

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 First Submission	26/09/2024 11:43 (SGT)
Reported by	Owner
Date of Accident	25/09/2024 09:54 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	Towards Tuas
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLC6630J

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Company Reg No	2XXXXX651D
Email Address	accident@gbcr.com.sg
Mobile Phone No	(Phone) +65-66039398
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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 car
Transmission	Auto
CC	1598
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	24-MAB00157-R00

DRIVER

Name of Driver	LIM YONG FENG
NRIC No	SXXXX747C
Date Of Birth	30/12/1993
Occupation	Outdoor
Driving Pass Date	31/08/2012
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	12 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91198489
Alt. Phone Number	-
Email Address	kelvin.lim@oneberry.com
Address	BLK 128A PLANTATION CRESCENT #02-423
Address complement	-
Postcode	691128
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Authorised driver
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?	Yes
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	REYNALDO LABAGUIS JR.
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Orchard Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007359999
Alt. Police Station Phone No	(Fax) +65-67331934
Police Station Address	51 Killiney Road Singapore 239572
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Please refer to the police report.

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes
 Reasons for not uploading a video of the accident The video is with the owner.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YQ2964U
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Government
 Name of Driver MOHAMED ISKANDAR BIN MOHAMED
 NRIC No SXXXX220D
 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 YONG FENG
 Gender Male
 Phone No (Phone) +65-91198489
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SLC6630J
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLAN

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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

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

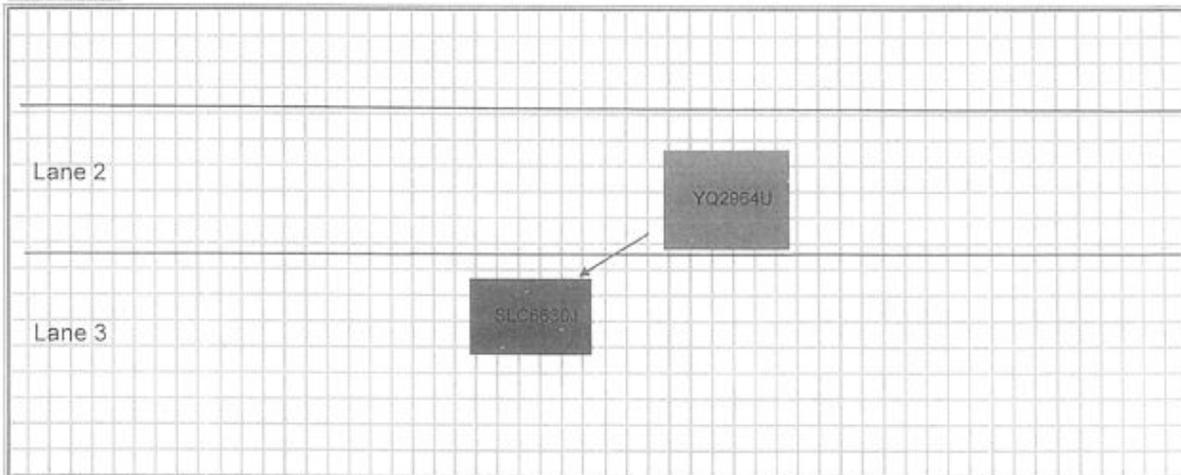
Kehar
26 September 2024
0900hrs

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

[Signature]

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) *SOH JIT HOON*

Sketch Plan



vJun2022

Describe Circumstance of the Accident

On 25/09/2024, at about 0954hrs, I was travelling along lane 2 of PIE towards Tuas near exit 17. I was going straight on the road, where one Police SOC vehicle side swiped my car from my right rear passenger side. The impact caused my vehicle to turn 90 degrees, and the head of the truck was at the driver's side. I felt the impact on my right shoulder and left knee, subsequently I was conveyed to Tan Tock Seng Hospital to get treated before the arrival of Traffic Police. I was given 3 days MC.

I observed that my right side view mirror came off, right driver door was crushed and I have to exit from the passenger side. I do not know if there are more damages as I was conveyed shortly after the accident. My passenger was fine and did not require conveyance.

After the accident, I did not witness the driver, it was through his colleagues that I managed to get a photo of the driver's IC and driving license. However they were not willing to pass to me the driver's contact number.

There is a youtube link of the accident: <https://youtu.be/3UFCfja6p3A?si=hW7stMo8T5NbioE3>

Declaration

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


 PTE LTD GOLD BELT
 Policyholder's Signature / Date & Time

 26 September 2024 0900hrs
 Actual Driver's Signature (if driver is not the policyholder) / Date & Time


 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) **SOH JIT HOON**

vJun2022



**SINGAPORE
POLICE FORCE**



T/20240925/2051

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

1 of 3

Report No. T/2024/925/2051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/09/2024 15:49	Vide Report No.: E/20240925/0035	Station Diary No.: 73
--	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: LIM YONG FENG		Address: 128A PLANTATION CRESCENT #02-423 SINGAPORE 691128	
ID Type / ID No.: NRIC NO / S9349747C		Contact No.: Home/Office: Mobile: 91198489	
Nationality: SINGAPORE CITIZEN		Email: limyongfeng@gmail.com	
Sex: Male	Age: 30	Date of Birth: 30/12/1993	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: Business development manager		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 25/09/2024 09:55	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
SLC6630J	Motor car				Seriously Damaged	1
YQ2964U	Bus/Coach/Mi nibus				Slightly Damaged	0

Details of Person Involved

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



SINGAPORE
POLICE FORCE



T/20240925/2051

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

2 of 3

Report No. T/20240925/2051

CONTINUATION OF REPORT

Driver			
Name	LIM YONG FENG	ID No.	S9349747C
Related Vehicle	SLC6630J (Motor car)	Contact No.	91198489
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	25/09/2024	Date Discharge	25/09/2024
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On 25/09/2024, at about 0954hrs, I was travelling along lane 3 of PIE towards Tuas near exit 17. I was going straight where one SOC vehicle side swiped my car from my right rear passenger side. Subsequently, my vehicle turned 90 degrees, and the head of the truck was at the driver side. I was conscious the whole incident. I was subsequently conveyed to Tan Tock Seng Hospital to get treated before arrival of Traffic Police. I felt impact on my right shoulder and left knee. Doctor informed that there was no fracture. I was given 3days of medical leave.

I observed that my right-side view mirror came off, right driver's door was crushed. I do not know if there are more damages as I was conveyed shortly after the accident. My passenger was fine and did not require conveyance.

There is a YouTube link: <https://youtu.be/3UFCfja6p3A?si=ApbldPlzZ1AnY42g>

Passenger name: Rey
HP: 89008331



SINGAPORE
POLICE FORCE



T/20240925/2051

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7358999

3 of 3

Report No. T/20240925/2051

CONTINUATION OF REPORT

Signature of Officer Recording The E / SGT 2 LIM JUN JIE	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIT / ASP (1) YAP ENG SIANG Contact No.: 96324893	

Signature Of Informant:	
Date/Time: 25/09/2024 15:49	
Classification Of Case:	

NP168