

# 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 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 ..... 02/01/2021 10:54 (SGT)  
Date of Accident ..... 01/01/2021 07:40 (SGT)  
Exact Location of Accident ..... 3 Changi Village Rd, Singapore 519599  
Additional Location Information ..... JUNCTION OF CHANGI VILLAGE AND LOYANG  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLR374J

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... LION CITY RENTALS PTE LTD  
Company Reg No ..... 201504621K  
Email Address ..... rentals@lioncityrentals.com.sg  
Mobile Phone No ..... (Phone) +65-62525525  
Alternative Phone No ..... (Office) +65-86933027

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Shuttle  
Variant ..... -  
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 - Claiming third party  
Vehicle Category ..... Private car

### INSURANCE COMPANY

Name of Insurance Company ..... Tokio Marine  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... Yes  
Policy Number ..... 20-ML000141-R00  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LIM CHOON HIONG (LIN JUNXIONG)  
NRIC No ..... S7402057G  
Date Of Birth ..... 02/02/1974  
Occupation ..... Outdoor

Date Of Driving Pass .....	14/05/2011
Driving experience .....	9 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86156229
Alt. Phone Number .....	-
Email Address .....	ALVINLIM2057@GMAIL.COM
Address .....	5 LORONG LEW LIAN
Address complement .....	#12-102
Postcode .....	530005
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 .....	Collision - Head to Rear
Weather Conditions .....	Raining
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material 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

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Tampines Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005871999
Alt. Police Station Phone No .....	(Fax) +65-65871699
Police Station Address .....	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLT9759M
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) ..... -

Describe Circumstances of the Accident

7

Refer to police report.

7

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

Witnessed by Reporting Centre Personnel

SKETCH PLAN

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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;

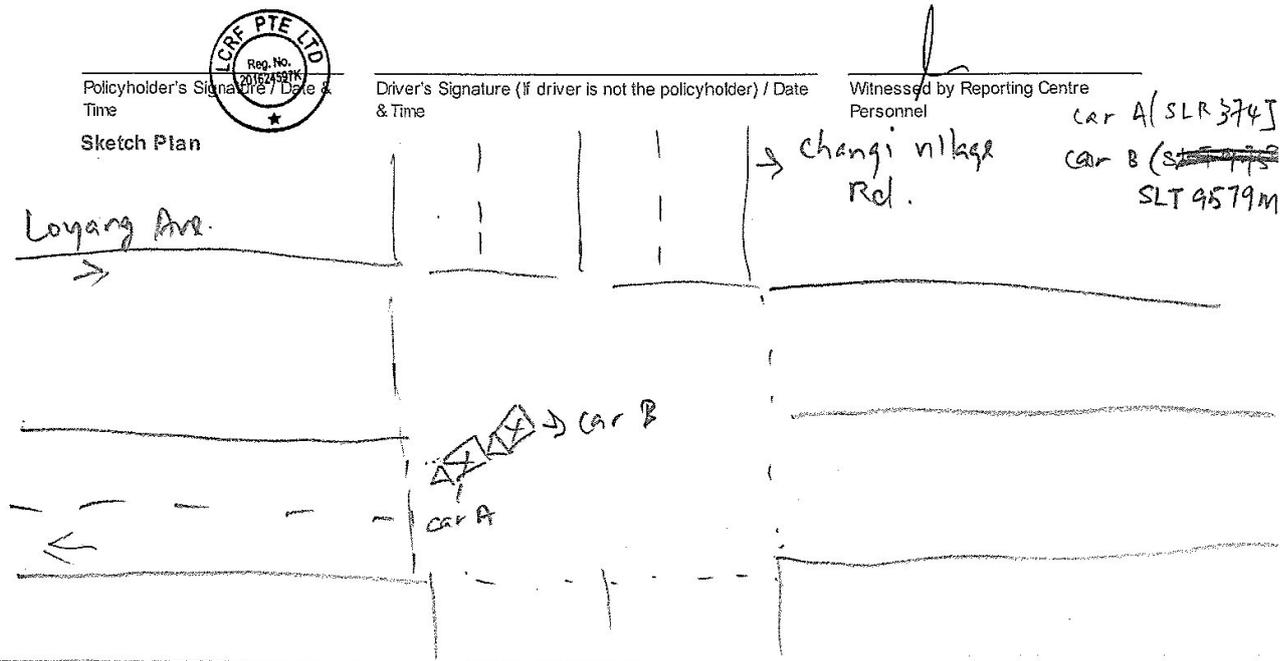
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.





















**SINGAPORE  
POLICE FORCE**



T/20210101/2023

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No. 1800-5871999

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Report No. T/20210101/2023

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/01/2021 09:46	Vide Report No.:	Station Diary No.: 34
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**Informant's Particulars**

Name of Informant: LIM CHOON HIONG		Address: APT BLK 5 LORONG LEW LIAN #12-102 SINGAPORE 530005	
ID Type / ID No.: NRIC NO / S7402057G		Contact No.:	Mobile: 86156229
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 46	Date of Birth: 02/02/1974	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B,3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/01/2021 07:40	Type of Location: X-Junction
Location: CHANGI VILLAGE ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		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	Condition	No of Passenger
SLR374J	Car					0
SLT9759M	Car					0

**Details of Person Involved**

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

2021.01.02 08:41

2021.01.02 08:36

 **SINGAPORE  
POLICE FORCE**

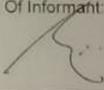
Police Station Of Origin  
Tampines N P C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No. 1800-5871999

3 of 3  
Report No. T/20210101/2023

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 Recording The Report G / Sgt 3 ZHANG LINHAN	Signature Of Informant: 
Signature Of Interpreter Not applicable	Date/Time 01/01/2021 09 46
Officer In Charge Of Case TP / AET / Staff Sgt WONG SIEU LU Contact No. 65476151	Classification Of Case:  
Authentication Stamp	



**SINGAPORE  
POLICE FORCE**



T/20210101/2023

2 of 3

Police Station Of Origin:  
Tampines N.P.C  
5 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20210101/2023

## CONTINUATION OF REPORT

Driver			
Name	LIM CHOON HIONG	ID No.	S7402057G
Related Vehicle	SLR374J (Car)	Contact No.	86156229
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	01/01/2021	Date Discharge	01/01/2021
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Driver			
Name	CHONG	ID No.	NIL
Related Vehicle	SLT9759M (Car)	Contact No.	NIL
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.**

On 01/01/2021 at about 0740hrs, I was driving my rental car (SLR374J) along Changi Village Road on the most right lane with no passenger on board. it was drizzling and road surface was wet.

After turning right towards Loyang Ave from Changi Village Road, my car was hit by a car (SLT9759M) from the rear while I was waiting for pedestrian to cross.

Neither Police nor Ambulance attended to us. We exchanged particulars and left. My car is installed with camera at front and it was recording during the accident.

After the accident, I went to see doctor and was given 5 days medical leaves.

2021.01.02 08:43