

# 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 .....	06/03/2023 16:23 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	04/03/2023 21:05 (SGT)
Exact Location of Accident .....	Jurong Town Hall Rd, Singapore
Additional Location Information .....	TWDS JALAN AHMAD IBRAHIM
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMY9680S
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LIM SENG HUI
NRIC No .....	S1769835D
Email Address .....	SHLIMY66@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-96334645
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Harrier
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private hire
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	2500

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMHCSNW00005042200

### DRIVER

Name of Driver .....	LIM SENG HUI
NRIC No .....	S1769835D
Date Of Birth .....	22/03/1966
Occupation .....	Outdoor

Date Of Driving Pass .....	19/08/1997
Driving experience .....	25 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96334645
Alt. Phone Number .....	-
Email Address .....	SHLIMY66@HOTMAIL.COM
Address .....	BLK 841 TAMPINES ST 83 #05-124
Address complement .....	-
Postcode .....	520841
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? .....	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 .....	UNKNOWN
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20230306/7057

#### 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 .....	YP1168M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	KARUPPAIAH VELLISAMY
Contact Number .....	(Phone) +65-82649764
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE B
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	LIM SENG HUI
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMY9680S
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No


**SKETCH PLAN****IMPORTANT NOTICE**

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5. Any false reporting may be referred to the Police for investigation.
6. The 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.
8. **Consent under the Personal Data Protection Act (PDPA)**

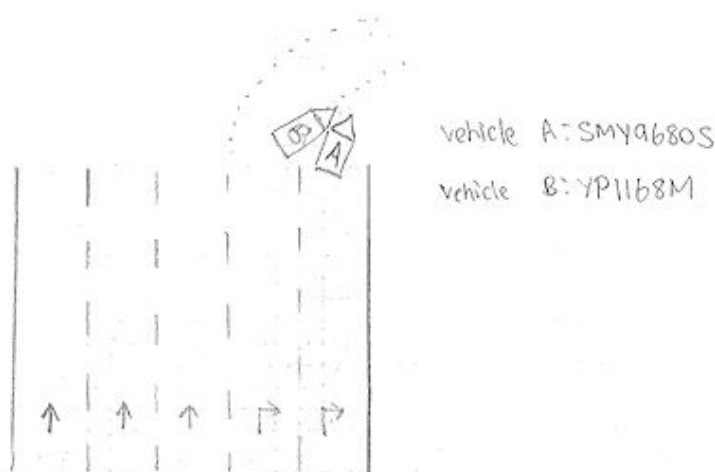
I understand, acknowledge, agree and consent that:

- (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 envelope/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**

## Describe Circumstances of the Accident

As per TP report T/20230306/7057

## Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &amp; Time

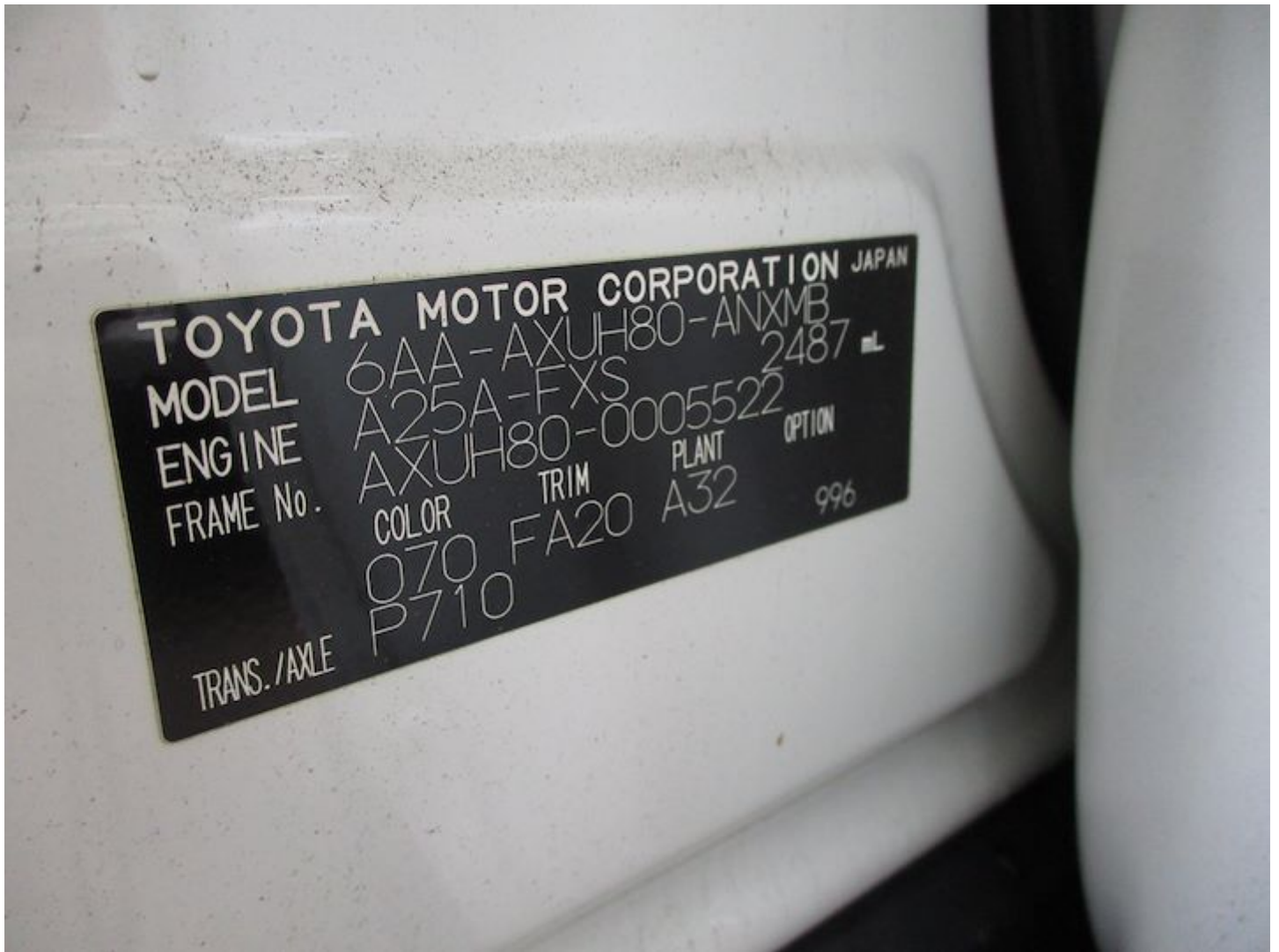


Driver's Signature (If driver is not the policyholder) / Date &amp; Time

Witnessed by Reporting Centre Personnel





















**SINGAPORE  
POLICE FORCE**



T/20230306/7057

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20230306/7057

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/03/2023 14:18			Vide Report No.:		Station Diary No.:
<b>Informant's Particulars</b>					
Name of Informant: LIM SENG HUI			Address: 841 TAMPINES STREET 83 #05-124 SINGAPORE 520841		
ID Type / ID No.: NRIC NO / S1769835D			Contact No.: Home/Office:                      Mobile: 96334645		
Nationality: SINGAPORE CITIZEN			Email: SHLIMY66@HOTMAIL.COM		
Sex: Male	Age: 56	Date of Birth: 22/03/1966	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Technician			Driving Licence Information: Class: 2B,3,4                      Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/03/2023 21:05	Type of Location: X-Junction
Location:  PANDAN GARDENS				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Faulty	Traffic Volume Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SMY9680S	Car	TOYOTA	HARRIER HYBRID 2.5S CVT	White	Slightly Damaged	0
YP1168M	Lorry	MITSUBISHI	CANTER FEB21ER3S DEB (CBU)	White	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20230306/7057

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20230306/7057

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMY9680S	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNW00005042200	31/03/2022	30/03/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	LIM SENG HUI		ID No.	S1769835D
Related Vehicle	SMY9680S (Car)		Contact No.	96334645
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 2B,3,4 Date of Expiry: NIL
Date	05/03/2023		Date	05/03/2023
No. of Days granted Medical Leave		03	Degree of	Slight
Driver				
Name	KARUPPAIAH VELLAISAMY		ID No.	NIL
Related Vehicle	YP1168M (Lorry)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: Nil Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL

## Brief Details.

At the stated date and time, I was at the cross junction of Jurong Town Hall Road turning right to Jin Ahmad Ibrahim. Once traffic light turn green arrow, I proceed to turn right. Vehicle B turned too much and cut into my lane, colliding onto the left portion of my vehicle.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20230306/7057

3 of 3

Report No. T/20230306/7057

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:  
06/03/2023 14:18

Classification Of Case:

NP168



中國太平保險(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Hire Car

MZ408L/B

N SIN

AN0365A

Gov. Type C

### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1969  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No. DMHCSNW0000504/200

Engine No. AZSAR437246

Chassis No. UXUH600005522

1. Index Mark and Registration  
Number of Vehicle

SMY96805

AUTOS - FE

2. Name of Policy Holder

LIM SENG HUI

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations  
(Date of Enactment)

31/03/2022  
(00:00:00)

Excess Sect. I S\$1,250.00

Excess Sect. I (Outside Singapore) S\$2,500.00

Excess Sect. II S\$1,250.00

Excess Sect. II (Outside Singapore) S\$2,500.00

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

30/03/2023

5. Persons or Classes of Persons entitled to drive\*

As per Named Driver(s) stated below.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

LIM SENG HUI

6. Limitations as to use\*

(1) Use for the carriage of passengers or goods in connection with the Policyholder's business.

(2) Use for social domestic pleasure purposes and business purposes of any person in whom the vehicle is hired.

The Policy does not cover

(1) Use for racing, pace making, reliability trial or speed testing.

(2) Use whilst drawing a trailer except the towing (rather than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: HONG LEE NG FINANCE LTD

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), and not to be included under this Certificate.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

Issued By

HONG POWER ENTERPRISE  
Authorised Officer

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208184E)  
3 Anson Road #16-00 Springleaf Tower Singapore, 079909

6389 6111

6222 1033

www.sg.chinataiping.com