

# 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 ..... 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 ..... Commercial vehicle  
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

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 willful 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. 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.

6. 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 be 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 be 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.

*Suma Lim*  
 Respect Services  
 100, North Bridge Road  
 Singapore 079500  
 www.suma.com.sg

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

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

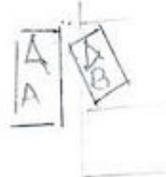
Witnessed by Reporting Centre Personnel *10/03/22*

Sketch Plan

*09:235 pm*

*A) SKW5845 U*

*B) SMR 5303U*



*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.

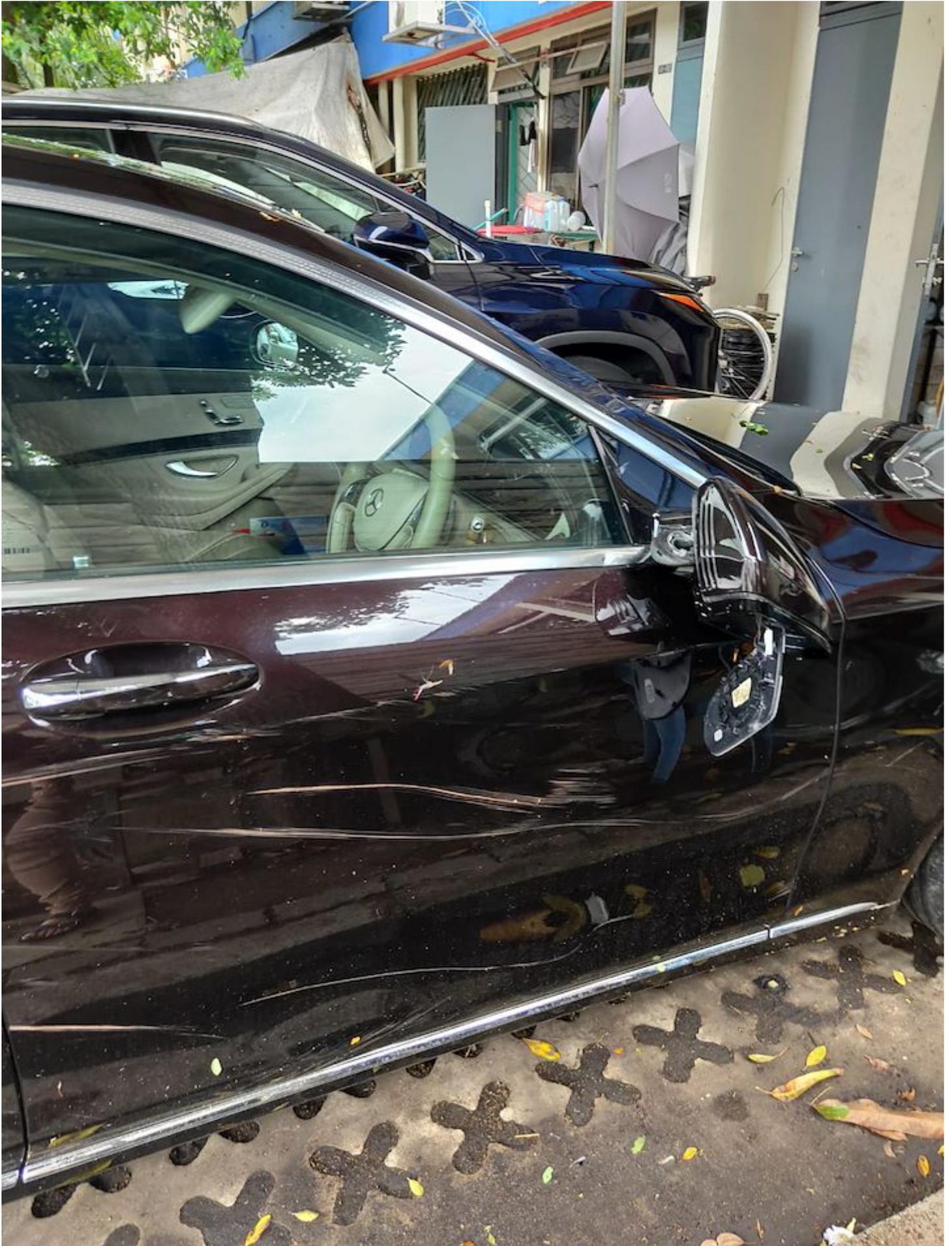
Declaration

(We declare the foregoing particulars are true in every respect.

**Lima Limo**  
Transport Services  
P.O. Box 10000  
Lima, Peru  
Signature  
Policyholder / Signature / Date & Time

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

Signature 10/03/22  
Witnessed by Reporting Centre Personnel









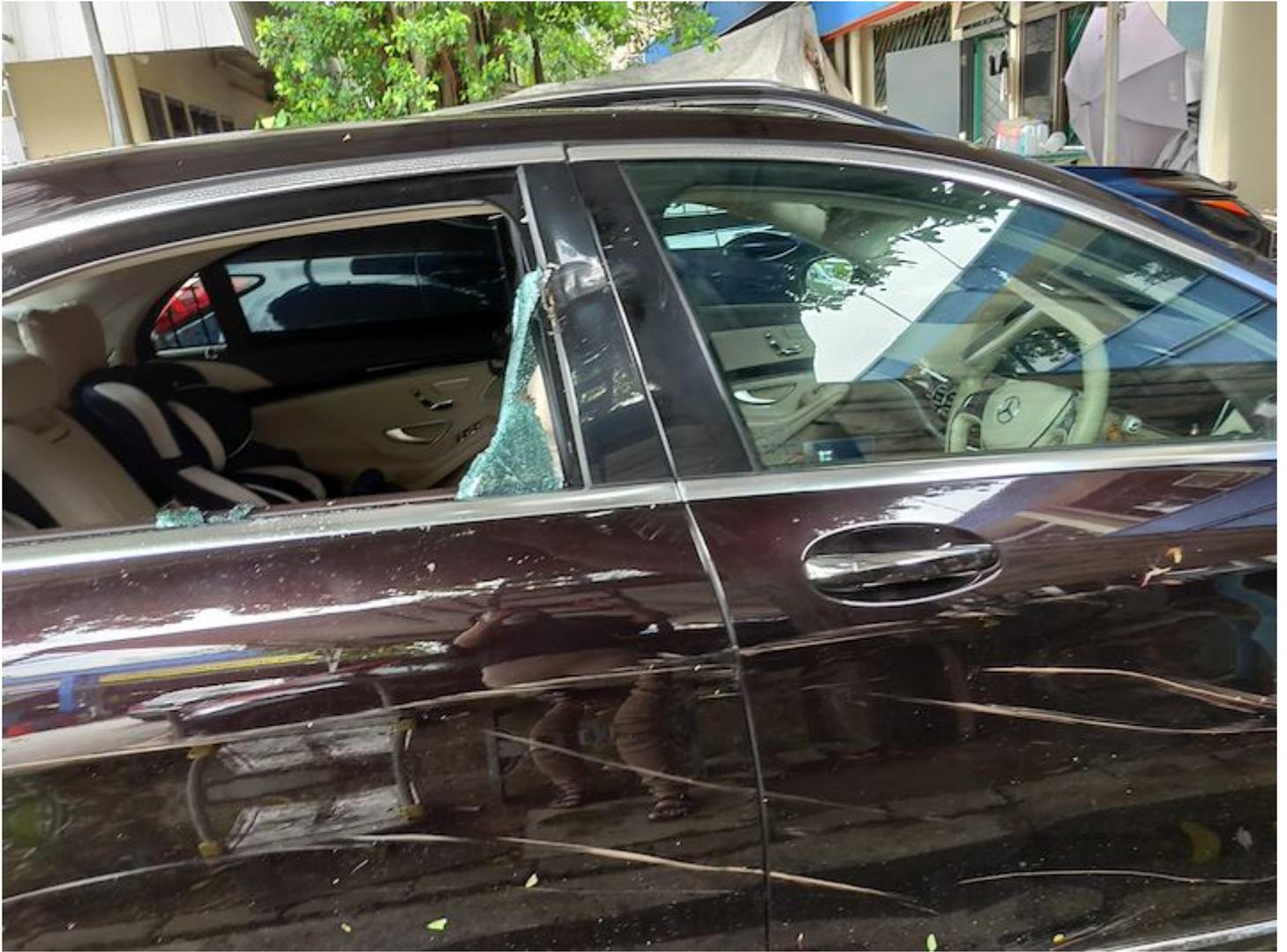






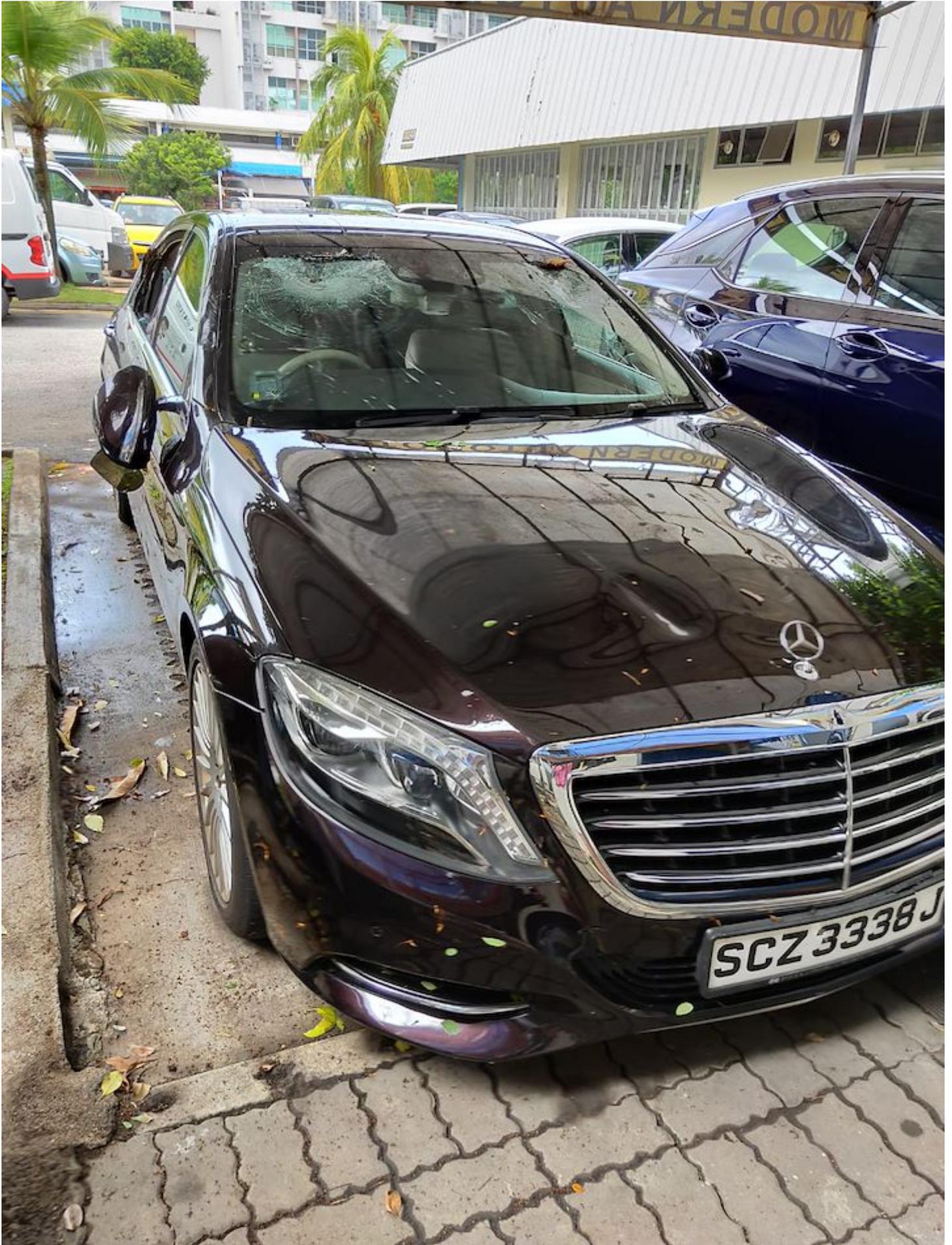




















Police Station Of Origin:  
 Rochor N.P.C.  
 11 Kampong Kapor Road SINGAPORE  
 208678  
 Tel No: 1800-2549999

Page 1 of 1  
 Report No: T202203092105

**REPORT OF A TRAFFIC ACCIDENT**

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

**Informant's Particulars**

Name of Informant: HASBI BIN ABDUL GHANI		Address: APT BLK 61 GEYLANG BAHRU #12-3303 SINGAPORE 330067	
ID Type / ID No: NRIC NO / S1583974 /		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**



1202203092105

2 of 1

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

Report No. T202203092105

CONTINUATION OF REPORT

<b>Driver</b>			
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
<b>Driver</b>			
Name	Hang Jin Wen	ID No.	S9827205B
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 9KW5845U 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 SMRS303U. 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 SMRS303U 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 Kapok Road SINGAPORE  
208678  
Tel No: 1800-2349999

  
T200203092105  
Page 3  
Report No: T200203092105

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 This Report: A / SGT 2 RIZAL ISKANDAR BIN JAFFAR	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 29/03/2022 22:46
Officer In Charge Of Case: TP / GIA / Other MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476201	Classification Of Case:

NP168

