

# 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 .....	06/07/2023 13:32 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	04/07/2023 14:25 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	OUTSIDE OF AUTOBAY KAKI BUKIT AVE 6
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJK8708M

### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	MD CARZ PTE. LTD.
Company Reg No .....	202220597R
Email Address .....	reporting.gt@gmail.com
Mobile Phone No .....	(Phone) +65-88556141
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Freed
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 - Reporting only
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1600

### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	SP2005169946

### DRIVER

Name of Driver .....	LIM IT KIONG
NRIC No .....	S1612098G
Date Of Birth .....	27/12/1963
Occupation .....	Outdoor

Date Of Driving Pass .....	04/07/1984
Driving experience .....	39 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-94797734
Alt. Phone Number .....	-
Email Address .....	h2freeze@gmail.com
Address .....	BLOCK 720 YISHUN ST 71 #09-245
Address complement .....	-
Postcode .....	760720
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 .....	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? .....	Yes
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 .....	Yishun North Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008529999
Alt. Police Station Phone No .....	(Fax) +65-68522299
Police Station Address .....	31 Yishun Central Singapore 768827
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? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJX672R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	TOMMY NG
Contact Number .....	(Phone) +65-97356016
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 .....	-
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SJX672R
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

**SKETCH PLAN**

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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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.



*[Handwritten signature]*

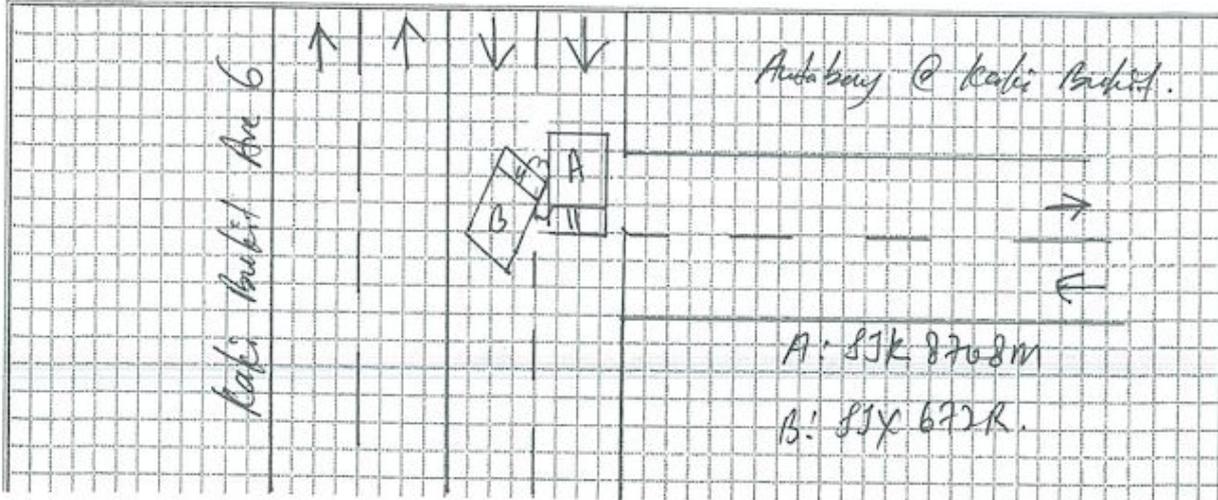
**CITY AUTO PTE LTD**  
 Blk 8 Sin Ming Road  
 #01-58/60/62 Sin Ming Ind Est  
 Singapore 575643  
 Tel: 6453 4233 Fax: 6453 7944  
 (Claims Section)

