

# 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 .....	03/05/2023 08:39 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	28/04/2023 17:03 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	SHENTON WAY
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMD8209M
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LIM CHI CHENG
NRIC No .....	SXXXX916E
Email Address .....	cheng_precise@yahoo.com
Mobile Phone No .....	(Phone) +65-91287391
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Wish
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 .....	1798

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMHCSNW00007842300

### DRIVER

Name of Driver .....	LIM CHI CHENG
NRIC No .....	SXXXX916E
Date Of Birth .....	14/11/1985
Occupation .....	Outdoor

Date Of Driving Pass .....	14/03/2006
Driving experience .....	17 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-91287391
Alt. Phone Number .....	-
Email Address .....	cheng_precise@yahoo.com
Address .....	APT BLK 1960 PUNGGOL FIELD
Address complement .....	# 09-479
Postcode .....	824196
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 .....	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 .....	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

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230429/7013

"Note: Report Was unable to submit on 02.05.2023 as Gears system was down."

#### 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 .....	SNK2555D
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 CHI CHENG
Gender .....	Male
Phone No .....	(Phone) +65-91287391
Address .....	APT BLK 1960 PUNGGOL FIELD
Address Complement .....	# 09-479
Post Code .....	824196
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK, SHOULDER AND BRUISES ON RIGHT TIGH - GIVEN 5 DAYS OF MC
Injured person in which vehicle? .....	SMD8209M
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

I hereby authorise your goodself to send my accident report to my workshop via email:  
Email: hwameng@live.com.sg

**IMPORTANT NOTICE**

Signature: [Signature] X

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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.

X

[Signature]

Policyholder's Signature / Date & Time

X

[Signature]

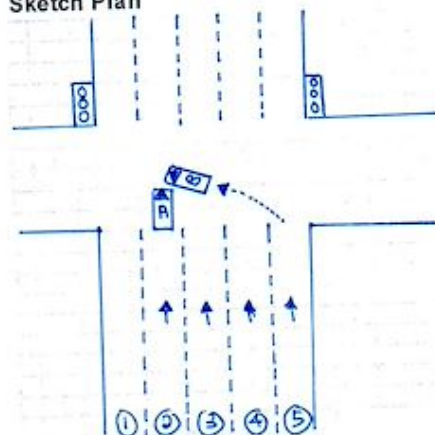
Driver's Signature (If driver is not the policyholder) / Date & Time

Shenton Way

Witnessed by Reporting Centre Personnel

[Signature] 8/5/2023

**Sketch Plan**



A : 3 M P 8209 M

B : 3 N K 2555 D

## Describe Circumstances of the Accident

Refer to the Police Report : T/20230429/7012

## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &  
TimeDriver's Signature (If driver is not the policyholder) / Date  
& Time  
3/5/2023  
Witnessed by Reporting Centre  
Personnel





**SINGAPORE  
POLICE FORCE**



T/20230429/7013

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

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Report No. T/20230429/7013

**CONTINUATION OF REPORT**

Vehicle Owner			
Name	LIM CHI CHENG	ID No.	S8538916E
Related Vehicle	SMD8209M (Car)	Contact No.	96881025
Hospital/Clinic	OUR FAMILY CLINIC + SURGERY	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	28/04/2023	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

At the traffic light, vehicle A is driving on lane 2, but vehicle B turns to the left from lane 5, causing vehicle A to accidentally collide with the front of vehicle B









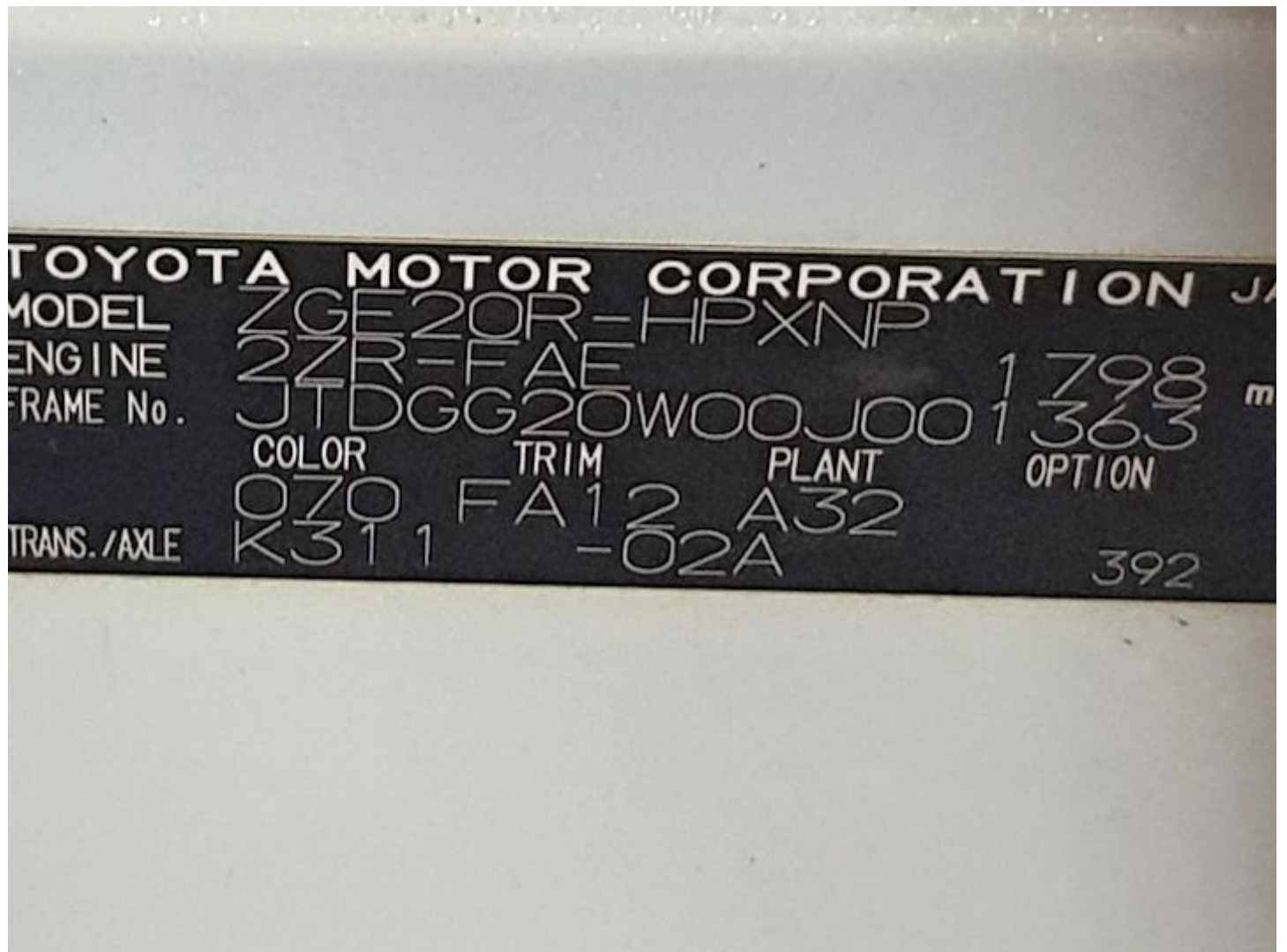


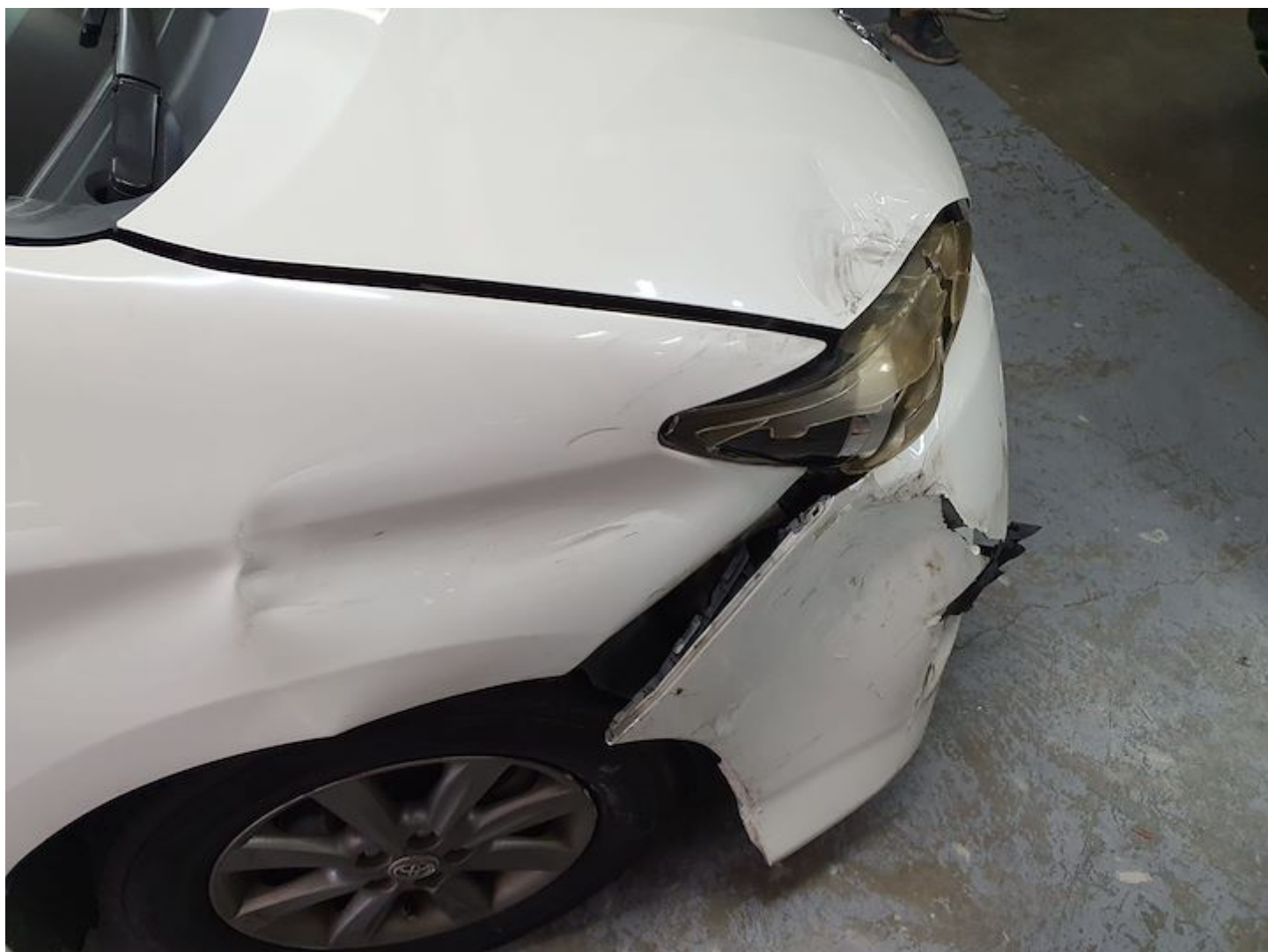
















**SINGAPORE  
POLICE FORCE**



T/20230429/7013

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

Report No. T/20230429/7013

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/04/2023 11:50		Vide Report No.: T/20230429/7012		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LIM CHI CHENG			Address: 196D PUNGGOL FIELD #09-479 SINGAPORE 824196		
ID Type / ID No.: NRIC NO / S8538916E			Contact No.: Home/Office: Mobile: 96881025		
Nationality: SINGAPORE CITIZEN			Email: cheng_precise@yahoo.com		
Sex: Male	Age: 37	Date of Birth: 14/11/1985	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		
Occupation: Wholesale trade manager			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/04/2023 17:05	Type of Location: X-Junction
Location:  SHENTON WAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMD8209M	Car					0
SNK2555D	Car					0

<b>Details of Person Involved</b>
Any Pedestrian Involved: No





**SINGAPORE  
POLICE FORCE**



T/20230429/7013

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

2 of 3

Report No. T/20230429/7013

**CONTINUATION OF REPORT**

Vehicle Owner			
Name	LIM CHI CHENG	ID No.	S8538916E
Related Vehicle	SMD8209M (Car)	Contact No.	96881025
Hospital/Clinic	OUR FAMILY CLINIC + SURGERY	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	28/04/2023	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

At the traffic light, vehicle A is driving on lane 2, but vehicle B turns to the left from lane 5, causing vehicle A to accidentally collide with the front of vehicle B



**SINGAPORE  
POLICE FORCE**

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



T/20230429/7013

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Report No. T/20230429/7013

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TP1B /  
MUHAMMAD NOOR BIN ABDUL RAHMAN  
Contact No.: 65476219

NP168

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

Date/Time:  
29/04/2023 11:50

Classification Of Case: