

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
- 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

12/10/2022 13:33 (SGT) Both 10/10/2022 13:20 (SGT) 101 Towner Rd, Block 101, Singapore 322101 **BLK 101 TOWNER ROAD CARPARK** Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SFM7118J

INSURED/POLICYBOLDER

Is company?

Name Of Registered Owner NRIC No

Email Address Mobile Phone No Alternative Phone No Nα

MAK ZHI XIANG SXXXX118Z

vacanzamak@gmail.com (Phone) +65-97371618

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category Transmission

CC

Mercedes C200

Private use

No - Claiming third party

Lonpac Insurance Bhd

Z22VP05031307

Private car Auto 1991

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

MAK ZHI XIANG SXXXX118Z 05/10/1968 Indoor



Date Of Driving Pass

Driving experience

Gender

Mobile Number

Alt. Phone Number Email Address

Address Address complement

Postcode

Is the driver the policyholder? If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance? Translator's name

Translator's ID Translator's phone number

Translator's email

Original language used in the statement

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

Police Station Phone No Alt. Police Station Phone No Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

GIRGUMSTANCES OF ACCIDENT

Vehicle Registration Number

Vehicle Manufacturer Vehicle Model Vehicle Variant

ATTACHED POLICE REPORT NO. T/20221010/7042

ATTACHMENT(\$)

Are accident photos available for attachment? Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

23/12/1986

417393

Yes

No

Clear

Dry

No

No

Yes

1

No

Yes

Nο

Traffic Police

(Phone) +65-65470000

10 Ubi Avenue 3 Singapore 408865

(Fax) +65-65474900

35 YEARS AND 10 MONTHS

(Phone) +65-97371618

vacanzamak@gmail.com

Collision - Head to Rear

40 LENGKONG TUJOH #07-16

SHD6276R

Yes

Νo

Accident report SS3122AC0002

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Vehicle Colour
Vehicle Category
Taxi
Name of Driver
LIM BAK HUA
NRIC No
SXXXX629E
Contact Number
Address
Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident

No. Of Passenger (Including Driver)

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

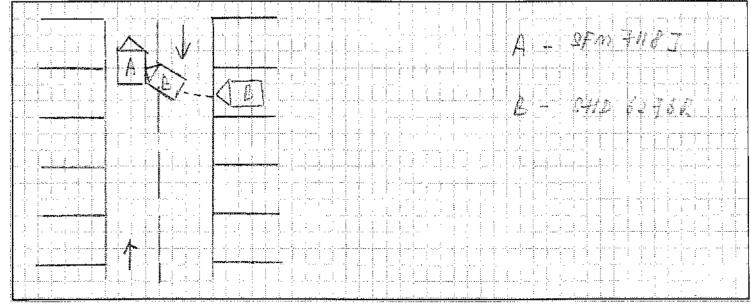
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



vJun2022 1

Describe Circumstance of the Accident
97766Les police report no. 7/2022/010/7042

Declaration

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

/ Date & Time

Pelicyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)





1 of 3

Report No. T/20221010/7042

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/10/2022 14:47			Vide Report No.:	Station Diary No.:			
Informan	t's Particu	ilars					
Name of Informant: MAK ZHI XIANG			Address: 40 LENGKONG TUJOH #07-16 SINGAPORE 417393				
ID Type / ID No.: NRIC NO / S6837118Z			Contact No.: Home/Office:	Mobile: 97371618			
Nationality: SINGAPORE CITIZEN		EN	Email: vacanzamak@gmail.com				
Sex: Male	Age: 54	Date of Birth: 05/10/1968	Type of Informant: Vehicle Owner				
Race: Chinese			Language: English	Institution / School Name:			
Occupation:			Driving Licence Information: Class: 3	Date of Expiry;			

General Informat	ion of the Accident			
Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 10/10/2022 13:20	Type of Location: Car Park
Location:				
TOWNER ROAD				
Weather:		Road Surface:		Road Speed Limit:
Clear	_ ·	Ory		S Km/h
Traffic Flow: Two Way		Fraffic Control: Not Controlled		Fraffic Volume: No Traffic
Type of Collision: Between Moving	Vehicles - Head To Side	9	á	Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SFM7118J	Car	MERCEDES BENZ	C200	Grey		0
SHD6276R	Car	ТОҮОТА		Maroon		0

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





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Report No. T/20221010/7042

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

CONTINUATION OF REPORT

Driver					· · · · · · · · · · · · · · · · · · ·	
Name	LIM BAK HUA			ID No.		S0783629E
Related Vehicle	SHD6276R (Car)			Conta	ct No.	91451722
Hospital/Clinic	NIL			Class Driving Licenc Expiry] e&	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days granted Medical Leave NIL Degree of NIL						
Vehicle Owner						
Name	MAK ZHI XIANG			ID No.		S6837118Z
Related Vehicle	NIL			Contact No.		97371618
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: 3 Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days granted Medical Leave NIL			Degree of		NIL	

Brief Details.

The accident happened at the back of Block 101 Towner Road Car park.

As I was driving my vehicle(SFM 7118J) along the carpark driveway, the SMRT cab (SHD 6276R) driven by Mr Lim Bak Hua drove out of a parking lot and hit the rear side of my vehicle.

Attached please find the photos of my vehicle damage condition and his vehicles for ease reference. His NRIC images are attached as well.

Date is 10th Oct 2022 at about 1.20 pm.

Mak Zhi Xiang (S6837118Z)





3 of 3

Report No. T/20221010/7042

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

CONTINUATION OF REPORT

Ska	etch	Р	lan

Informant is not able to provide sketch

Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/10/2022 14:47
Officer In Charge Of Case: TP / TPIB / MUHAMMAD FARHAN BIN SAIRI Contact No.: 65476350	Classification Of Case: