

# 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 .....	24/04/2023 14:39 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	22/04/2023 07:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	JURONG WEST STREET 75
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLQ6113L
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	1AXIS PRESTIGE LEASING PTE LTD
Company Reg No .....	2XXXXX962N
Email Address .....	charlottevehicles@gmail.com
Mobile Phone No .....	(Phone) +65-96971707
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Vezel
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? .....	Yes
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1496

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMHCSNA00017352200

### DRIVER

Name of Driver .....	LIM WEE PENG
NRIC No .....	SXXXX908I
Date Of Birth .....	30/06/1977
Occupation .....	Outdoor

Date Of Driving Pass .....	17/06/2021
Driving experience .....	1 YEAR AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92726828
Alt. Phone Number .....	-
Email Address .....	charlottevehicles@gmail.com
Address .....	40 CIRCUIT ROAD
Address complement .....	# 01-507
Postcode .....	370040
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	RENTAL LEASING
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 .....	Collided into Property
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	1
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) .....	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 .....	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/20230423/7004

**\*\*PLEASE BE INFORMED THAT VEHICLE IS IN TP COMPOUND.**

#### 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 .....	BARRIER
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Government
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 WEE PENG
Gender .....	Male
Phone No .....	(Phone) +65-92726828
Address .....	40 CIRCUIT ROAD
Address Complement .....	# 01-507
Post Code .....	370040
Approximate Age Years Old .....	-
Injuries Sustained .....	KNOCK ON THE HEAD , ABRASION ON THE RIGHT HAND , INTERNAL LEFT EAR BLEEDING
Injured person in which vehicle? .....	SLQ6113L
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

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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/are be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including the Insurers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



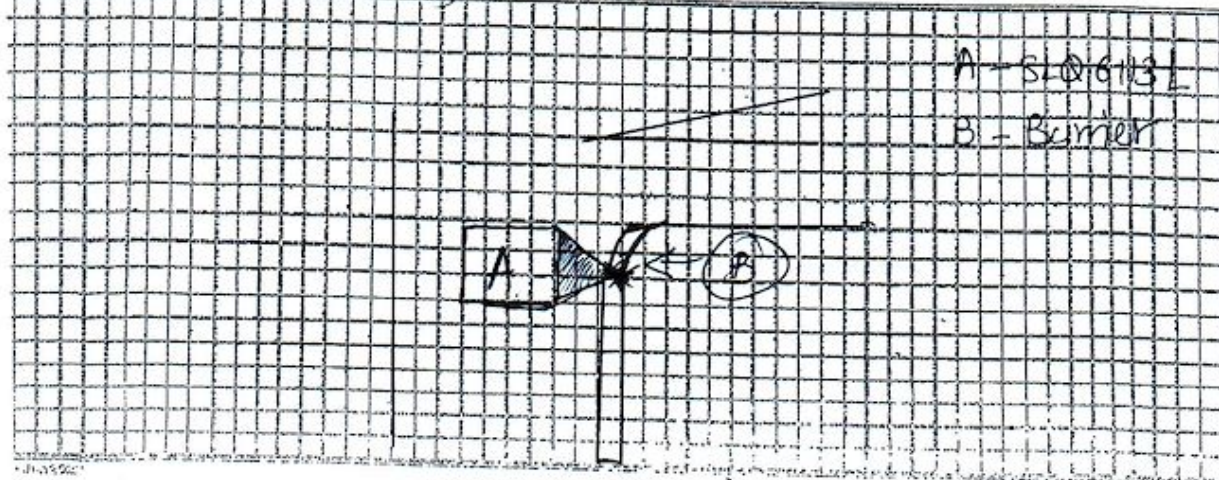
Policyholder's Signature / Date & Time

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

Jurong West street 75





Describe Circumstance of the Accident

please Refer to the attached  
police Report  
- T12023 0423 / 7004 -

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



**SINGAPORE  
POLICE FORCE**



T/20230423/7004

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

2 of 3

Report No. T/20230423/7004

**CONTINUATION OF REPORT**

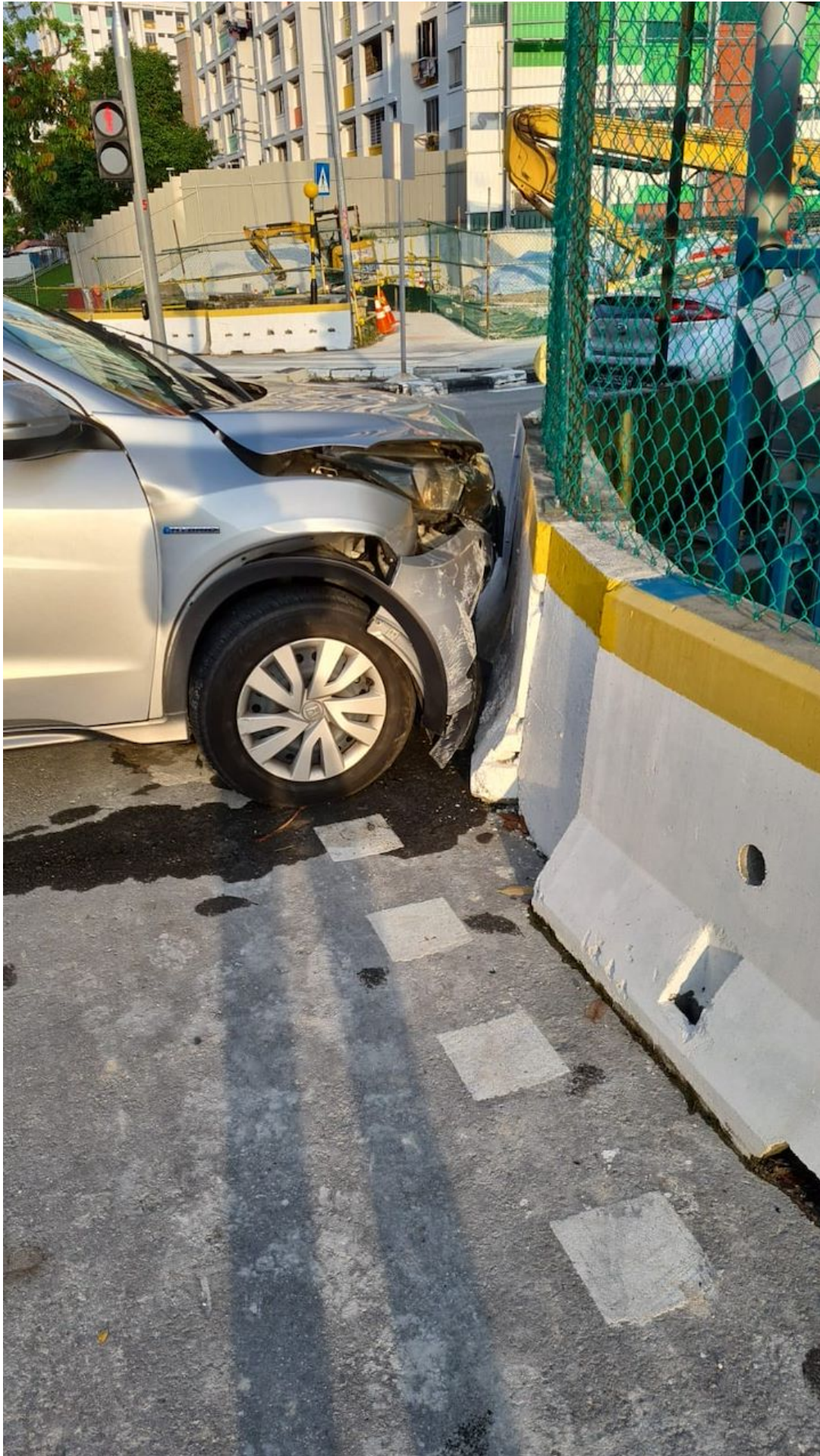
Driver			
Name	LIM WEE PENG	ID No.	S7717908I
Related Vehicle	SLQ6113L (Car)	Contact No.	92726828
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

i was driving along jurong west st 75 and hit onto a temp barrier at the junction of jurong west ave 4. near the upcoming jalan bahr mrt satation.












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POLICE FORCE**


T/20230423/7004

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

1 of 3

Report No. T/20230423/7004

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/04/2023 07:43		Vide Report No.:		Station Diary No.:
<b>Informant's Particulars</b>				
Name of Informant: LIM WEE PENG		Address: 40 CIRCUIT ROAD #01-507 SINGAPORE 370040		
ID Type / ID No.: NRIC NO / S77179081		Contact No.: Home/Office: Mobile: 92726828		
Nationality: SINGAPORE CITIZEN		Email: JOE97186@GMAIL.COM		
Sex: Male	Age: 45	Date of Birth: 30/06/1977	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: driver		Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/04/2023 07:30	Type of Location: X-Junction
Location:  JURONG WEST STREET 75				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: hit into a temporary barrier				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLQ6113L	Car					0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20230423/7004

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

2 of 3

Report No. T/20230423/7004

**CONTINUATION OF REPORT**

Driver			
Name	LIM WEE PENG	ID No.	S7717908I
Related Vehicle	SLQ6113L (Car)	Contact No.	92726828
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.

i was driving along jurong west st 75 and hit onto a temp barrier at the junction of jurong west ave 4. near the upcoming jalan bahr mrt satation.





**SINGAPORE  
POLICE FORCE**



T/20230423/7004

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

3 of 3

Report No. T/20230423/7004

## CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
TAN JUN YAN  
Contact No.: 65476311

NP168

Signature Of Informant:

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

Date/Time:  
23/04/2023 07:43

Classification Of Case:



**Minmed Clinic (Boon Lay)**

221 Boon Lay Place, #01-108  
 Boon Lay Shopping Centre, Singapore 640221  
 Minmed Group Pte Ltd  
 GST and Co Reg No: 201432854H



LIM WEE PING(LIN WEIPING) - S77179081  
 40 CIRCUIT ROAD #01-507  
 HDB-MACPIERSON  
 SINGAPORE 370040

Invoice #BL1698  
 Date 23/04/2023  
 Ref No 670327

**Tax Invoice**

Provider: LOCUM DOCTOR

Item	Qty	Unit Cost	Sub Total
Consultation (Boon Lay Clinic) Weekends	1	\$26.00	\$26.00
Curam 625mg Tab	14	\$2.55	\$35.70
Dextracin Eye/Ear Drop	1	\$10.30	\$10.30
Sub-Total:			\$72.00
GST 8%:			\$5.76
Adjustment:			(\$0.01)
Total:			\$77.75

Credit Card - Amex	\$77.75	23 Apr 2023
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Outstanding Balance: \$0.00