto@singnet.com.sg
Address	BLK 131 JALAN BUKIT MERAH #04-1571
Address complement	-
Postcode	160131
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	Collided into Pedestrian
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	No
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	Tiong Bahru Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007759999
Alt. Police Station Phone No	(Fax) +65-67764246
Police Station Address	Blk 128 Kim Tian Road #01-123/ 125 Singapore 160128
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210510/2137 AND T/20210511/2041

ATTACHMENT(S)

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

SKETCH PLAN**IMPORTANT NOTICE**

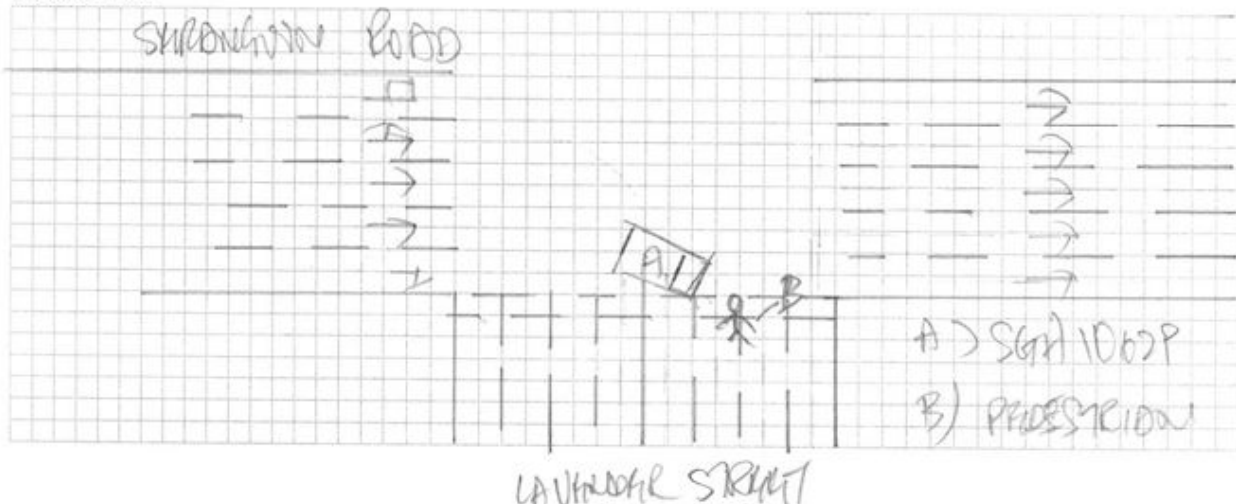
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
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' law yers/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' law yers/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 law yers/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

Describe Circumstances of the Accident

REFER TO POLICE REPORT. 7/20210510/2137 & 7/20210511/2047

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

11/05/2021

Witnessed by Reporting Centre Personnel























**SINGAPORE
POLICE FORCE**



T/20210510/2137

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

1 of 3

Report No. T/20210510/2137

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/05/2021 21:32		Vide Report No.:		Station Diary No.: 55	
Informant's Particulars					
Name of Informant: LIM SOO HENG			Address: APT BLK 131 JALAN BUKIT MERAH #04-1571 SINGAPORE 160131		
ID Type / ID No.: NRIC NO / S1356202D			Contact No.: Home/Office: Mobile: 81802030		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 31/10/1959	Type of Informant: Driver		
Race: Chinese			Language: Hokkien		Institution / School Name:
Occupation: PRIVATE HIRER			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 10/05/2021 11:05	Type of Location: X-Junction
Location: SERANGOON ROAD				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGH1062P	Car				No Damage	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210510/2137

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

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Report No. T/20210510/2137

CONTINUATION OF REPORT

Driver			
Name	LIM SOO HENG		ID No. S1356202D
Related Vehicle	SGH1062P (Car)		Contact No. 81802030
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 10/05/2021 around 1100hrs, I was driving vehicle (V1 SGH1062P) along Serangoon Road on the first lane from the right. I was slowly turning into Boon Keng Road. The sun was very glaring, and I was blinded. I felt a small impact at the front.

I realised that V1 had knocked onto a male victim. The male victim did not fall down after I collided onto him. I got down to make a check with victim and he inform that he was alright and do not need any medical attention.

I inform that I would bring him to the hospital but he rejected. I offered to give victim SGD \$100 and he could go and look for doctor on his own. However victim kept refusing to accept and left.



**SINGAPORE
POLICE FORCE**



T/20210510/2137

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

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Report No. T/20210510/2137

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:

A /

Sgt 2 WAYNE LIM CHEE KIAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/05/2021 21:32

Officer In Charge Of Case:

TP / AEIT /

Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN

Contact No.: 65476185

Classification Of Case:

Authentication Stamp

NP168



**SINGAPORE
POLICE FORCE**



T/20210511/2041

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

1 of 2

Report No. T/20210511/2041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/05/2021 13:46		Vide Report No.: T/20210510/2137		Station Diary No.: 16	
Informant's Particulars					
Name of Informant: LIM SOO HENG			Address: APT BLK 131 JALAN BUKIT MERAH #04-1571 SINGAPORE 160131		
ID Type / ID No.: NRIC NO / S1356202D			Contact No.: Home/Office: Mobile: 81802030		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 31/10/1959	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 10/05/2021 00:00	Type of Location:
Location: LAVENDER STREET				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Brief Details.

Vide report T/20210510/2137, I would like to state that I was actually slowly turning into Lavender st and not Boon keng road. That is all.



**SINGAPORE
POLICE FORCE**



T/20210511/2041

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

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Report No. T/20210511/2041

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: A / Sgt 2 POH YONG SHENG, MATTHEW	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/05/2021 13:46
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	

