

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	06/04/2021 14:00 (SGT)
Date of Accident	05/04/2021 15:10 (SGT)
Exact Location of Accident	10 Paya Lebar Road, PLQ Mall, Paya Lebar Quarter, Singapore 409057
Additional Location Information	DROP OFF POINT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH3181G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GRAB CAR DAVE LIM
Company Reg No	5XXXX417C
Email Address	linfeng.lim@gmail.com
Mobile Phone No	(Phone) +65-84688468
Alternative Phone No	+65-84688468

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Carens
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 - Reporting only
Vehicle Category	Private hire
Transmission	Auto
CC	1685

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SI20V13519/VPL/R02
Cover Note Number	-

DRIVER

Name of Driver	LIM LIN FENG
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NRIC No	SXXXX025H
Date Of Birth	31/08/1989
Occupation	Outdoor
Date Of Driving Pass	30/12/2009
Driving experience	11 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84688468
Alt. Phone Number	-
Email Address	linfeng.lim@gmail.com
Address	BLK 215A COMPASSVALE DRIVE
Address complement	#14-502
Postcode	541215
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 - Opening Door of Vehicle
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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Female

PASSENGER 2

Name	PASSENGER
Gender	Female

PASSENGER 3

Name	PASSENGER
Gender	Female

PASSENGER 4

Name	PASSENGER
Gender	Female

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

PLS 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	WITH DRIVER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMP1073U
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)	-

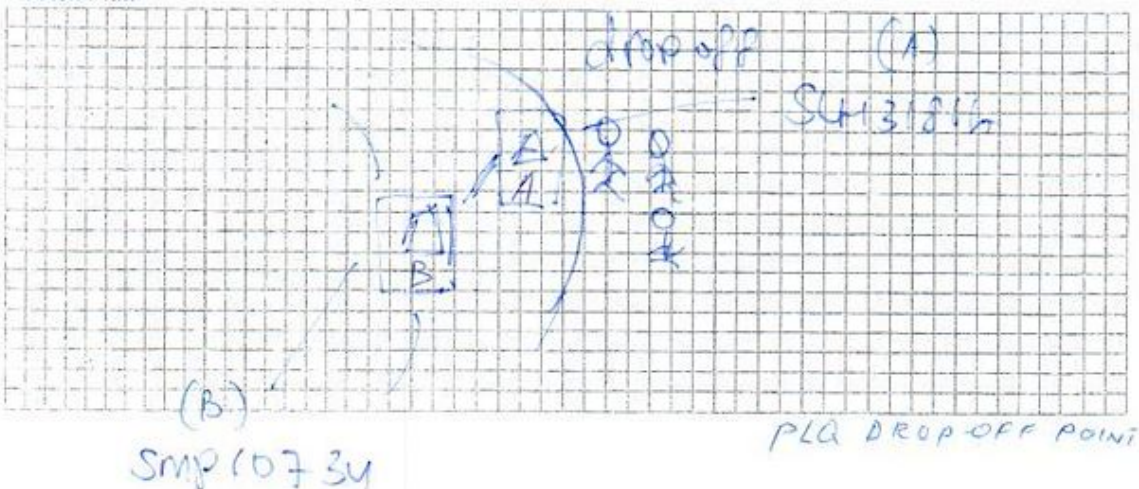
SKETCH PLAN**IMPORTANT NOTICE**

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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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

In rounding V4s
Dato taken yes
Tp: T 100210405 10024

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

2

Policyholder's Signature / Date &
Time

4

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

2/yrn 06/04/21

Witnessed by Reporting Centre
Personnel



SINGAPORE
POLICE FORCE



T/20210405/2084

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

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Report No. T/20210405/2084

CONTINUATION OF REPORT

Driver			
Name	LIM LIN FENG		ID No. S8930025H
Related Vehicle	SLH3181G (Car)		Contact No. 84688468
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON 5/4/2021 I WAS DROPPING OFF 1 OF MY PASSENGERS AT PAYA LEBAR PLQ. I HAD WARN TO LOOK OUT FOR INCOMING VEHICLES AND SHE ACKNOWLEDGED. UNFORTUNATELY, RIGHT AFTER SHE OPENED THE DOOR, WE HAD MET A MINOR ACCIDENT. MY DOOR WAS CRASHED AND THE OTHER PARTY'S CAR RIGHT SIDE-MIRROR HAD BROKE OFF. THE PASSENGER, A LADY, WAS THEN INFORMING HER DAD OF THE SITUATION, AND HER DAD HAD REQUESTED TO TALK TO ME ON THE PHONE. THEN I SIMPLY TOLD HIM I WILL MAKE A POLICE REPORT ASAP. THE OTHER PARTY JUST DROVE OFF. I WENT TO RETRIEVE MY DASHCAM. I WENT BACK TO MAKE A ROUND TO TRY MY LUCK IF I COULD FIND THE OTHER PARTY'S CAR SO I COULD GET ALL THE DETAILS. UNFORTUNATELY, I COULD NOT FIND HIM. I AM UNSURE IF THIS IS A HIT-AND-RUN OR NOT AS MY PASSENGER WAS THE ONE WHO OPENED THE DOOR.

















**SINGAPORE
POLICE FORCE**



T/20210405/2084

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

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Report No. T/20210405/2084

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/04/2021 16:53		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM LIN FENG			Address:		
ID Type / ID No.: NRIC NO / S8930025H			Contact No.: Home/Office:		Mobile: 84688468
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 31/08/1989	Type of Informant: Driver		
Race:		Language:	Institution / School Name:		
Occupation: OTHERS		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 05/04/2021 15:10	Type of Location: DROP OFF POINT
Location: PAYA LEBAR LINK				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLH3181G	Car					4
SMP1073U	Car					0

Details of Person Involved

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



SINGAPORE
POLICE FORCE



T/20210405/2084

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

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Report No. T/20210405/2084

CONTINUATION OF REPORT

Driver			
Name	LIM LIN FENG		ID No. S8930025H
Related Vehicle	SLH3181G (Car)		Contact No. 84688468
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

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SINGAPORE
POLICE FORCE



T/20210405/2084

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

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Report No. T/20210405/2084

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 ZAIM BIN MUHAMMAD ZAINI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
05/04/2021 16:53

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151
6229

Classification Of Case:

Authentication Stamp
NP168

