

# 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 Actual 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 ..... 08/08/2022 17:26 (SGT)  
Reported by ..... Both  
Date of Accident ..... 05/08/2022 21:05 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... NORTH BOAT QUAY  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... PC1242G

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... MAXI VIC LIMO SERVICES  
Company Reg No ..... 53296207M  
Email Address ..... VICSLIMOSERVICES1242@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-87141242  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Hiace  
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 ..... Bus  
Transmission ..... Auto  
CC ..... 2982

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Policy Number / Cover Note Number ..... D22MCV0005293

### DRIVER

Name of Driver ..... VICTOR CHAN YOU YUN  
NRIC No ..... S1578459H  
Date Of Birth ..... 07/03/1963  
Occupation ..... Outdoor

Date Of Driving Pass .....	27/12/2007
Driving experience .....	14 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87141242
Alt. Phone Number .....	-
Email Address .....	VICSLIMOSERVICES1242@GMAIL.COM
Address .....	166A TECK WHYE CRESCENT #05-353 S(681166)
Address complement .....	-
Postcode .....	-
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	10
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	SEBASTIAN
Gender .....	Male

#### PASSENGER 2

Name .....	PASSENGER
Gender .....	Male

#### PASSENGER 3

Name .....	PASSENGER
Gender .....	Male

#### PASSENGER 4

Name .....	PASSENGER
Gender .....	Male

#### PASSENGER 5

Name .....	PASSENGER
Gender .....	Male

#### PASSENGER 6

Name .....	PASSENGER
Gender .....	Male

#### PASSENGER 7

Name .....	PASSENGER
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? ..... Yes  
 Police Station Name ..... Geylang Neighbourhood Police Centre  
 Police Station Phone No ..... (Phone) +65-18008486999  
 Alt. Police Station Phone No ..... (Fax) +65-68486799  
 Police Station Address ..... 1 Cassia Link Singapore 397618  
 Was notice of intended Prosecution given? ..... No  
 If yes, against whom? ..... -

#### CIRCUMSTANCES OF ACCIDENT

SEE ATTACHED POLICE REPORT

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... GBJ9714M  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Commercial vehicle  
 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) ..... -

#### WITNESS DETAILS

WITNESS 1

Name ..... SEBASTIAN  
 Phone ..... (Phone) +65-98280291  
 Email ..... -

# SKETCH PLAN

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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

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

Witnessed by Reporting Centre Personnel

## Sketch Plan

	<p>(A) PC1242 G</p> <p>(B) PC1242 G</p>
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Describe Circumstances of the Accident

See attached Police Report

Police Report

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



Witnessed by Reporting Centre Personnel





















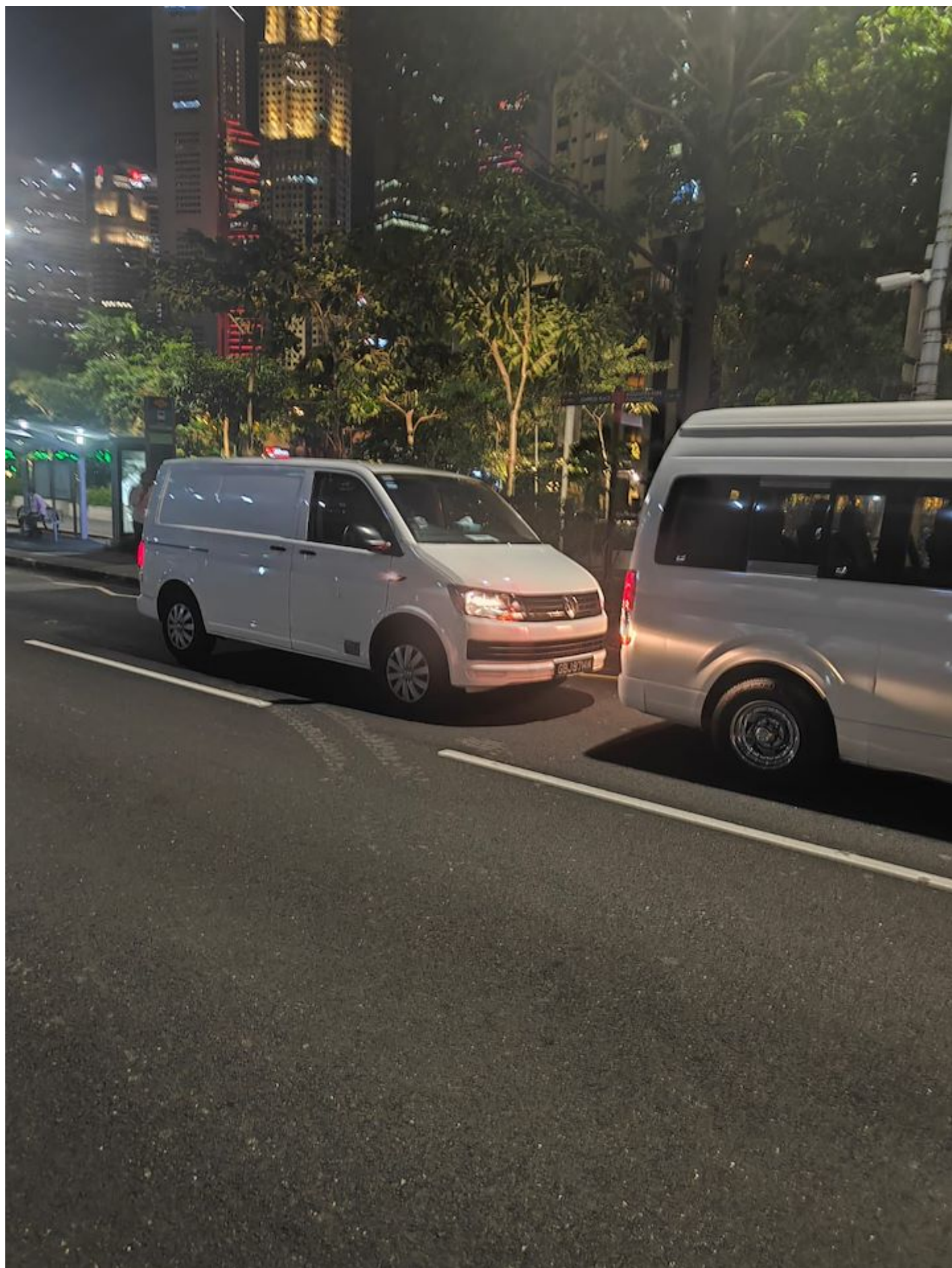






















**SINGAPORE  
POLICE FORCE**



T/20220806/2085

1 of 3

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

Report No. T/20220806/2085

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/08/2022 22:16		Vide Report No.: A/20220805/0141		Station Diary No.: 111	
<b>Informant's Particulars</b>					
Name of Informant: VICTOR CHAN YOU YUN			Address: APT BLK 166A TECK WHYE CRESCENT #05-353 SINGAPORE 681166		
ID Type / ID No.: NRIC NO / S1578459H			Contact No.: Home/Office: Mobile: 87141242		
Nationality: SINGAPORE CITIZEN			Email: vicslimoservices1242@limo.com		
Sex: Male	Age: 59	Date of Birth: 07/03/1963	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Driver			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/08/2022 21:05	Type of Location: Straight Road
Location:  NORTH BOAT QUAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ9714M	Van				Slightly Damaged	0
PC1242G	Van				Slightly Damaged	8

**SINGAPORE  
POLICE FORCE**

T/20220806/2085

2 of 3

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

Report No. T/20220806/2085

**CONTINUATION OF REPORT****Brief Details.**

On 5/8/2022 at 2130hrs, I was driving my van bearing the number plate (PC1242G) along North boat quay. While I was stationary at the traffic light waiting for traffic light to turn green. Suddenly one van with Volkswagen brand bearing the plate number (GBJ9714M) hit me from behind. The van driver refused to hand me his particulars. During that point of time I have a witness with me who saw what happened as he was my passenger. As I am working for grab, Grab is aware of this of this accident. One police car came to my scene to assist me. I felt a pain at my back area during the accident and will go for a medical check up. The traffic light was in working condition and the weather was dry. I have a witness at scene. My van have a CCTV however it did not capture the scene.

The particulars of my witness are as follows:  
Sebastian  
98280291





**SINGAPORE  
POLICE FORCE**



T/20220806/2085

3 of 3

Report No. T/20220806/2085

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

**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:

G /  
SGT 2 LENDL LIM LI LIANG

*ell.*

Signature Of Informant:

*[Handwritten signature]*

Signature Of Interpreter:

Not applicable

Date/Time:

06/08/2022 22:16

Officer In Charge Of Case:

TP / GIT /  
SR STAFF SGT ABDUL RAHIM BIN SALIM  
Contact No.: 65476433

Classification Of Case:

NP168





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours : Monday to Friday, 09:00 – 17:00  
 UEN: S665500200 / GST Reg. No.: M400017735

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

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : SK0N 2288 000J Vehicle Registration No: PC 1242 G  
 Name (as shown in NRIC) : Maxi Vic Limo Svcs NRIC/FIN/Passport No : 53296207M  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : \_\_\_\_\_ Singapore ( )  
 Contact (Tel) : 8714 1242 Mobile No.: \_\_\_\_\_  
 Email Address : Vicslimoservices 1242 @ gmail. com.  
 Date of Accident : 5/8/2022 Time of Accident : 2105 hrs  
 Place of Accident : North Boat Quay  
 Insurance Company: India Int'l Insurance

**(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:

To amend the email address to  
Vicslimoservices 1242 @ gmail. com i/o  
@ limo. com

Policyholder / Driver's Signature  
 Date:

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