

# 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 .....	26/06/2023 16:16 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	23/06/2023 22:20 (SGT)
Exact Location of Accident .....	Upper Serangoon Cres, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBH1860L
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	ENG HIN CONSTRUCTION PTE LTD
Company Reg No .....	201537163N
Email Address .....	enghinconst@gmail.com
Mobile Phone No .....	(Phone) +65-90049012
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	HIACE DX
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Commercial vehicle
Transmission .....	Auto
CC .....	2982

### INSURANCE COMPANY

Name of Insurance Company .....	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number .....	MZC00658

### DRIVER

Name of Driver .....	LIM WAI LONG, DAVIN
NRIC No .....	S9243003J
Date Of Birth .....	19/11/1992
Occupation .....	Indoor

Date Of Driving Pass .....	05/09/2011
Driving experience .....	11 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98167618
Alt. Phone Number .....	-
Email Address .....	davinnlim@gmail.com
Address .....	BLK 475C UPPER SERANGOON CRESCENT #18-547
Address complement .....	-
Postcode .....	533475
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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) .....	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

REFER TO POLICE REPORT.

#### 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 .....	SJV5611U
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 WAI LONG, DAVIN
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	GBH1860L
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

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

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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/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

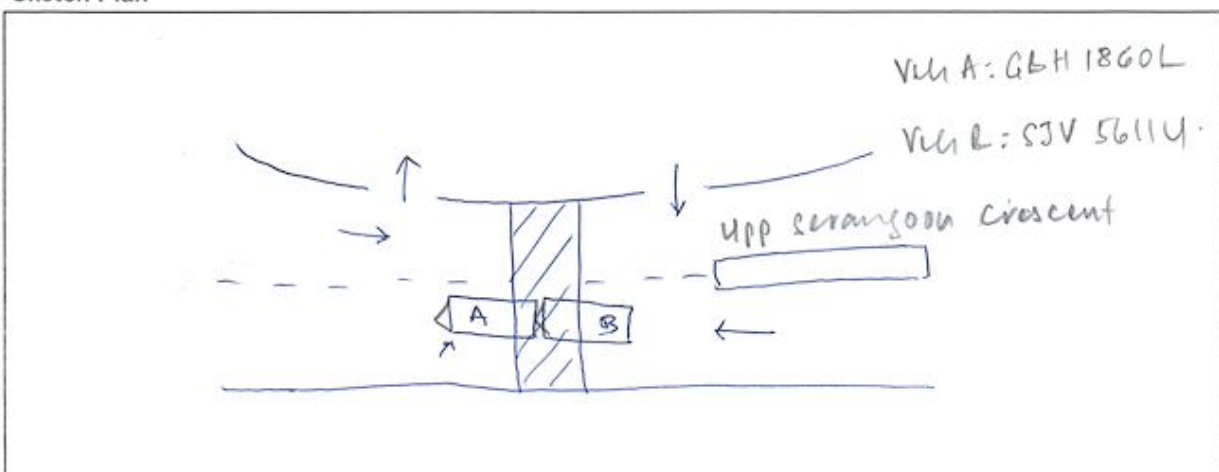
*EH Construction Pte Ltd*  
26/6/23

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

*[Signature]*

Witnessed by Reporting Centre Personnel

*SIN MING*  
Flavanne wh

**Sketch Plan**

## Describe Circumstances of the Accident

I was on my way back home. I ~~was~~ came to a stop because there was a car  
infront of me slowing down. Suddenly, the car behind me the rear of my company  
bang  
Vehicle.

Car vehicle : SUV 5611U

enghinconst@gmail.com

## 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



Florence  
Loh

Witnessed by Reporting Centre Personnel















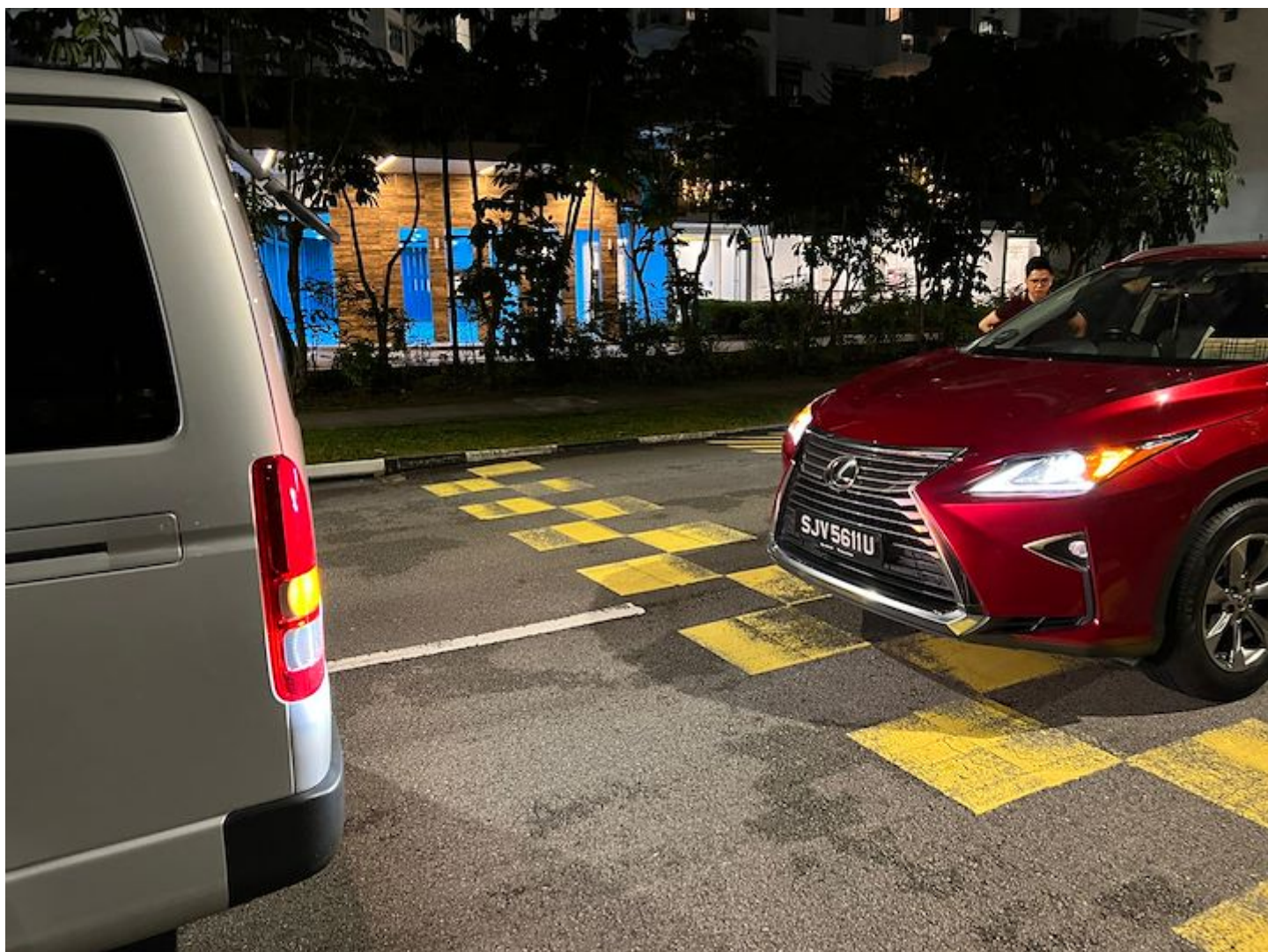




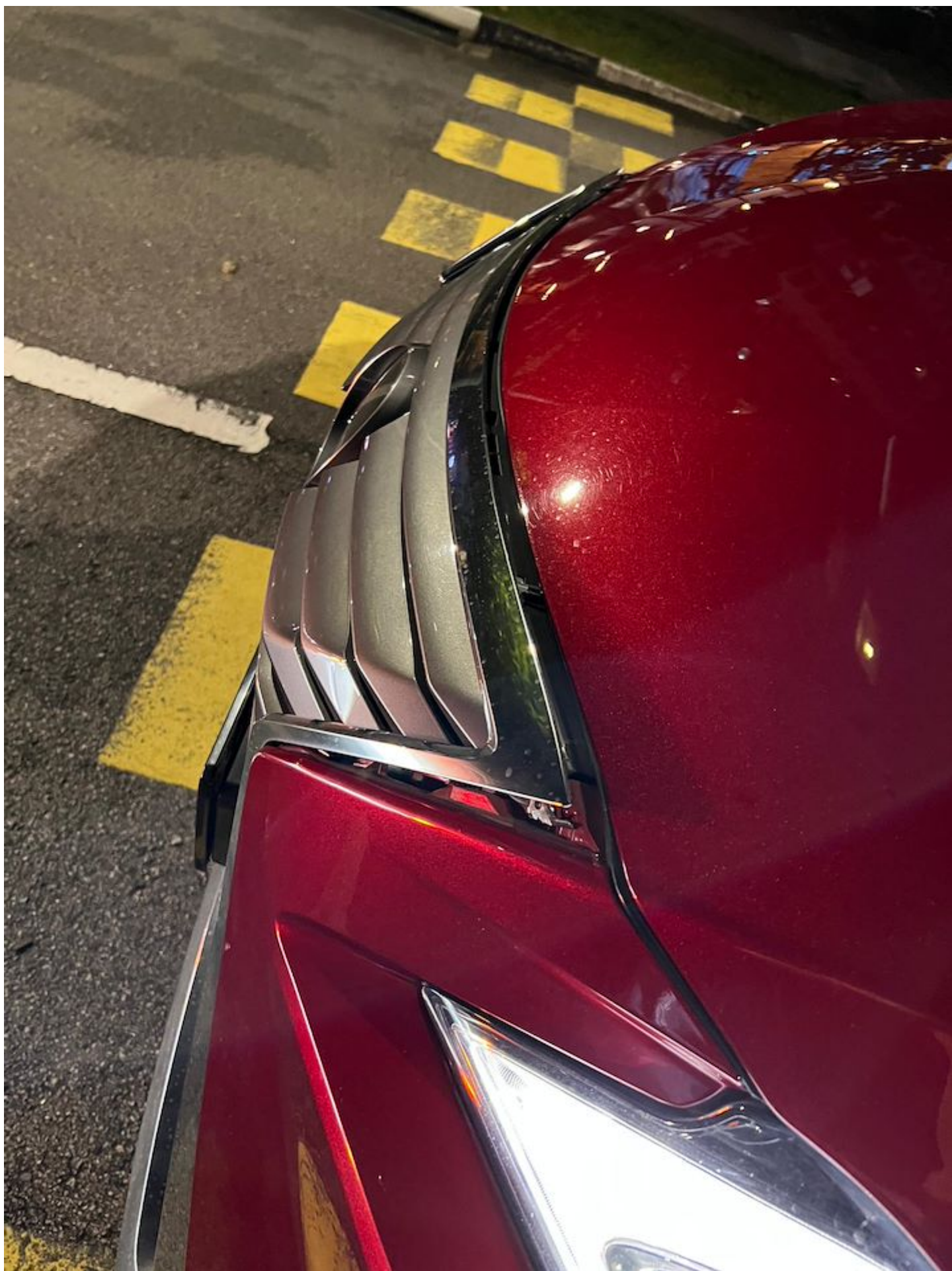
















**SINGAPORE  
POLICE FORCE**



T/20230625/7002

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

1 of 3  
Report No. T/20230625/7002

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/06/2023 00:49		Vide Report No.:		Station Diary No.:
<b>Informant's Particulars</b>				
Name of Informant: LIM WAI LONG, DAVIN		Address: 475C UPPER SERANGOON CRESCENT #18-547 SINGAPORE 533475		
ID Type / ID No.: NRIC NO / S9243003J		Contact No.: Home/Office: Mobile: 98167618		
Nationality: SINGAPORE CITIZEN		Email: DAVINNLIM@GMAIL.COM		
Sex: Male	Age: 30	Date of Birth: 19/11/1992	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: Administration manager		Driving Licence Information: Class: 3,4 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/06/2023 22:20	Type of Location: Straight Road
Location:  UPPER SERANGOON CRESCENT				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
GBH1860L	Van			Grey		0
SJV5611U	Car					0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20230625/7002

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

2 of 3  
Report No. T/20230625/7002

**CONTINUATION OF REPORT**

Driver			
Name	LIM WAI LONG, DAVIN	ID No.	S9243003J
Related Vehicle	GBH1860L (Van)	Contact No.	98167618
Hospital/Clinic	CENTRAL 24-HR CLINIC (HOUGANG)	Class of Driving Licence & Expiry	Class: 3,4 Date of Expiry: NIL
Date	25/06/2023	Date	25/06/2023
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

I WAS ON MY WAY BACK HOME. TURNING RIGHT TO ENTER THE PROPERTY. I CAME TO A STOP BECAUSE THE CAR IN FRONT OF ME WAS SLOWING DOWN AND COMING TO A STOP. SUDDENLY A CAR (SVJ 5611U) BEHIND HIT THE REAR OF MY COMPANY VEHICLE (GBH1860L). I HAVE A DASHCAM VIDEO. I HAVE SPRAIN AT NECK AND LOWER BACK. I HAVE 3 DAYS MEDICAL LEAVE FROM 24-06-23 TO 27-06-23. NO TP AND AMBULANCE AT SCENE.



**SINGAPORE  
POLICE FORCE**



T/20230625/7002

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

3 of 3  
Report No. T/20230625/7002

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
TAN JEOK LENG LESLIE  
Contact No.: 65476151

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

Date/Time:  
25/06/2023 00:49

Classification Of Case:

This report is lodged at Hougang NPC Kiosk 1  
NP168