

# 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 .....              | 03/03/2023 18:54 (SGT)                   |
| Reported by .....                     | Both Policyholder and Actual Driver      |
| Date of Accident .....                | 02/03/2023 19:10 (SGT)                   |
| Exact Location of Accident .....      | Singapore                                |
| Additional Location Information ..... | Esplanade Drive (Towards Nicoll Highway) |
| Country/State of Loss .....           | Singapore                                |

## DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SLU1431E |
|-----------------------------------|----------|

### INSURED/POLICYHOLDER

|                                |                                |
|--------------------------------|--------------------------------|
| Is company? .....              | No                             |
| Name Of Registered Owner ..... | Lim Choon Kwang (Lin Junguang) |
| NRIC No .....                  | SXXXX812G                      |
| Email Address .....            | junguang_5@hotmail.com         |
| Mobile Phone No .....          | (Phone) +65-96889132           |
| Alternative Phone No .....     | -                              |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | Porsche                   |
| Model .....  | Panamera                  |
| Variant .....  | -                         |
| Exact purpose for which vehicle was being used at time of accident .....           | Private use               |
| Are you claiming under your own insurance policy for repair to your vehicle? ..... | No - Claiming third party |
| Vehicle Category .....   | Private car               |
| Transmission .....   | Auto                      |
| CC .....   | 3605                      |

### INSURANCE COMPANY

|   |   |
|---|---|
| Name of Insurance Company .....         | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number ..... | DMPCSNW00155492200                            |

### DRIVER

|                      |                                |
|----------------------|--------------------------------|
| Name of Driver ..... | Lim Choon Kwang (Lin Junguang) |
| NRIC No .....        | SXXXX812G                      |
| Date Of Birth .....  | 06/04/1982                     |
| Occupation .....     | Indoor                         |

|  |                         |
|--|-------------------------|
| Date Of Driving Pass .....   | 24/05/2002              |
| Driving experience .....   | 20 YEARS AND 10 MONTHS  |
| Gender .....   | Male                    |
| Mobile Number .....  | (Phone) +65-96889132    |
| Alt. Phone Number .....  | -                       |
| Email Address .....  | junguang_5@hotmail.com  |
| Address .....  | Blk 133 Pasir Ris Grove |
| Address complement .....   | #04-19                  |
| Postcode .....   | 518131                  |
| Is the driver the policyholder? .....                              | Yes                     |
| If No, Relationship of the Driver with the Insured .....           | -                       |
| 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 .....   | Side Swipe |
| 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) .....   | 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 .....   | -   |

#### DETAILS OF POLICE ACTION

|   |   |
|---|---|
| Was the accident reported to the police? .....  | Yes   |
| Police Station Name .....                       | Pasir Ris Neighbourhood Police Centre       |
| Police Station Phone No .....                   | (Phone) +65-18005852999                     |
| Alt. Police Station Phone No .....              | (Fax) +65-65855261                          |
| Police Station Address .....                    | 1 Pasir Ris Drive 4 #01-01 Singapore 519457 |
| Was notice of intended Prosecution given? ..... | No  |
| If yes, against whom? .....                     | -   |

#### CIRCUMSTANCES OF ACCIDENT

Refer to Police Report No. T/20230302/2110.

#### 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 ..... | SHC6927B |
| Vehicle Manufacturer .....        | -        |
| Vehicle Model .....               | -        |
| Vehicle Variant .....             | -        |

|   |      |
|---|------|
| Vehicle Colour .....                          | -    |
| Vehicle Category .....                        | Taxi |
| 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**

**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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.
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

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**

Esplanade Drive

A: SLU 1431 E

B: PHC 6927 B



vJun2022

## Describe Circumstance of the Accident

Refer to Police Report No. T/20230302/2110.

## Declaration

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

  
Policyholder's Signature / Date & Time  
Actual Driver's Signature (If driver is not the policyholder)  
/ Date & Time  
03/03/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

































**SINGAPORE  
POLICE FORCE**



T/20230302/2110

1 of 3

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20230302/2110

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                          |
|--|------------------|--------------------------|
| Date/Time Report Made:<br>02/03/2023 21:24 | Vide Report No.: | Station Diary No.:<br>72 |
|--|------------------|--------------------------|

**Informant's Particulars**

|  |   |                              |                              |
|--|---|------------------------------|------------------------------|
| Name of Informant:<br>LIM CHOON KWANG    | Address:<br>BLK 133 PASIR RIS GROVE #04-19 SINGAPORE 518131 |                              |                              |
| ID Type / ID No.:<br>NRIC NO / S8209812G | Contact No.:<br>Home/Office: Mobile: 96889132               |                              |                              |
| Nationality:<br>SINGAPORE CITIZEN        | Email:  |                              |                              |
| Sex:<br>Male                             | Age:<br>40  | Date of Birth:<br>06/04/1982 | Type of Informant:<br>Driver |
| Race:<br>Chinese                         | Language:   |                              | Institution / School Name:   |
| Occupation:<br>Auditor (accounting)      | Driving Licence Information:<br>Class: 3 Date of Expiry:    |                              |                              |

**General Information of the Accident**

|   |   |  |                                     |
|---|---|--|-------------------------------------|
| Type of Accident:<br>Non-Injury<br>Others                                   | Drink Drive:<br>No                          | Date/Time of Accident:<br>02/03/2023 19:10 | Type of Location:<br>Straight Road  |
| Location:<br>ESPLANADE DRIVE  |   |  |                                     |
| Weather:<br>Raining   | Road Surface:<br>Wet                        | Road Speed Limit:                          |                                     |
| Traffic Flow:<br>Dual Carriage Way  | Traffic Control:<br>Traffic Light - Working | Traffic Volume:<br>Heavy                   |                                     |
| Type of Collision:<br>Between Moving Vehicles - Side Swipe - Same Direction |   |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make    | Model    | Color | Condition        | No of Passenger |
|-------------|------|---------|----------|-------|------------------|-----------------|
| SHC6927B    | Car  |         |          |       |                  | 0               |
| SLU1431E    | Car  | PORSCHE | PANAMERA | White | Slightly Damaged | 0               |

**Details of Vehicle Insurance**

| Vehicle No. | Insurance Company                             | Insurance No        | Effective  | Expiry Date |
|-------------|---|---------------------|------------|-------------|
| SLU1431E    | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. | DMPCSNW001554 92200 | 25/06/2022 | 20/07/2023  |



**SINGAPORE  
POLICE FORCE**



T/20230302/2110

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Report No. T/20230302/2110

Police Station Of Origin:  
Pasir Ris N.P.C.  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

**CONTINUATION OF REPORT**

| Details of Person Involved        |                 |  |                                 |
|-----------------------------------|-----------------|--|---------------------------------|
| Any Pedestrian Involved: No       |                 |  |                                 |
| No. of Pedestrians Injured: NIL   |                 | Use of Pedestrian Crossing: NA         |                                 |
| Driver                            |                 |  |                                 |
| Name                              | LIM CHOON KWANG | ID No.                                 | S8209812G                       |
| Related Vehicle                   | SLU1431E (Car)  | Contact No.                            | 96889132                        |
| Hospital/Clinic                   | NIL             | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL             | Date Discharge                         | NIL                             |
| No. of Days granted Medical Leave | NIL             | Degree of Injury                       | NIL                             |

**Brief Details.**

On the 02/03/2023 at about 1910hrs, i was driving my vehicle bearing a plate number of SLU1431E along Esplanade Drive on the 3rd lane heading towards Bugis-direction. When i was driving I noticed there was a Taxi driving on the 2nd lane which was on the left side from my side mirror. I intended to go towards the left direction, so i did i my check, signaled left and made the lane change. However, the taxi that i saw, suddenly collided into the left side of my vehicle. We alighted from our vehicles and took a picture of the place however, the taxi driver did not want to exchange particulars. I am lodging this report for my insurance claim and for record purposes.

**SINGAPORE  
POLICE FORCE**

T/20230302/2110

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

3 of 3

Report No. T/20230302/2110

**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:

G /  
SGT 1 MUHAMMAD  
NASRULLAH AFIQ BIN  
ZULKIFLIE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/03/2023 21:24

Officer In Charge Of Case:

TP / GIA /  
SI TAN JEOK LENG  
Contact No.: 65476151

Classification Of Case:

NP168