Policyholder's Signature / Date & Time

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

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

**Sketch Plan**



Describe Circumstance of the Accident

Refer to TP report  
T/20250705/2042

Declaration

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



Policyholder's Signature / Date & Time

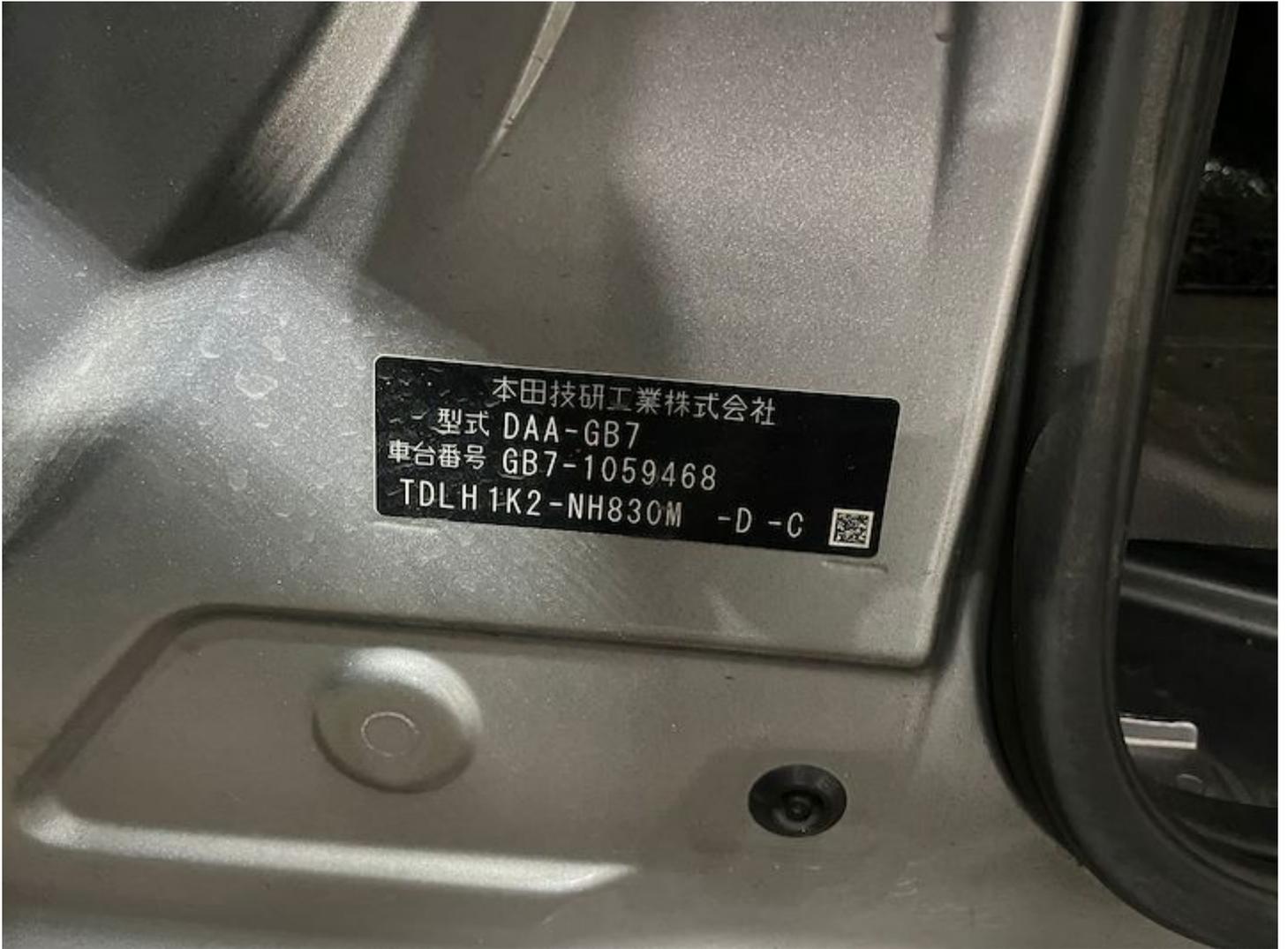
Driver's Signature (if driver is not the policyholder) / Date

CITY AUTO PTE LTD

Blk 8 Sin Ming Road  
#01-58/60/62 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1234 Fax: 6453 7944  
(Claims Section)

Witnessed by Reporting Centre Personnel





本田技研工業株式会社  
型式 DAA-GB7  
車台番号 GB7-1059468  
TDLH1K2-NH830M -D -C



















**SINGAPORE  
POLICE FORCE**



T/20230705/2042

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

1 of 3

Report No. T/20230705/2042

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/07/2023 12:41	Vide Report No.: G/20230704/0082	Station Diary No.: 63
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**Informant's Particulars**

Name of Informant: LIM IT KIONG		Address: APT BLK 720 YISHUN STREET 71 #09-245 SINGAPORE 760720	
ID Type / ID No.: NRIC NO / S1612098G		Contact No.: Home/Office:	Mobile: 94797734
Nationality: SINGAPORE CITIZEN		Email: h2freeze@gmail.com	
Sex: Male	Age: 59	Date of Birth: 27/12/1963	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: PRIVATE HIRE DRIVER		Driving Licence Information: Class: Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/07/2023 14:20	Type of Location:
Location: KAKI BUKIT AVENUE 6				
Weather: Sunny		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJK8708M	Car					0
SJX672R	Car					0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20230705/2042

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20230705/2042

CONTINUATION OF REPORT

Driver			
Name	LIM IT KIONG	ID No.	S1612098G
Related Vehicle	NIL	Contact No.	94797734
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

I am a private hirer driver and was driving vehicle SJK8708M. I was alighting a passenger along Kaki Bukit Avenue 6 towards Kaki Bukit Road 5. After alighting the passenger, I look at my left side mirror and reverse my vehicle. Suddenly a vehicle (SJX672R) hit onto my vehicle rear right side. I later discovered the vehicle was turning in to the Auto bay entrance and I didn't check my right-side mirror that the car is turning in. I make a check with the driver and he complaint shortness of breath. I wanted to call for the ambulance however the driver informed me that his friend had already called. The ambulance came and the driver was conveyed to Changi General Hospital. Soon after the traffic police also came down.



**SINGAPORE  
POLICE FORCE**



T/20230705/2042

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20230705/2042

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

L /  
SI AHMAD FAIZAL BIN AHMAD

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
05/07/2023 12:41

Officer In Charge Of Case:  
TP / GIT /  
SI MUHAMMAD FARHAN BIN MOHAMED  
Contact No.: 65476224

Classification Of Case:

NP168

