

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	17/02/2023 08:18 (SGT)
Reported by	Driver
Date of Accident	16/02/2023 15:04 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SUNRISE WAY TURNING TO YIO CHU KANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF7972T
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LIM AH SONG TRADING
Company Reg No	5XXXX267X
Email Address	limahsongtrading20170101@gmail.com
Mobile Phone No	(Phone) +65-98322718
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	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00020492200

DRIVER

Name of Driver	LIM AH SONG
NRIC No	SXXXX801D
Date Of Birth	11/05/1961
Occupation	Outdoor

Date Of Driving Pass	25/04/1984
Driving experience	38 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98322718
Alt. Phone Number	-
Email Address	limahsongtrading20170101@gmail.com
Address	APT BLK 644 AMK AVENUE 4
Address complement	# 11-860
Postcode	560644
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	LIM WEI JIE DANIEL
Gender	Male

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

PLEASE REFER TO THE ATTACHED STATEMENT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC2469H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-



Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	YEO KOON HUAT
NRIC No	SXXXX941Z
Contact Number	-
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 AH SONG
Gender	Male
Phone No	(Phone) +65-98322718
Address	APT BLK 644 AMK AVENUE 4
Address Complement	# 11-860
Post Code	560644
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK PAIN
Injured person in which vehicle?	GBF7972T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LIM WEI JIE DANIEL
Gender	Male
Phone No	(Phone) +65-98322718
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK PAIN
Injured person in which vehicle?	GBF7972T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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including the Singapore Data, which may be a lead extension of Singapore, for and on behalf of the above purposes.

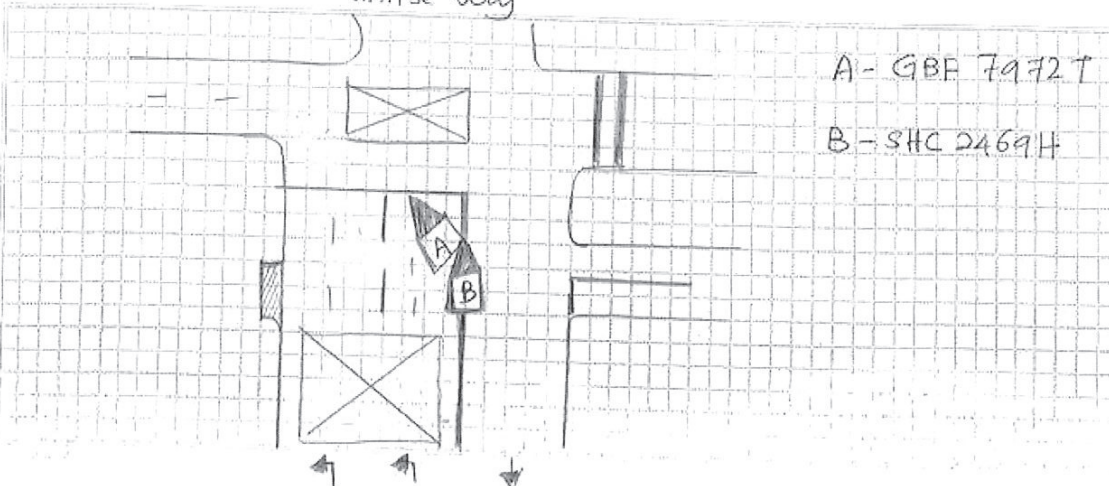


Amount Drivers Signature of driver is not use
Penaltyholder / Date & Time

Witnessed by Reporting Officer Personnel
(Name as in ID/CC card)

Sketch Plan

Sunrise Way



Describe Circumstances of the Accident

on the above stated date and time I was travelling at Sunrise Way and as I wanted to turn to Yio Chu Keng road which is on my left side. While waiting to turn Vehicle B suddenly hit the rear right door of my vehicle and also my bumper. On that time, my vehicle was stationary as there was oncoming traffic on my right side therefore I had to wait before I proceed to drive out.

Declaration

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



Signature / Date & Time

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

Witnessed by Reporting Centre Person(s)
(Name and NRIC/ID card)

[Signature]

16/2/23

[Signature] 17/2/2023