

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 17/10/2022 18:55 (SGT)
Reported by Driver
Date of Accident 16/10/2022 02:35 (SGT)
Exact Location of Accident 11 Wholesale Centre, Singapore 110011
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG4396X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner LIM TIONG CHOON TRADING
Company Reg No 5XXXX110J
Email Address weijielim96@outlook.com
Mobile Phone No (Phone) +65-96838464
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
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 2982

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMCVSNW00088312205

DRIVER

Name of Driver LIM GUAT CHOON
NRIC No SXXXX567H
Date Of Birth 16/11/1962
Occupation Outdoor

Date Of Driving Pass	23/12/1982
Driving experience	39 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96838464
Alt. Phone Number	-
Email Address	weijielim96@outlook.com
Address	BLK 940 JURONG WEST ST 91
Address complement	#09-433
Postcode	640940
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO TE ATTACHED STATEMENT

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	GBG1947B
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) -

SKETCH PLAN

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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.



17/10/22

[Handwritten signature]

17/10/22

[Handwritten signature] 17/10/22

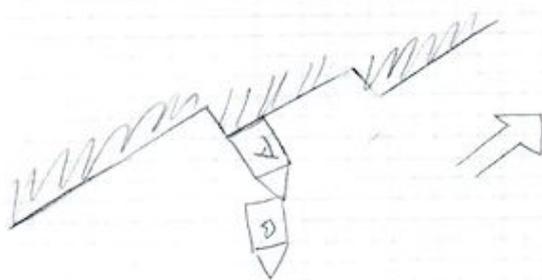
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

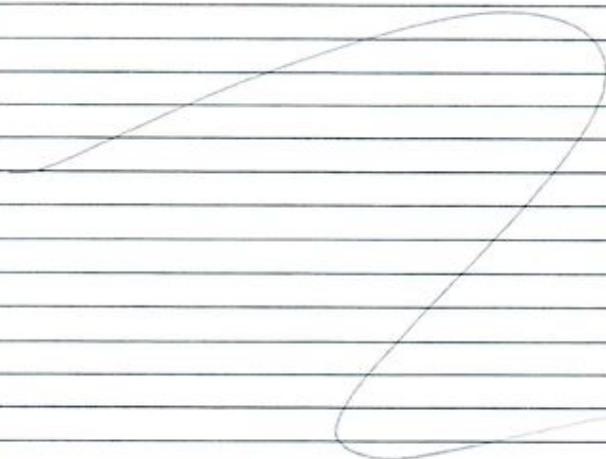
// WHOLESALE CENTRE



Car A : G8G4356X
 Car B : G9G1947B

Describe Circumstances of the Accident

On the stated date and time, I parked my vehicle (GB61947B) at the stated place. Someone came to inform me that my car was hit by another vehicle. I went back to my lorry and realised that ~~GBB 482K~~ ^{GB61947B} has reverse and collided into the front portion of my ^{stationary} vehicle. The ~~rear~~ impact was so huge that it caused the rear of my lorry to hit the wall behind my lorry. We then exchanged particulars and agreed to go by insurance claim.



Declaration

We declare the foregoing particulars are true in every respect.

14/10/22

 Policyholder's Signature / Date & Time


 17/10/22
 Driver's Signature (if driver is not the policyholder) / Date & Time

 17/10/22
 Witnessed by Reporting Centre Personnel











TOYOTA MOTOR CORPORATION JAPAN
MODEL KDY231R-TLMKY
ENGINE 1KD-FETV
FRAME No. JTF AT 35Y60K208634 2982 mL
COLOR 8PO EA13 P11
TRIM A06B
TRANS./M/E R451 686

0.5
XJ 74567-25041



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: SN0922AH000J Vehicle Registration No: GBG 4396X
 Name (as shown in NRIC): Lim Tiong Choon NRIC/FIN/Passport No: 53113110J
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: Blk 940 Jurong West St 91 #09-433 Singapore (640 940)
 Contact (Tel): 9683 8464 Mobile No: —
 Email Address: WeiJieLim96@outlook.com
 Date of Accident: 16/10/2022 Time of Accident: 0235 hrs.
 Place of Accident: 11 Wholesale Centre
 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:

The correct 3rd Party VRN should be: GBG1947B



Policyholder / Driver's Signature
Date:

sfym 19/10/22
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:
Date: