

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
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM YONG BOON
NRIC No	S7529991E
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	S7529991E

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

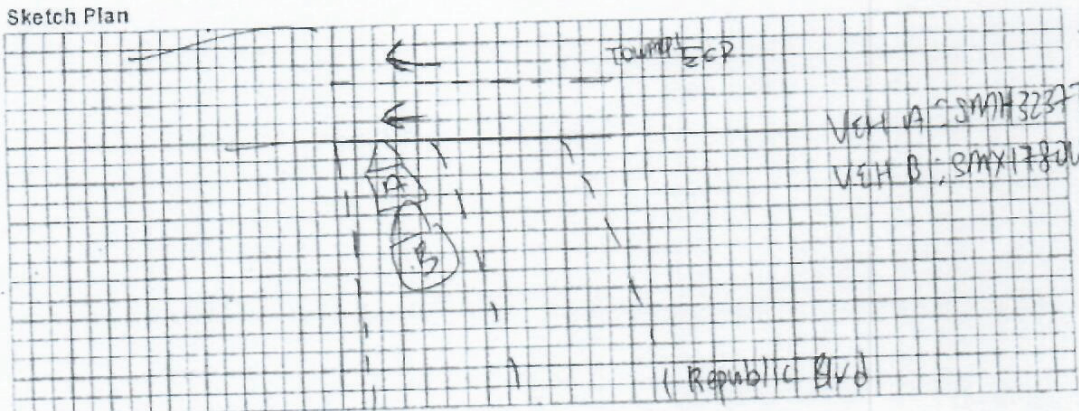
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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/2021100717033

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
Institution/School Name	Date of Birth 13/09/1975	Race Chinese
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 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:



**SINGAPORE
POLICE FORCE**



A/20211007/7033

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20211007/7033

Subjects Involved			
Suspect			
Person Name	NG WEE LIANG		
Relation To	DRIVER FOR SMX1780U		
Informant			
Victim			
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: