

# 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 .....	07/10/2021 16:34 (SGT)
Date of Accident .....	06/10/2021 19:55 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	REPUBLIC BLVD TWDS ECP
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMH3237T
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LIM YONG BOON
NRIC No .....	SXXXX991E
Email Address .....	ktmotorwerk@hotmail.com
Mobile Phone No .....	(Phone) +65-82881520
Alternative Phone No .....	+65-82881520

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Stream
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 hire
Transmission .....	Auto
CC .....	1800

### INSURANCE COMPANY

Name of Insurance Company .....	Liberty Insurance Pte Ltd
Type of Coverage .....	ThirdParty
Fleet Policy .....	No
Policy Number .....	SI21V08047/VPL/R01
Cover Note Number .....	-

### DRIVER

Name of Driver .....	LIM YONG BOON
NRIC No .....	SXXXX991E

Date Of Birth .....	13/09/1975
Occupation .....	Outdoor
Date Of Driving Pass .....	25/06/2015
Driving experience .....	6 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82881520
Alt. Phone Number .....	+65-82881520
Email Address .....	ktmotorwerk@hotmail.com
Address .....	BLK 37 CAMBRIDGE ROAD
Address complement .....	#04-145
Postcode .....	210037
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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? .....	No
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

#### PASSENGER 1

Name .....	SANTOSHI SONAWANE
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Central Division Headquarters
Police Station Phone No .....	(Phone) +65-18002240000
Alt. Police Station Phone No .....	(Fax) +65-62200877
Police Station Address .....	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:A/20211007/7033

#### 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 .....	SMX1780U
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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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	LIM YONG BOON
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	SMH3237T
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	SANTOSHI SONAWANE
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	SMH3237T
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

### IMPORTANT NOTICE

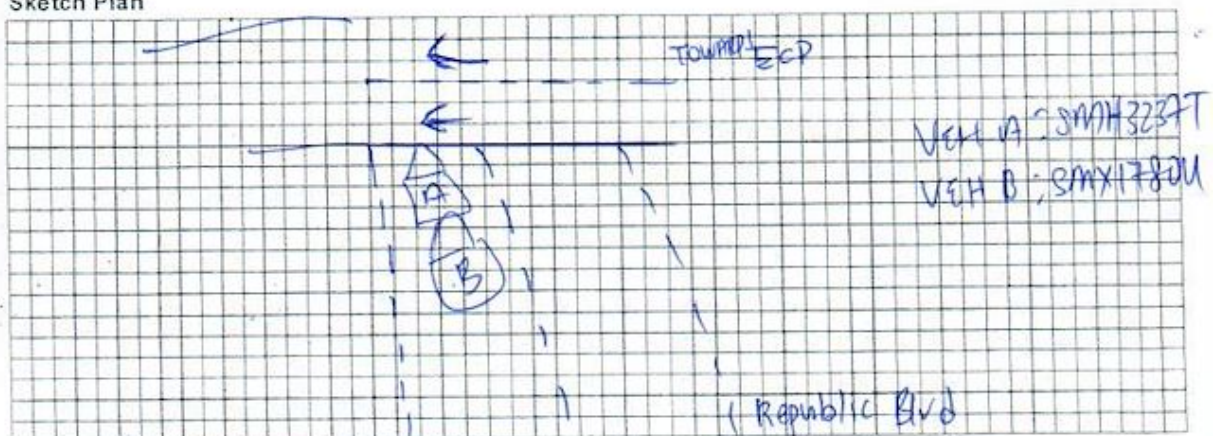
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, 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





**Describe Circumstances of the Accident**

Please refer to police report A/2021/007/7033.

**Declaration**

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



**SINGAPORE  
POLICE FORCE**



A/20211007/7033

1 of 2

**POLICE REPORT (NP299)**

Report No. A/20211007/7033

Police Station Of Origin  
Central Division HQ  
A 391 New Bridge Road #03-112 Police  
Cantonment Complex SINGAPORE 088762  
Tel No: 1800-2240000

Date/Time Report Made 07/10/2021 14:58		Vide Report No.		Station Diary No.	
Name Of Informant LIM YONG BOON		Address 37 CAMBRIDGE ROAD #04-145 SINGAPORE 210037			
ID Type / ID No. NRIC NO / S7529991E		Contact No. Home/Office:                      Mobile: 82881520			
Nationality SINGAPORE CITIZEN		Email Address LIMYONGBOON1975@GMAIL.COM			
Occupation Grab Driver		Sex Male	Age 46	Date of Birth 13/09/1975	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 06/10/2021 19:55 - 07/10/2021 14:15		Location Of Incident REPUBLIC BOULEVARD - ERP(18)			

**Brief details.**

On 06.10.2021 at 1955hrs, i was travelling along Republic Blvd towards ECP with an passenger (Santoshi Sonawane) S7861139A to her destination.

I was at the stop line waiting for clearance of the traffic and suddenly Vehicle B (SMX1780U) hit me with an big impact causing damage to my rear portion of my vehicle.

We come down to take photo and exchange number.

I went to consult the doctor the next following day and was given 3 day MC, my passenger have a minor injuries and she told me she might see an doctor.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/10/2021 14:58
Officer In-Charge Of Case:	Classification Of Case:































**SINGAPORE  
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A/20211007/7033

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Officer In-Charge Of Case:	Classification Of Case:





**SINGAPORE  
POLICE FORCE**



A/20211007/7033

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20211007/7033

<b>Subjects Involved</b>			
<b>Suspect</b>			
Person Name	NG WEE LIANG		
Relation To	DRIVER FOR SMX1780U		
Informant			
<b>Victim</b>			
Person Name	LIM YONG BOON		
ID Type	NRIC NO	ID No	S7529991E
Gender	Male	Age	46
Race	Chinese	Language	English
Occupation	Grab Driver	Address	37 CAMBRIDGE ROAD #04-145 SINGAPORE 210037
Mobile No	82881520	Is Informant A Victim?	Yes
Person Name	Santoshi Sonawane		
ID Type	NRIC NO	ID No	S7861139A
Person Name	LIM YONG BOON (Informant)		

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:  
07/10/2021 14:58

Classification Of Case:

