SN09223A0004-01 / National Assessment Centre Services [408933]
ENTRY DATE & TIME: 10/03/2022 17:16 (SGT)
SUBMITTED BY: Roslinda Binte A. Wahab
VERSION: 2 (11/03/2022 09:11 (SGT))

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 witholding 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	10/03/2022 17:16 (SGT)
Date of Accident	09/03/2022 20:10 (SGT)
Exact Location of Accident	Desker Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW5845U

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LIMA LIMO TRANSPORT SERVICES
Company Reg No	5XXXX251D
Email Address	limalimotransport@gmail.com
Mobile Phone No	(Phone) +65-94578433
Alternative Phone No	+65-94578433

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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 - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMHCSNW00015152100
Cover Note Number	-

DRIVER

Name of Driver	HASBI BIN ABDUL GHANI
NRIC No	SXXXX974J

Date Of Birth	21/08/1963
Occupation	Outdoor
Date Of Driving Pass	30/05/1997
Driving experience	24 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93622029
Alt. Phone Number	-
Email Address	limalimotransport@gmail.com
Address	BLK 61 GEYLANG BAHRU
Address complement	#12-3303
Postcode	330061
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	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	6
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Female

PASSENGER 2

Name	PASSENGER
Gender	Female

PASSENGER 3

Name	PASSENGER
Gender	Female

PASSENGER 4

Name	PASSENGER
Gender	Male

PASSENGER 5

Name	PASSENGER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapor Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

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	SMR5303U
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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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 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' 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.

Policyholder's Signature / Date & Time 10/3/2022

Driver's Signature (if driver is not the policyholder) / Date & Time 10/3/2022

Witnessed by Reporting Centre Personnel 10/03/22

Sketch Plan @2:35 pm

A) SKW5845U

B) SMR 530J4

Desker Road

Describe Circumstances of the Accident

I was travelling straight along Desker Road. All of the sudden, vehicle B dashed out from the parking lot and hit onto my vehicle right side portion.

That's all.

Declaration

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

Lima Limo
Transport Services

Policyholder's Signature / Date & Time

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

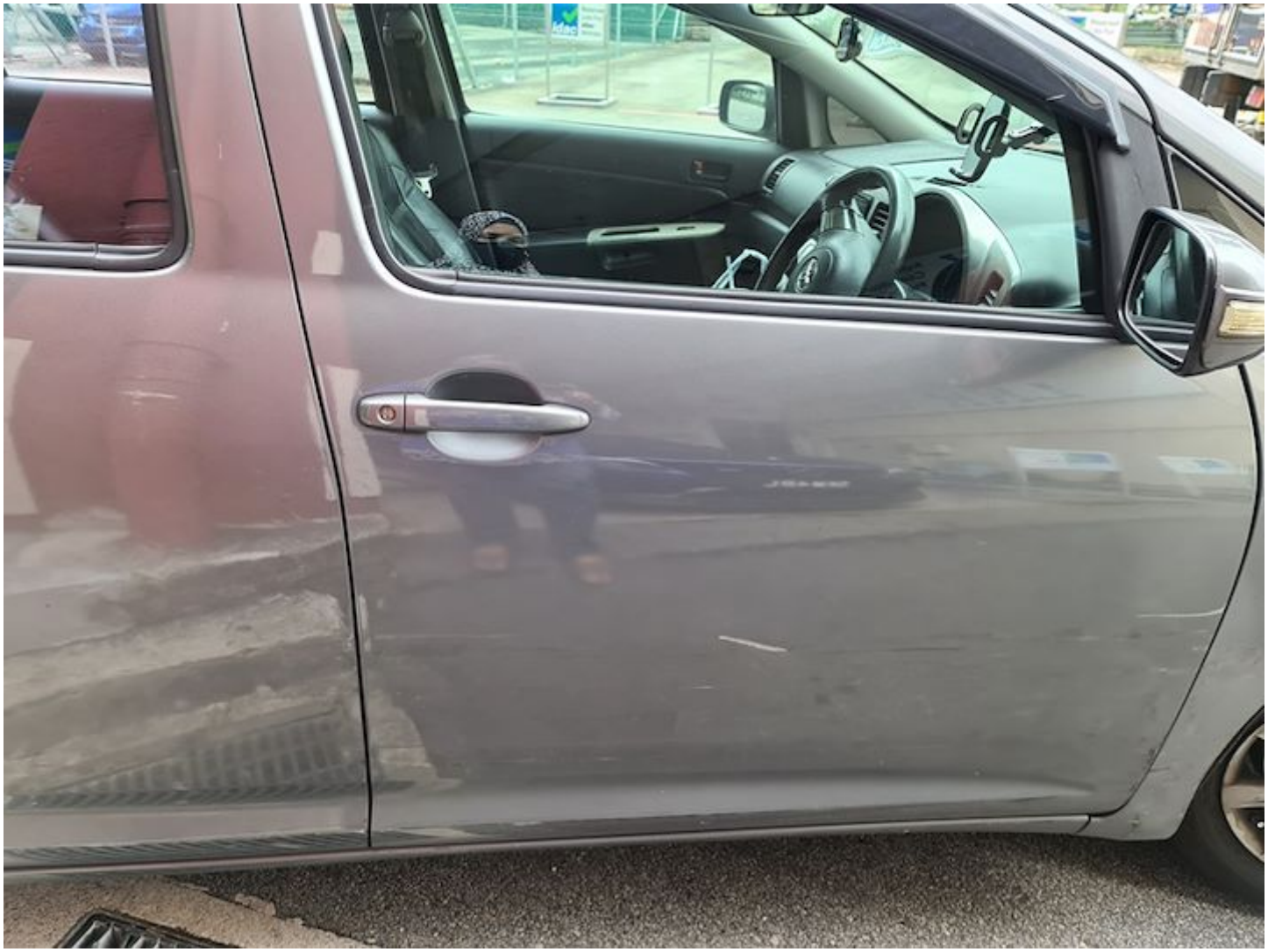
Witnessed by Reporting Centre Personnel 10/03/22

