SN09232H0001 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 17/02/2023 08:18 (SGT) SUBMITTED BY: NIVITHA VERSION: 1 (17/02/2023 08:18 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. 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

3. Information provided must be as truthful and accurate as possible. Any white misrepresentation of whitefalling of misreal research 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? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	LIM AH SONG TRADING 5XXXX267X limahsongtrading20170101@gmail.com	
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 INSURANCE COMPANY	Hiace - Employment No - Claiming third party Commercial vehicle Manual	
Name of Insurance Company Policy Number / Cover Note Number	() ,	

LIM AH SONG

SXXXX801D

11/05/1961

Outdoor

Name of Driver

Date Of Birth

Occupation

NRIC No

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address 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	25/04/1984 38 YEARS AND 10 MONTHS Male (Phone) +65-98322718 - limahsongtrading20170101@gmail.com APT BLK 644 AMK AVENUE 4 # 11-860 560644 No Employee No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface OTHER INFORMATION	Collision - Head to Rear Clear Dry
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 PASSENGER 1 Name	LIM WEI JIE DANIEL
Gender DETAILS OF POLICE ACTION	Male
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO THE ATTACHED STATEMENT	No No -
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes Yes
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant	SHC2469H - -

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	YEO KOON HUAT
NRIC No	SXXXX941Z
Contact Number	w
Address	wit i
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 Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	LIM AH SONG Male (Phone) +65-98322718 APT BLK 644 AMK AVENUE 4 # 11-860 560644 - NECK AND BACK PAIN GBF7972T - No
was this injured conveyed to nospital by ambulance?	No
INJURED 2	
Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained	LIM WEI JIE DANIEL Male (Phone) +65-98322718 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

IMPORTANT NOTICE

- 1. Pleas crepon correctly the details of the accident to speed up the claims process.
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- 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 Traffic Police Department for investigation.
- This record will be forwarded by the insurers to the ISIA Records Management Centre established by the General Insurance Association of Singersore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties
- By the odgement of this report to the insurers, you never consent to the profiling of this report at the centre and to consent to the profiling of this report at the centre and to conse of the
- 3. Gen so FY under the Personal Data Protection Act (PDPA)

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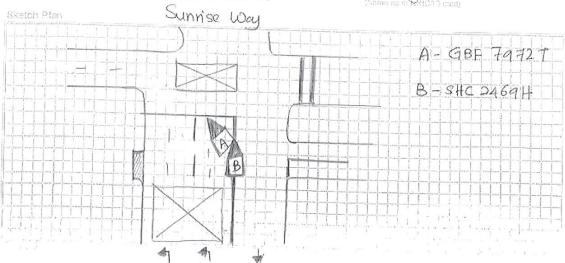
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Finitoy's Maer's Signature / Date & Time

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Describe Unumstance of the Accident		
on the above strated doute and ()		
On the above started darte and time I was travelling at Sunnise way and as I wanted to twin to yio chu king 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 starto namy as there was on coming traffic on my right side therefore I had to wait before I proceed to drive out		
which is no my led sixted to turn to yio chu keng road		
which is in my left side. While waiting to turn vehicle B		
suggesty hit the rear right door of my vehicle and also		
my bumper. On that time, my valide uses all		
There was opening traffer		
to weit helpre I am my night side therefore I had		
proceed to drive out		
Declaration		
InWa deplare the foregoing particulars are true in every respect.		

Actual Differs Signature / Date & Time Actual Differs Signature / Date & Time / Date &