# **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 witholding 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.

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   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 Private use

accident Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? 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 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 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) 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? 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

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.

## Amy false reporting may be referred to the Traffic Police Department for investigation.

- 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.
- 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 nackaces); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

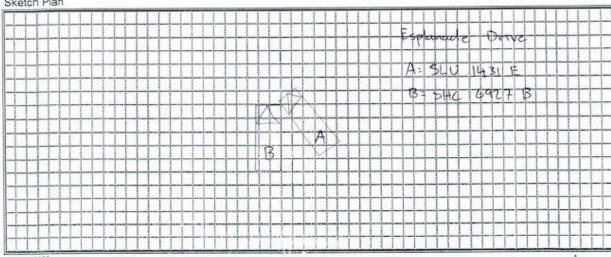
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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



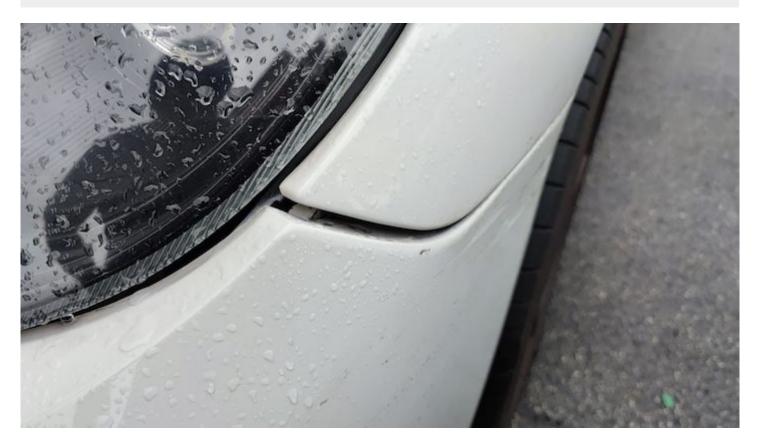
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Declaration					
We declare the foreg	joing particulars	are true in every re	espect.	Λ	
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olimholder's Simon	uro / Data * Time	Astrol Debases 6	Clanatura (If deb 1 12)	03/03/2023	
oncyriolder's Signati	ure / Date & Time	/ Date & Time	Signature (if driver is not the po	viicyholder) Witnessed by Reporting Centre Pers (Name as in NRIC/ID card)	onnel



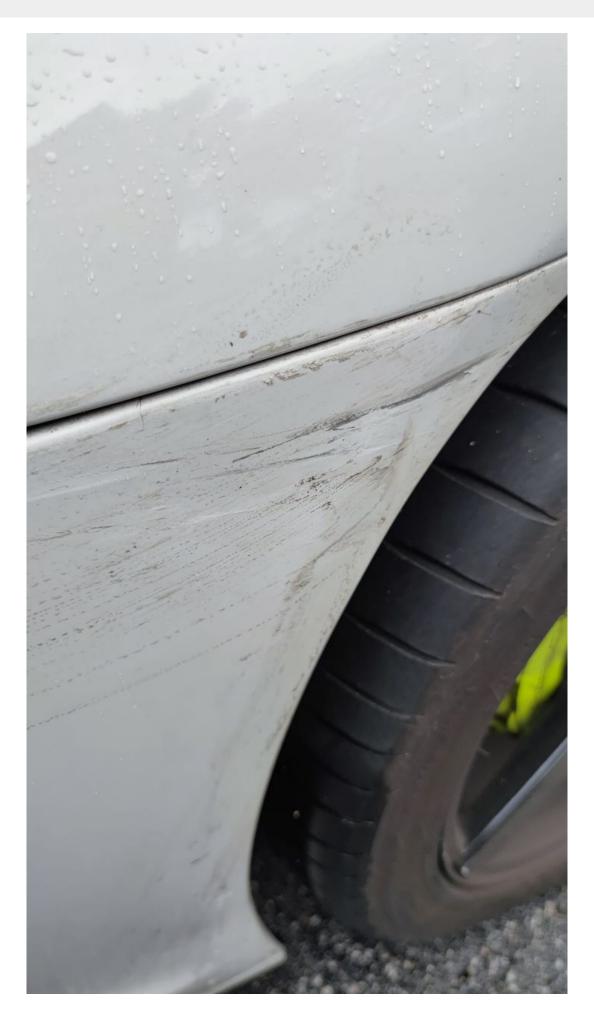






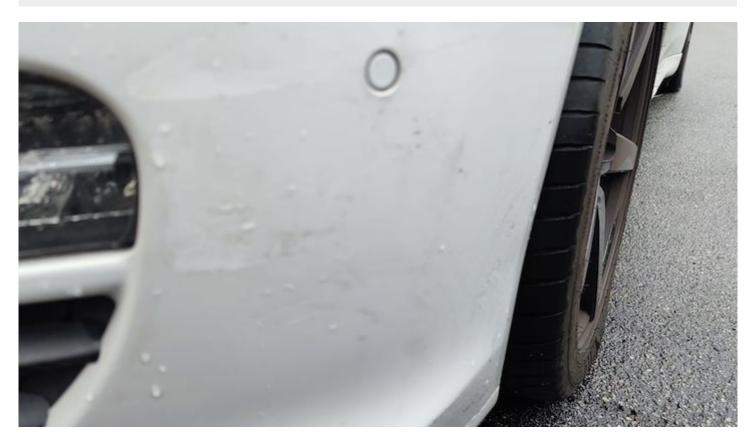








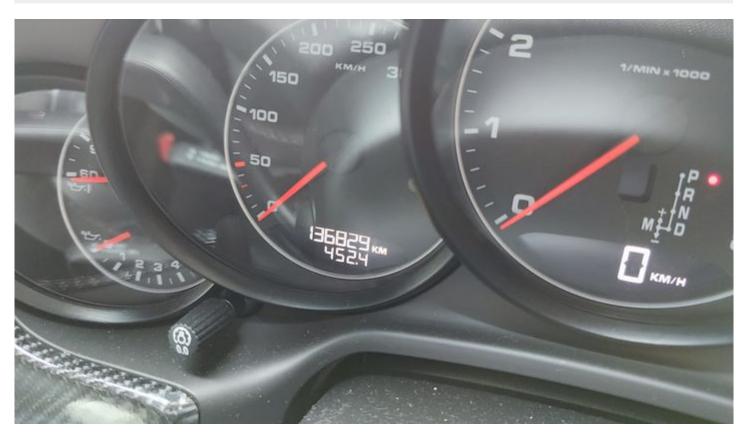




















Date of Expiry:

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

Tel No: 1800-5852999

Auditor (accounting)

Report No. T/20230302/2110

1 ef 3

### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/03/2023 21:24		Made:	Vide Report No.:	Station Diary No.
Informa	nt's Partici	ulars	THE RESERVE OF THE PARTY OF THE	
	Informant: OON KWAN	-C-100	Address: BLK 133 PASIR RIS GROVE	#04-19 SINGAPORE 518131
ID Type / ID No.: NRIC NO / S8209812G			Contact No.: Home/Office:	Mobile: 96889132
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Age: Date of Birth: Male 40 06/04/1982			Type of Informant:	
Race: Chinese			Language:	Institution / School Name:
Occupation:			Driving Licence Information:	

Class: 3

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 02/03/2023 19:1	Type of Location Straight Road
Location: ESPLANADE	DRIVE			
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage	Way	Traffic Control: Traffic Light - Wo	Traffic Volume: Heavy	
Type of Collis Between Mov	ion: ing Vehicles - Side Sw	ipe - Same Direction		Anyone conveyed by ambulance:

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC6927B	Car					0
SLU1431E	Car	PORSCHE	PANAMERA	White	Slightly	0

Details of V	ehicle Insurance			CO STREET, SAN
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLU1431E	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001554 92200	25/06/2022	20/07/2023



T/20230302/2110

2 of 3

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 Perso Any Pedestrian I						
				Pedestrian Crossing: NA		
Driver	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN	and the last		Real Co.	THE STATE OF	
Name	LIM CHOON KWANG			ID No		S8209812G
Related Vehicle	SLU1431E (Car)			Conta	ct No.	96889132
Hospital/Clinic	NIL			Class Driving Licens Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Di			arge	NIL	
No. of Days granted Medical Leave NIL Deg				Injury	NIL	

### Brief Details.

On the 02/03/2023 at about 1910hrs, i was driving my vehicle bearing a plate number of SLU1431E along Esplande 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.





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3 of 3 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

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.

CONTINUATION OF REPORT

Signature of Officer Recording The Report:	Signature Of Informant:
SGT 1 MUHAMMAD NASRULLAH AFIQ BIN ZULKIFLIE	9
Signature Of Interpreter: Not applicable	Date/Time: 02/03/2023 21:24
The application	02/00/2020 27/24
Officer In Charge Of Case: TP / GIA /	Classification Of Case:
SI TAN JEOK LENG	2.50
Contact No.: 65476151	
NEGO	