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 Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	03/08/2020 14:50
Date Of Accident	01/08/2020 11:50
Exact Location Of Accident	KPE TUNNEL NEAR PIE (EXIT 2B)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMP6137L
Insured/Policyholder	
Name Of Registered Owner	CYCLE & CARRIAGE LEASING PTE LTD
Co Reg No	2XXXXX307R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE HIRE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	SD20V06570/VPZ/R01
Cover Note Number	

Driver

Name of Driver DANIEL LIM YEE KHAI

NRIC No SXXXX737H

Date Of Birth 27/08/1977

Occupation OUTDOOR

Date Of Driving Pass 21/12/1998

Driving Experience 21 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97518449

Fax Number
Contact Number

EMail Address DANIELLIMYEEKHAI@GMAIL.COM

BLK 130A LORONG 1 TOA PAYOH #37-510 Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES YES

YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 2

YES

NO

Number of Passengers (Including Driver)

Passenger 1

NAME: : MR CLIFTON

KIM KEAT NEIGHBOURHOOD POLICE POST

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes.Please state which Police Station

ROAD: BLK 231 LORONG 8 TOA PAYOH, POSTCODE: 310231,

Police Station Address **COUNTRY: SINGAPORE**

Police Station Contact TEL NO: 1800-2529999 - FAX NO: 63554311

Was notice of intended Prosecution given?

If Yes, against whom?

Police Station Name

Circumstances of Accident

REFER TO ATTACHMENT COLLISION-HEAD TO SIDE

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD4652B Vehicle Make/Model/Colour COMFORT TAXI

Details Of Properties

TAXI Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Page 2 of 17

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

DANIEL LIM YEE KHAI Name

Approximate Age

NECK Injuries Sustain Injured person in which vehicle? SMP6137L YES

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode

DETAILS OF INJURED PERSON 2

CLIFTON Name

Approximate Age Injuries Sustain

Injured person in which vehicle? SMP6137L

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

YES

YES

Address

Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- This Form must be completed by the Policyholder and/or the Authorised Driver.
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- Any false reporting may be referred to the Police for investigation.
- The 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.
- By the lodgment 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:
 - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

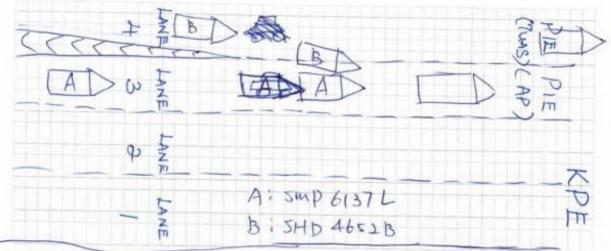
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 01-08-2020 AROUND 11-50AM- 12PM, I WAS TRAVELLING
ALONG KPE TUNNEL BEFORE PIE (EXIT 28). I WAS DRIVING
AT ABOUT FORM/H - 80KM/H. I WAS DRIVING ON LANE 3
WHEN A BLUE COLOUR TAX! HIT MY CAR FRONT LEFT.
SUBSEQUENTLY, I DROVE CAREFULLY TO THE ROAD SHOULDER AND
ASKED MY MASSENGER, MR CLIFTON IF HE IS FINE. THE TAXI
WHICH HIT MY CAR FLED THE SCENE WITHOUT ASSISTING US.
BOTH MY PASSENGER & I DECIDED TO CALL FOR AN AMBULANCE
AS WE NERE BOTH UNWELL AFTER THE IMPACT, WE MADE OUR
REPORT WITH THE TRAFFIC POLICE AND CONVEYED TO TISH.

