

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 01/02/2023 17:25 (SGT)
Reported by Driver
Date of Accident 31/01/2023 18:10 (SGT)
Exact Location of Accident Woodlands Ave 12, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XD368J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM SEOW PENG (LIN XIAOPING)
NRIC No S7137004F
Email Address max@limkimhuatbcpl.com.sg
Mobile Phone No (Phone) +65-96360302
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Isuzu
Model CXZ50K
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? No - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 12068

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Policy Number / Cover Note Number Z22VC05015059

DRIVER

Name of Driver AHMAD BIN RAHIM
NRIC No S1128031E
Date Of Birth 18/07/1955
Occupation Outdoor

Date Of Driving Pass	01/08/1955
Driving experience	67 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91183348
Alt. Phone Number	-
Email Address	max@limkimhuatbcpl.com.sg
Address	BLK 626 WOODLANDS AVE 6 #04-890
Address complement	-
Postcode	730626
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	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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)	1
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	WC4730L
Vehicle Category	Private car

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO 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	WC4730L
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)	4

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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Veh A: XD 3685

Veh B: WC 4730L

Woodlands Ave 12

Refer to police report

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

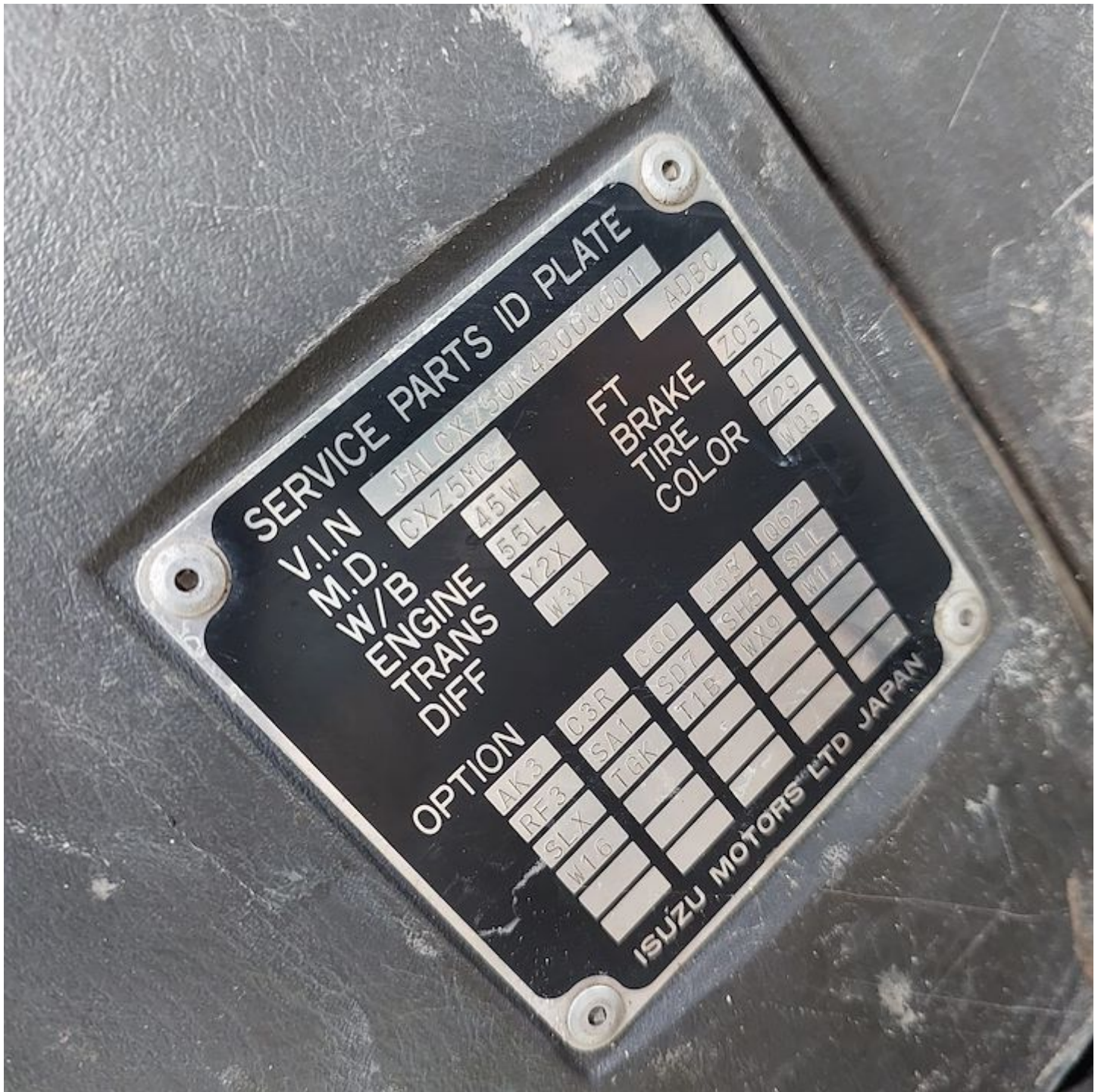
Witnessed by Reporting Centre
Personnel

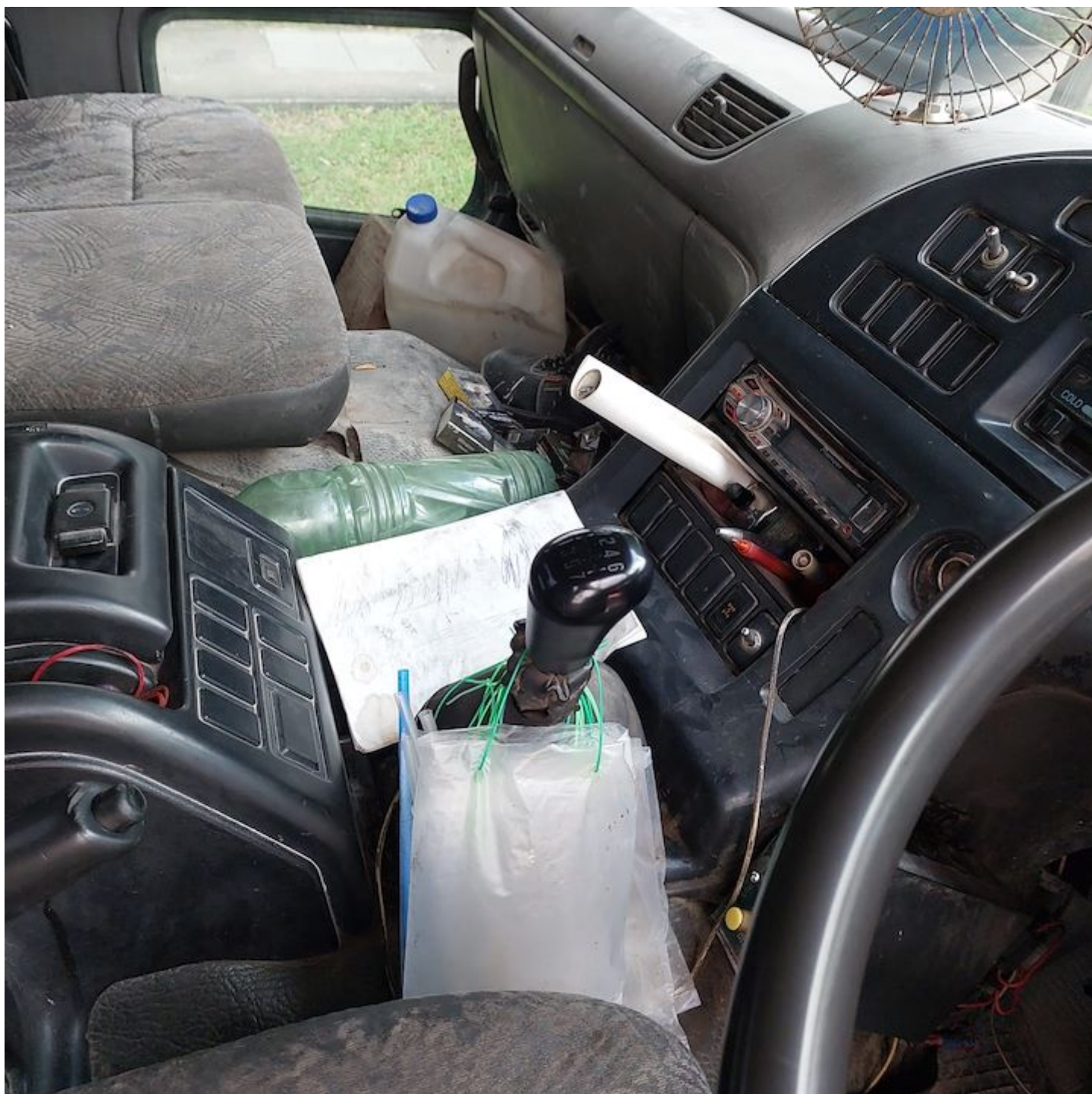




















**SINGAPORE
POLICE FORCE**



T/20230201/2024

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 3

Report No. T/20230201/2024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/02/2023 11:56	Vide Report No.:	Station Diary No.: 51
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Informant's Particulars

Name of Informant: AHMAD BIN RAHIM	Address: APT BLK 626 WOODLANDS AVENUE 6 #04-890 SINGAPORE 730626		
ID Type / ID No.: NRIC NO / S1128031E	Contact No.: Home/Office: Mobile: 91183348		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 67	Date of Birth: 18/07/1955	Type of Informant: Driver
Race: Malay	Language:		Institution / School Name:
Occupation: DRIVER	Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 31/01/2023 18:10	Type of Location: X-Junction
Location: WOODLANDS AVENUE 12				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		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	Condition	No of Passenger
WC4730	Car					3
XD368J	TRUCK					0



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Tel No: 1800-5529999

2 of 3

Report No. T/20230201/2024

CONTINUATION OF REPORT

Brief Details.

On 31/01/2023 at about 1810hrs, I was traveling (XD368J) along Woodlands Ave 12 at the cross junction of Woodlands Ave 10. At the point of time, the traffic was slow moving when approaching the cross junction. I was on the 2nd lane (right turn and straight lane) as I wanted to turn right into Gambas Ave.

I noticed that the traffic in front move as such, I moved also. Suddenly, one vehicle (WC4730) cut into my lane. I could not stop in time and hit on WC4730's rear. I alighted from my vehicle to make a check. No one was injured at the point of time. No police or ambulance was activated. I did exchange particulars with the driver however, the photo is not clear. I managed to get his contact number. I took some photos of the accident.

My vehicle does not have any in-car camera.

Driver contact number: 84550946



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Tel No: 1800-5529999

3 of 3

Report No. T/20230201/2024

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:

E /

SGT 2 LIM HWEE JIE, SAMUEL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/02/2023 11:56

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Classification Of Case:

NP168