

# 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 .....	04/03/2021 09:58 (SGT)
Date of Accident .....	26/02/2021 02:10 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	PIE TOWARDS CHANGI AIRPORT
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHB218J
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SMRT TAXIS PTE LTD
Company Reg No .....	1XXXXX369K
Email Address .....	TARC@SMRT.COM.SG
Mobile Phone No .....	(Phone) +65-68662671
Alternative Phone No .....	(Office) +65-68662672

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Prius
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 .....	Taxi

### INSURANCE COMPANY

Name of Insurance Company .....	First Capital
Type of Coverage .....	ThirdParty
Fleet Policy .....	Yes
Policy Number .....	D-20095484MFSH
Cover Note Number .....	-

### DRIVER

Name of Driver .....	LIM TENG KHWAY
NRIC No .....	SXXXX653Z
Date Of Birth .....	27/09/1972
Occupation .....	Outdoor

Date Of Driving Pass .....	16/02/1993
Driving experience .....	28 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-68662672
Alt. Phone Number .....	-
Email Address .....	TARC@SMRT.COM.SG
Address .....	11
Address complement .....	-
Postcode .....	-
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Other
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? .....	Yes
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 .....	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 - T/20210303/2033

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	FBF2429D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
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) ..... -

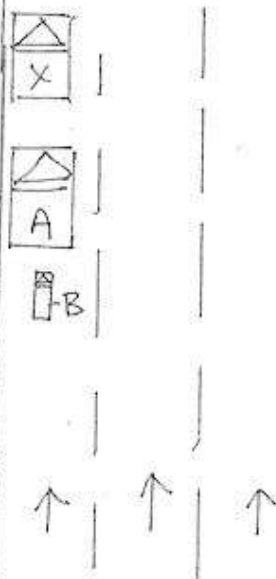
## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person ..... LIM TENG KHWAY  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... -  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... Yes

### INJURED 2

Name of injured person ..... UNKNOWN  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... -  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... Yes



26/2/2021 @ 0910HRS

A = 54B 218 J

B = FBF 2429 D

X = STOPPING VEHICLE

# Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Lim 03/03/2021

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

3/3/2021

Witnessed by Reporting Centre Personnel

**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 Authorised Driver**.
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5. **Any false reporting may be referred to the Police 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.



Policyholder's Signature / Date & Time

L.M 03/03/2021

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

3/3/2021

Witnessed by Reporting Centre Personnel

**Sketch Plan**



SINGAPORE  
POLICE FORCE

NEW REPORT



T/20210303/2045

1 of 3

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

Report No. T/20210303/2045

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/03/2021 12:50		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LIM TENG KHWAY			Address: APT BLK 142 BEDOK RESERVOIR ROAD #04-1547 EUNOS SPRING SINGAPORE 470142		
ID Type / ID No.: NRIC NO / S7234653Z			Contact No.: Home/Office: 93397891      Mobile:		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 27/09/1972	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: TAXI DRIVER			Driving Licence Information: Class:		Date of Expiry:

<b>General information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/02/2021 00:00	Type of Location: Straight Road
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF2429D	Bicycle	SUZUKI	DRZ400SML 0	Black		0
SHB218J	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Maroon		0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





SINGAPORE  
POLICE FORCE



T/20210303/2045

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

Report No. T/20210303/2045

CONTINUATION OF REPORT

<b>Rider</b>			
Name	Unknown Rider		ID No. NIL
Related Vehicle	FBF2429D (Bicycle)		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
<b>Driver</b>			
Name	LIM TENG KHWAY		ID No. S7234653Z
Related Vehicle	SHB218J (Car)		Contact No. 93397891
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	26/02/2021	Date Discharge	26/02/2021
No. of Days granted Medical Leave	07	Degree of Injury	NIL

**Brief Details.**

ON STATED DATE, TIME AND LOCATION

ON 26/02/2021 AT ABOUT 0210HRS. I WAS BEARING A VEHICLE PLATE NUMBER SHB218J, AND THE OTHER PARTY WAS BEARING A VEHICLE PLATE NUMBER FBF2429D. I WAS TRAVELLING ALONG PIE GOING TOWARDS CHANGI AIRPORT. I WAS TRAVELLING ON THE 4TH LANE TO EXIT BEDOK RESERVIOR. AND I NOTICE THERE WHERE A LORRY IN FRONT OF ME TURN ON A HAZARD LIGHT AND I NOTICE FROM A DISTANCE THERE WHERE A MAN STATDING AT THE SIDE AND WAS FLAGGING AT ME, I SIGNAL RIGHT TO OVER TAKE THE LORRY BUT IT WAS NOT SAFE FOR ME TO OVERTAKE, I TURN ON MY HAZAR LIGHT SO I MADE A COMPLETELY STOP TO MY VEHICLE AND ROLLED DOWN AND ON WINDO AND ASK WHAT HAPPEN THE PERSON SAID MY CLUTCH BURN AND OUT OF A SUDDEN A MOTORCYCLE COLLIDED ON MY REAR OF MY VEHICLE. AFTER WHICH BOTH OF US WAS INJURED AND WAS CONVEY BY THE AMBULANCE AND WAS SENT TO THE HOSPITAL. THEREFORE I AM MAKING A POLICE REPORT AND FOR INSURANCE PURPOSES. THAT'S ALL.



SINGAPORE  
POLICE FORCE



T/20210303/2045

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

Report No. T/20210303/2045

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:  
TP /  
SC MUHAMMAD SHAFFIY BIN ROSLAN

Signature Of Informant:

Lim

Signature Of Interpreter:  
Not applicable

Date/Time:  
03/03/2021 12:50

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt SYED MUHAMMAD BIN SYED  
FARID ALBAR  
Contact No.: 65476200

Classification Of Case:

Authentication Stamp  
NP168

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SINGAPORE  
POLICE FORCE



T/20210303/2033

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

Report No. T/20210303/2033

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/03/2021 11:47		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LIM TENG KHWAY			Address: APT BLK 142 BEDOK RESERVOIR ROAD #04-1547 EUNOS SPRING SINGAPORE 470142		
ID Type / ID No.: NRIC NO / S7234653Z			Contact No.: Home/Office: Mobile: 93397891		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 27/09/1972	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: TAXI 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: 26/02/2021 02:10	Type of Location: Straight Road
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF2429D	Motorcycle	SUZUKI	DRZ400SML 0	Black		0
SHB218J	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Maroon		0

## Details of Person Involved

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



SINGAPORE  
POLICE FORCE



T/20210303/2033

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

2 of 3

Report No. T/20210303/2033

CONTINUATION OF REPORT

<b>Rider</b>			
Name	Unknown Rider		ID No. NIL
Related Vehicle	FBF2429D (Motorcycle)		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
<b>Driver</b>			
Name	LIM TENG KHWAY		ID No. S7234653Z
Related Vehicle	SHB218J (Car)		Contact No. 93397891
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	26/02/2021	Date Discharge	26/02/2021
No. of Days granted Medical Leave	07	Degree of Injury	NIL

**Brief Details.**

**ON STATED DATE, TIME AND LOCATION**

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T/20210303/2033

3 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
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Report No: T/20210303/2033

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: TP / SC MUHAMMAD SHAFFIY BIN ROSLAN	Signature Of Informant:  <i>Lim</i>
Signature Of Interpreter: Not applicable	Date/Time: 03/03/2021 11:47
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SYED MUHAMMAD BIN SYED FARID ALBAR Contact No.: 65476200	Classification Of Case:  <i>...</i>
Authentication Stamp NP168	