DECLARATION

Date & Time:

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

11-35AM

Polis holder's Signature

Driver's Signature

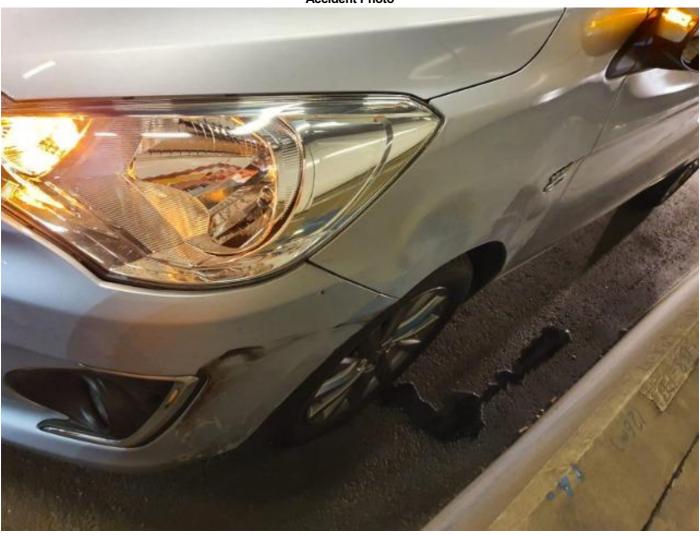
(If driver is not the policyholder) Date & Time:

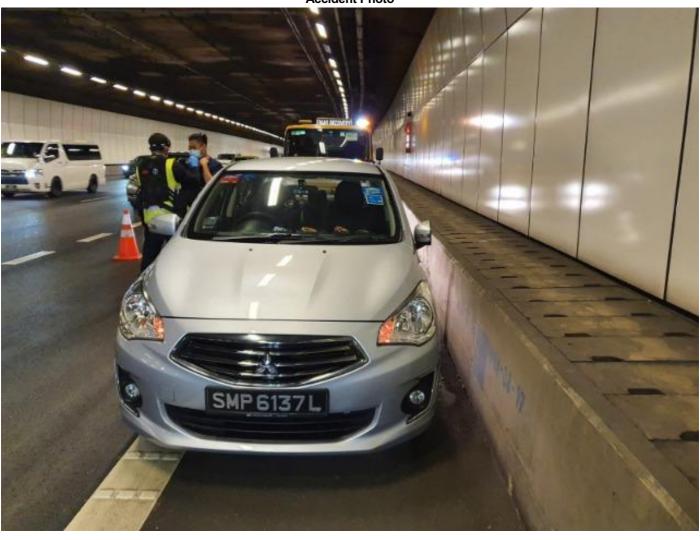
11-25AM 03/08/2020

Reporting Centre Personnel's Signature

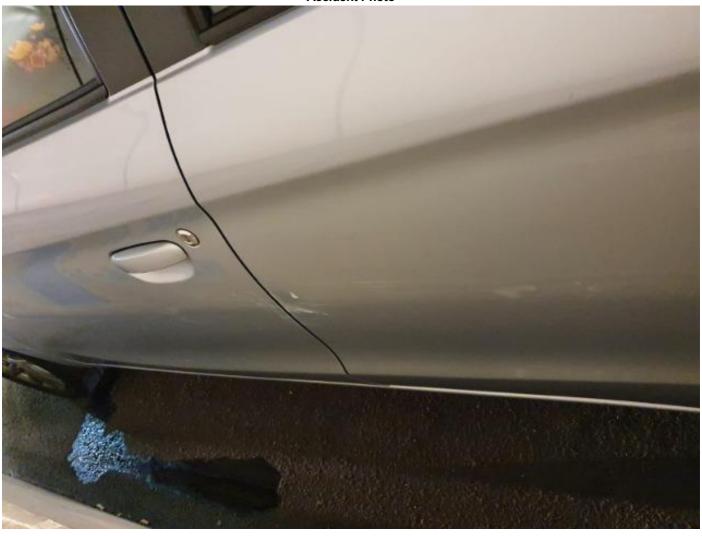
Name:

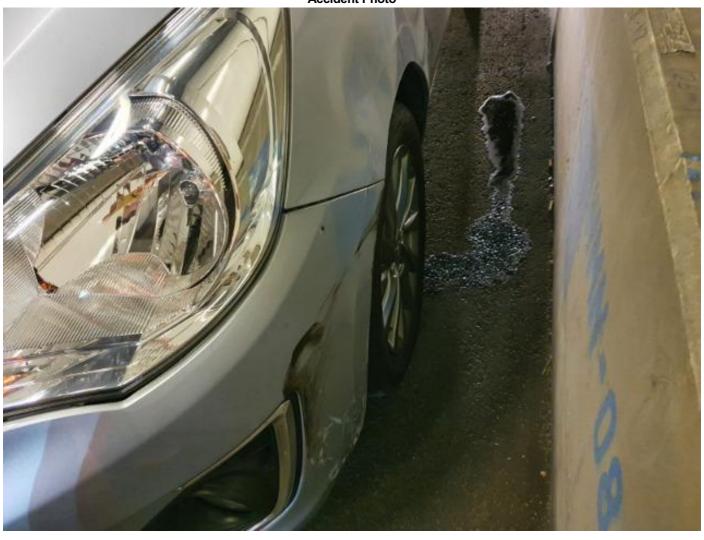
NRIC/FIN No .:

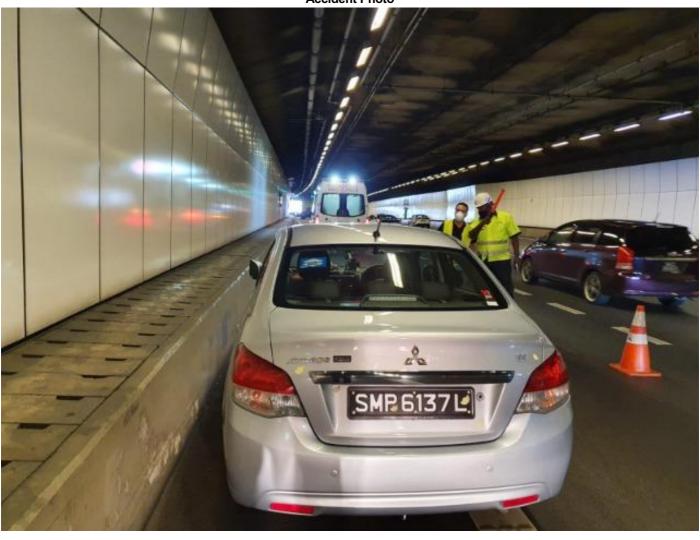


















Police Station Of Origin: Kim Kest NPP 231 Lorong 8 Toa Payoh #01-186 SINGAPORE 310231 Tel No: 1800-2529999

1 of 3 Report No. T(20200601/2074

REPORT OF A TRAFFIC ACCIDENT

01/08/20	ne Report I 120 17:01	Vlade:	Vide Report No.:	Station Diary No.: 27
Informa	nt's Partic	ulars		121
Name of DANIEL	Informant: LIM YEE P	3	Address: APT BLK 130A LORONG 1 T SINGAPORE 311130	OA PAYOH #37-610
MRIC N	/ ID No.: D / S77247	37H	Contact No.: Home/Office:	Mobile: 97518449
National SINGAP	ity: ORE CITIZ	EN	Email:	Models, 975 (0445)
Sex: Malo	Age: 42	Date of Birth: 27/08/1977	Type of Informant: Driver	
Race: Chinese			Language;	Institution / School Name:
Occupat GRAB D			Driving Licence Information: Class: 3	Date of Expiry

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 01/08/2020 11:55	Type of Location Straight Road
ALONG KPE	YA LEBAR EXPRESS RE PIE(A/P & TUAS) I			
Weather:		Road Surface: Dry	Ro	ad Speed Limit
And the second second second second		LUIN		an obeen timit
Glear Traffic Flow: One Way Type of Collis		Traffic Control: Not Controlled		offic Volume;

cie invol	ved	THE REAL PROPERTY.			
ype	Make	Model	Color	Condition	No of Passenner
Bf .	MITSUBISHI	ATTRAGE	1000	Slightly	1
	/ре		ypa Make Model	ypa Make Model Color ar MITSUBISHI ATTRAGE	ype Make Model Golor Condition ar MITSUBISHI ATTRAGE Slightly

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





Police Station Of Origin: Kim Keat NPP 231 Lorong 8 Tos Payoh #01-186 SINGAPORE 310231 Tel No: 1800-2529999

2 of 3 Report No. T/20200601/2074

CONTINUATION OF REPORT

Driver	THE RESERVE					
Name	DANIEL LIM YEE	OHAI		ID No		S7724737H
Related Vehicle	SMP6137L (Car)			Conte	ict No.	97518449
Hospital/Clinic	TAN TOCK SENG	HOSPITAL		Class Drivin Licen Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc		PHIL	
	ted Medical Leave	02	Degree o	f Injury	Slight	
Passonger				10 (Sept.)		The state of the s
Name	CLIFTON			ID No		NIL
Related Vehicle	NIL			Conta	at No.	98060808
Hospital/Clinic	NIL.			Class Drivin Licens Expiry	g >e &	Class: NIL Date of Expiry: NIL
Date Treatment		10000	Date Disc		NIL	
No. of Days grant	ed Medical Leave	NIL	Degree of		NIL	

Brief Details.

On 01/08/2020 at about 1150hrs, I was driving my car (SMP6137L) along KPE tunnel towards PIE exit to send one passenger to Ang Mo Kio. As I was making my exit to PIE, I suddenly felt an impact from the left side of my car.

Due to the impact, by oar swerved to the right however I still managed to see a blue colour taxl who had hit my car. The said taxl subsequently exited at PIE. After which, I stopped my car at the side of the tunnel and made a check on my passenger. Initially, he said he was fine however complained of neck pain a few minutes later. I then told him that I had already called for Ambulance and they will be arriving shortly. My passenger also claimed the taxi driver's plate number to be either 3517 or 3571. My car sustained damages to its left side, mainly a broken left mirror, dent and scratches on the left side.

Shortly after, EMAS, ambulance and Traffic Police arrived at scene. I provided my particulars to the police and also the SD card from my in car camera footage. I was then subsequently conveyed to Tan Took Seng Hospital.

I was told that I suffered a sprain neck and received 2 days of medical leave. After which, I updated IO Clarence of the matter and was instructed to lodge a Traffic Police report. That is all.





Police Station Of Origin: Kim Keet NPP 231 Lorong 8 Toa Payoh #01-186 SINGAPORE 310231 Tel No: 1800-2529999

3 of 3 Report No. T/20200801/2074

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Red E / Sgt 2 MUHAMMAD NOO MUHAMMAD		Signature Of Informant:
Signature Of Interpreter Not applicable		Oate/Time: 01/08/2020 17:91
Officer In Charge Of Cas TP / HRT / Sr Staff Sgt IRMAN BIN Contact No.: 85476145		Classification Of Case:
Autheritication Stamp	(B) concurrent	614.84
	W.	ATLERE



Traffic Police 10 Ubi Avanue 3 Singapore 408866 Tel +65 8547 6195 International police International police

Our Ref

: TP/IP/32375/2020

Date

: 3 August 2020

By E - Mall

NAME: Daniel Lim You Khall

NRIC: S 7724737 H

Dear Sir.

CASE OF TRAFFIC VIOLATION ALONG Kallang Paya Leber Expressway towards Marina Cosstal

Expressway, 1.9 KM ON 01/08/2020

NOTICE FOR VEHICLE (SMP 6137 L) COLLECTION

Please collect the above vehicle which is registered under your name at Traffic Police Vehicle Pound located at 517 Airport Road, Singapore 539942 within 30 working days from the date of this notice. The Duty Officer at Traffic Police Vehicle Pound can be contacted at 6280 7841. The collection hours are:

Day of week	Operational hours
Monday	2.00 pm to 4.00 pm
Tuesday to Friday	9.00 am to 12.00pm
, account of the supplemental to the supplemen	2.00 pm to 4.00 pm

- 2 You have to make your own arrangements to remove your vehicle at your own cost. If you are authorising someone else to collect the vehicle on your behalf, please ensure that he / she produces his / her NRIC / Passport for verification. Please fill up the letter of authorization at Annex 'A'.
- 3 Take note that the vehicle must be collected within 30 working days from the date of this notice or storage fee will be levied as follows:

Type of vehicle	Storage fee per day
Motorcycle/Scooter	\$20/-
Motorcar	\$40/-
Others	\$80/-

4 Traffic Police will proceed to dispose the vehicle if it remains unclaimed <u>after 30 working days</u> from the date of this notice. Should you require further clarification, please contact the undersigned at telephone number 6547 6200 or via small at Clarence_Lim@spf.gov.sg.

Yours feithfully.

CLARENCE LIM INVESTIGATION OFFICER TRAFFIC POLICE

A PORCE FOR THE MATION

Identification Card