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4



IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9


TOYOTA MOTOR CORPORATION JAPAN
MODEL ZNE10R-HPPNK
ENGINE 1ZZ-FE 1794 mL
FRAME No. JTDER12W803001009
COLOR 1D2 TRIM FK16 PLANT A41
BODY NO. U341E -02A OPTION 440

IMAGES #10

SINGAPORE POLICE FORCE

T/20220309A2105

Police Station Of Origin:
Rochor N.P.C.
11 Kampong Kapor Road SINGAPORE 208678
Tel No: 1800-2549999

Report No: T/20220309A2105

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made	Vide Report No:	Station Diary No.
09/03/2022 22:46		149

Informant's Particulars

Name of Informant: HASBI BIN ABDUL GHANI			Address: APT BLK 61 GEYLANG BAHRU #12-3303 SINGAPORE 33006*
ID Type / ID No: NRIC NO / S1583974J			Contact No: Home/Office Mobile: 93622029
Nationality: SINGAPORE CITIZEN			Email:
Sex: Male	Age: 58	Date of Birth: 21/08/1963	Type of Informant: Driver
Race: Malay			Language: Institution / School Name:
Occupation: Private Hire Driver			Driving Licence Information: Class: Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury		Drink Drive: No	Date/Time of Accident: 09/03/2022 20:10	Type of Location: Straight Road
Location: DESKER ROAD				
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 Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKW5845U	Car				Slightly Damaged	5
SMR5303U	Car				Slightly Damaged	2

Details of Person Involved

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

SINGAPORE POLICE FORCE

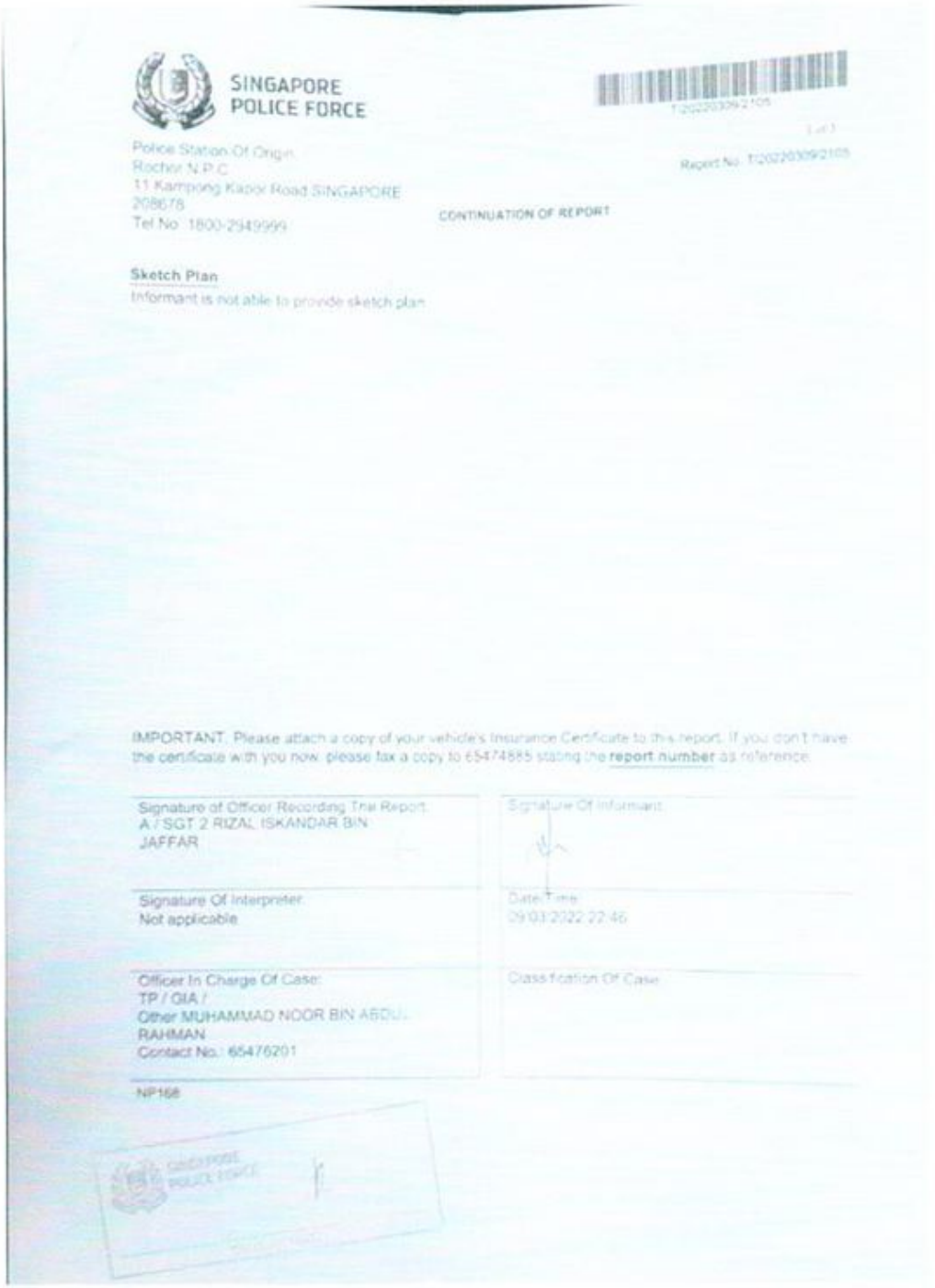
Police Station Of Origin
Rochor N.P.C
11 Kampong Kapor Road SINGAPORE
208678
Tel No: 1800-2949999

CONTINUATION OF REPORT

Driver			
Name	HASBI BIN ABDUL GHANI	ID No	S1583974J
Related Vehicle	NIL	Contact No	93622029
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Driver			
Name	Hang Jin Wen	ID No	S9822205B
Related Vehicle	NIL	Contact No	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.
At the above-mentioned date, time and location, I was driving my vehicle bearing SKW5845U and commuting along Desker Rd. As I drove past the road, the pathway ahead for me was clear. At one point, I felt a car collided onto mine. It was a black car bearing plate number SMR5303U. As this happened, both drivers came out of the car to inspect the damages and also to confirm as to whether they were any injuries. There are no injuries. The damages on my vehicle are major scratches along driver's door whereas Jing Wen's damages are dents at her front bumper. The driver of SMR5303U being Jing Wen (HP: 9656 1913) came out with a paper and wrote down that we both will be settling this matter via insurance. At this, I clearly feel Jing Wen is at fault however she refused to take responsibility. I wish to state that I have a video recording of my CarCam and it records the entire incident. Therefore, I am lodging this report also for insurance purposes.



SINGAPORE
POLICE FORCE

Police Station Of Origin
Rochor N.P.C
11 Kampong Kapor Road SINGAPORE
208678
Tel No: 1800-2949999

CONTINUATION OF REPORT

Report No: T20220309210S

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 This Report: A / SGT 2 RIZAL ISKANDAR BIN JAFFAR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/03/2022 22:46
Officer In Charge Of Case: TP / OIA / Other MUHAMMAD NOOR BIN ABDU... RAHMAN Contact No.: 65476201	Classification Of Case:

NP168

PRIVATE HIRE

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09223A0004 Vehicle Registration No: SKW5845U

Name (as shown in NRIC): HASBI BIN ABDUL GHANI NRIC/FIN/Passport No: SXXXX974J

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: BLK 61 GEYLANG BAHRU #12-3203 Singapore (330061)

Contact (Tel): Mobile No.: 93622029

Email Address:

Date of Accident: 09/03/22 Time of Accident: 20.10

Place of Accident: DESKER RD

Insurance Company: CHINA TAIPING

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

UPLOAD WRONG PHOTOS

Policyholder / Driver's Signature
Date:

11/03/22
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

GIARMC Addendum Form