

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	13/03/2023 16:05 (SGT)
Reported by	Driver
Date of Accident	10/03/2023 21:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP ROAD OF LORONG 27A GEYLANG TOWARDS GEYLANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP8046B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN CHOR WEI
NRIC No	SXXXX940D
Email Address	aloyusiuslx@gmail.com
Mobile Phone No	(Phone) +65-86011359
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
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	1197

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00114102200

DRIVER

Name of Driver	LIM ZHENXUAN , ALOYSIUS
NRIC No	TXXXX354F
Date Of Birth	18/04/2000

Occupation	Outdoor
Date Of Driving Pass	13/06/2022
Driving experience	9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83000367
Alt. Phone Number	-
Email Address	aloysiuslzx@gmail.com
Address	78 UPPER SERANGOON VIEW
Address complement	# 09-67
Postcode	533879
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	ANGELA
Gender	Female

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

PLEASE REFER TO THE ATTACHED POLICE REPORT-T/20230313/7034

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	SNH4931D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM ZHENXUAN , ALOYSIUS
Gender	Male
Phone No	(Phone) +65-83000367
Address	78 UPPER SERANGOON VIEW
Address Complement	# 09-67
Post Code	533879
Approximate Age Years Old	-
Injuries Sustained	BACK AND NECK INJURY - GIVEN 5 DAYS MC
Injured person in which vehicle?	SKP8046B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

<p style="text-align: center;"><i>Aloyisio</i></p> <p>Policyholder's Signature / Date & Time</p>	<p style="text-align: center;"><i>13/13/2023</i></p> <p>Driver's Signature (If driver is not the policyholder) / Date & Time</p>	<p>Witnessed by Reporting Centre Personnel</p>
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Sketch Plan

Geiyang Road

SKP Road of Lorry 27A Geiyang towards Geiyang Road

A

B

Geiyang Road

(A) SKP80468

(B) SNH49310

Describe Circumstances of the Accident

Refer to traffic police report

No. T/20230313/7034



Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

18/03/2023



**SINGAPORE
POLICE FORCE**



T/20230313/7034

2 of 3

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

Report No. T/20230313/7034

CONTINUATION OF REPORT

Driver			
Name	LIM ZHENXUAN ALOYSIUS	ID No.	T0013354F
Related Vehicle	SKP8046B (Car)	Contact No.	83000367
Hospital/Clinic	CARE MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	12/03/2023	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On 10/03/2023 at about 2115 hours at along slip road of Lorong 27A Geylang towards Geylang Road. I was travelling on the above mentioned slip road and I slow down for clearance of main traffic. Suddenly I heard a loud bang from the rear and when I alighted, I realized that it was vehicle (B) who hit onto the rear portion of my vehicle (A) causing damages to my vehicle. I have 1 passenger onboard my vehicle. After the accident, I went to consult a doctor and was given 05 days MC for my injury. My passenger will consult a doctor later.

Vehicles involving in the situation:

- (A) SKP8046B
- (B) SNH4931D

















**SINGAPORE
POLICE FORCE**



T/20230313/7034

1 of 3

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

Report No. T/20230313/7034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/03/2023 13:49		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM ZHENXUAN ALOYSIUS			Address: 78 UPPER SERANGOON VIEW #09-67 SINGAPORE 533879		
ID Type / ID No.: NRIC NO / T0013354F			Contact No.: Home/Office: Mobile: 83000367		
Nationality: SINGAPORE CITIZEN			Email: ALOYSIUSLZX@GMAIL.COM		
Sex: Male	Age: 22	Date of Birth: 18/04/2000	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: National Service Man			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/03/2023 21:15	Type of Location: SLIP ROAD
Location: LORONG 27A GEYLANG				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKP8046B	Car					1
SNH4931D	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20230313/7034

2 of 3

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

Report No. T/20230313/7034

CONTINUATION OF REPORT

Driver			
Name	LIM ZHENXUAN ALOYSIUS	ID No.	T0013354F
Related Vehicle	SKP8046B (Car)	Contact No.	83000367
Hospital/Clinic	CARE MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	12/03/2023	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

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- (B) SNH4931D



**SINGAPORE
POLICE FORCE**



T/20230313/7034

3 of 3

Report No. T/20230313/7034

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

CONTINUATION OF REPORTSketch 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 /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

NP168

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

Date/Time:
13/03/2023 13:49

Classification Of Case: