

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 03/06/2022 18:18 (SGT)
Date of Accident 02/06/2022 15:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH1297M

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner WILA FABRIC WASH & CLEAN SPECIALIST
Company Reg No XXXXX514C
Email Address limjiacheng99@gmail.com
Mobile Phone No (Phone) +65-92214056
Alternative Phone No +65-92214056

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv350
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 2488

INSURANCE COMPANY

Name of Insurance Company EQ Insurance Company Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCPHQ22-000289
Cover Note Number -

DRIVER

Name of Driver LIM JIA CHENG
NRIC No SXXXX903B

Date Of Birth	09/06/1999
Occupation	Outdoor
Date Of Driving Pass	12/02/2018
Driving experience	4 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92214056
Alt. Phone Number	-
Email Address	limjiacheng99@gmail.com
Address	BLK 102 HOUGANG AVE 1
Address complement	#04-1191
Postcode	530102
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NG SHI XUAN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20220603/7029

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	GBL15X
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-88667725
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM JIA CHENG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK & NECK
Injured person in which vehicle?	GBH1297M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	NG SHI XUAN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK & NECK
Injured person in which vehicle?	GBH1297M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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' 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.

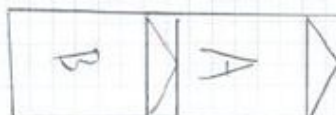
WILA FABRIC
WASH CLEAN
SPECIALIST

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A-GBH1297M
B-GBL15X

Describe Circumstances of the Accident

Refer to police report
T/20220603/2029

Declaration

We declare the foregoing particulars are true in every respect.

NILA FABRIC
WASH CLEAN
SPECIALIST



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20220603/7029

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Report No. T/20220603/7029

CONTINUATION OF REPORT

Passenger			
Name	NG SHI XUAN		ID No. S9922239E
Related Vehicle	GBH1297M (Van)		Contact No. 84481289
Hospital/Clinic	HOUGANG CLINIC		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	02/06/2022		Date NIL
No. of Days granted Medical Leave	02	Degree of	Slight
Driver			
Name	LIM JIA CHENG		ID No. S9919903B
Related Vehicle	GBH1297M (Van)		Contact No. 92214056
Hospital/Clinic	HOUGANG CLINIC		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	02/06/2022		Date NIL
No. of Days granted Medical Leave	02	Degree of	Slight

Brief Details.

On the stated date and time, i was travelling from KPE to PIE (changi). Out of sudden, i felt an impact from my rear portion of the vehicle. Vehicle (GBL15X) Driver signal me to drive forward to prevent conjection. We stopped and exchanged details before driving off. Afterwards, my girlfriend and i felt unwell and proceeded to see a doctor















SINGAPORE POLICE FORCE



T/20220603/7029

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220603/7029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/06/2022 10.29		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM JIA CHENG			Address: 102 HOUGANG AVENUE 1 #04-1191 SINGAPORE 530102		
ID Type / ID No.: NRIC NO / S9919903B			Contact No.: Home/Office: Mobile: 92214056		
Nationality: SINGAPORE CITIZEN			Email: limjiacheng99@gmail.com		
Sex: Male	Age: 22	Date of Birth: 09/06/1999	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/06/2022 15:30	Type of Location: Flyover
Location: KALLANG PAYA LEBAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBH1297M	Van		NV350	Silver		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:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20220603/7029

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Report No. T/20220603/7029

CONTINUATION OF REPORT

Passenger			
Name	NG SHI XUAN		ID No. S9922239E
Related Vehicle	GBH1297M (Van)		Contact No. 84481289
Hospital/Clinic	HOUGANG CLINIC		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	02/06/2022		Date NIL
No. of Days granted Medical Leave	02	Degree of	Slight
Driver			
Name	LIM JIA CHENG		ID No. S9919903B
Related Vehicle	GBH1297M (Van)		Contact No. 92214056
Hospital/Clinic	HOUGANG CLINIC		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	02/06/2022		Date NIL
No. of Days granted Medical Leave	02	Degree of	Slight

Brief Details.

On the stated date and time, i was travelling from KPE to PIE (chang). Out of sudden, i felt an impact from my rear portion of the vehicle. Vehicle (GBL15X) Driver signal me to drive forward to prevent conjection. We stopped and exchanged details before driving off. Afterwards, my girlfriend and i felt unwell and proceeded to see a doctor



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Police Station Of Origin:
Traffic Police
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Tel No: 65470000



T/20220603/7029

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Report No. T/20220603/7029

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
03/06/2022 16:29

Classification Of Case: