

# 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 ..... 10/05/2022 17:23 (SGT)  
Date of Accident ..... 10/05/2022 09:00 (SGT)  
Exact Location of Accident ..... AYE, Singapore  
Additional Location Information ..... TOWARDS JURONG  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLM4594R

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... LION CITY RENTALS PTE LTD  
Company Reg No ..... 2XXXXX621K  
Email Address ..... lcrarc@lioncityrentals.com.sg  
Mobile Phone No ..... (Phone) +65-62525525  
Alternative Phone No ..... (Office) +65-62525525

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Prius  
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 ..... 1798

### INSURANCE COMPANY

Name of Insurance Company ..... Tokio Marine Insurance Singapore Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... Yes  
Policy Number ..... 22-MN000210-R00  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LIM CHEE KEANG  
NRIC No ..... SXXXX159A

Date Of Birth .....	08/08/1969
Occupation .....	Outdoor
Date Of Driving Pass .....	19/09/1996
Driving experience .....	25 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97926127
Alt. Phone Number .....	-
Email Address .....	lcrarc@lioncityrentals.com.sg
Address .....	BLK 22 TELOK BLANGAH CRESCENT #03-71
Address complement .....	-
Postcode .....	090022
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Male

#### PASSENGER 2

Name .....	UNKNOWN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Changkat Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18007819999
Alt. Police Station Phone No .....	(Fax) +65-67832722
Police Station Address .....	Blk 109 Tampines Street 11 #01-261 Singapore 521109
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ON 10/05/22 AT ABOUT 0900HRS I WAS DRIVING VEHICLE A SLM4594R ALONG AYE TOWARDS JURONG WITH TWO PASSENGERS.I WAS AT CENTER LANE, AS I TRAVELLING WITHIN MY LANE SUDDENLY VEHICLE B SHC5723D REAR ENDED MY VEHICLE FOLLOWED BY VEHICLE C SMF4986T ONTO VEHICLE B REAR.UNABLE TO EXCHANGE PARTICULAR.MYSELF AND MY TWO PASSENGER INJURED DUE TO THE IMPACT.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

Was there any audio recorded? ..... No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SHC5723D  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Taxi  
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) ..... 2

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SMF4986T  
Vehicle Manufacturer ..... Volkswagen  
Vehicle Model ..... Polo  
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) ..... 1

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person ..... LIM CHEE KEANG  
Gender ..... Male  
Phone No ..... (Phone) +65-97926127  
Address ..... BLK 22 TELOK BLANGAH CRESCENT #03-71  
Address Complement ..... -  
Post Code ..... 090022  
Approximate Age Years Old ..... 52  
Injuries Sustained ..... NECK AND BACK  
Injured person in which vehicle? ..... SLM4594R  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

##### INJURED 2

Name of injured person ..... UNKNOWN - PASSENGER  
Gender ..... Male  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... SLM4594R  
Were seat belts worn? ..... Yes

Was this injured conveyed to hospital by ambulance? ..... No

INJURED 3

Name of injured person .....	UNKNOWN - PASSENGER
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLM4594R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

1. Please report **correctly** the details of the accident to speed up the claims process.
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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**.
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5. **Any false reporting may be referred to the Police for investigation**.
6. The 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.
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

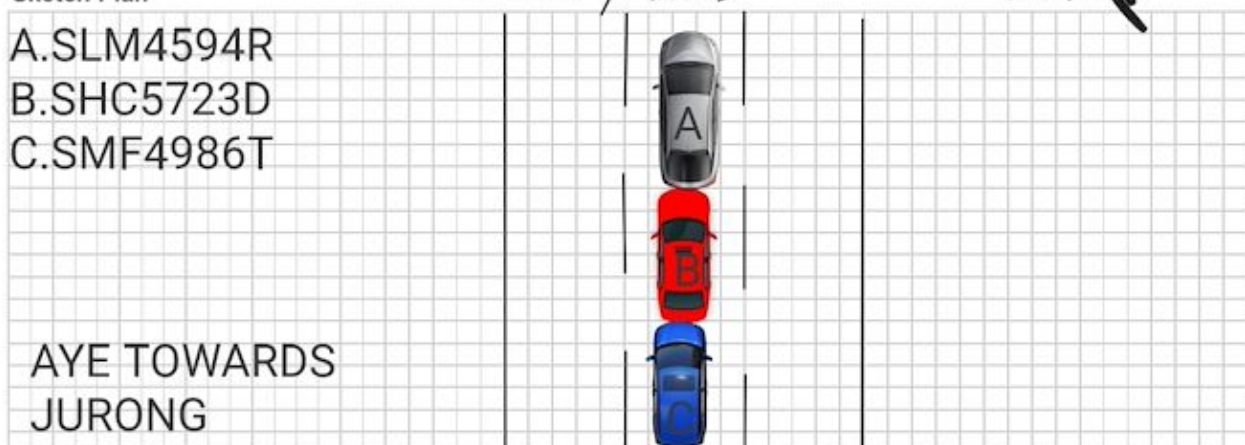
**Sketch Plan**

A.SLM4594R  
B.SHC5723D  
C.SMF4986T

AYE TOWARDS  
JURONG

10/6/2017 / 11:20 Hrs

Burt



## Describe Circumstances of the Accident

ON 10/05/22 AT ABOUT 0900HRS I WAS DRIVING VEHICLE A SLM4594R ALONG AYE TOWARDS JURONG WITH TWO PASSENGERS. I WAS AT CENTER LANE, AS I TRAVELLING WITHIN MY LANE SUDDENLY VEHICLE B SHC5723D REAR ENDED MY VEHICLE FOLLOWED BY VEHICLE C SMF4986T ONTO VEHICLE B REAR. UNABLE TO EXCHANGE PARTICULAR. MYSELF AND MY TWO PASSENGER INJURED DUE TO THE IMPACT.

## 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

10/05/22 / 10:00hrs

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

10/05/22









































**SINGAPORE  
POLICE FORCE**



T/20220510/2067

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

1 of 4

Report No. T/20220510/2067

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/05/2022 15:43	Vide Report No.:	Station Diary No.: 24
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**Informant's Particulars**

Name of Informant: LIM CHEE KEANG	Address: APT BLK 22 TELOK BLANGAH CRESCENT #03-71 SINGAPORE 090022		
ID Type / ID No.: NRIC NO / S6928159A	Contact No.: Home/Office: Mobile: 97926127		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 52	Date of Birth: 08/08/1969	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: PRIVATE HIRER DRIVER	Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/05/2022 09:00	Type of Location: Straight Road
Location:  AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SHC5723D	Car					0
SLM4594R	Car					2
SMF4986T	Car					0





**SINGAPORE  
POLICE FORCE**



T/20220510/2067

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

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Report No. T/20220510/2067

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SHC5723D (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
Driver			
Name	LIM CHEE KEANG	ID No.	S6928159A
Related Vehicle	SLM4594R (Car)	Contact No.	97926127
Hospital/Clinic	ANSAR CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	10/05/2022	Date Discharge	10/05/2022
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SMF4986T (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 the above mentioned date and time I was driving my car SLM4594R on the second lane along AYE towards Jurong before Normanton Park, ferrying two passengers who were seated at the back seat. The road was heavily congested and vehicles were moving at crawling speed. My car was travelling slowly in queue with other vehicles on the said lane. While my car was in motion at very low speed, I heard a loud bang coming from the back. A split second after that I felt an impact from the back of my car, causing me to jerk forward in my driver seat. However, I did not collide with the vehicles in front of me. I then turned to my passengers to check if they were alright and they told me that they did not have any immediate injuries. I told them to stay inside while I went out to check. I discovered a taxi SHC5723D had collided



**SINGAPORE  
POLICE FORCE**



T/20220510/2067

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

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Report No. T/20220510/2067

**CONTINUATION OF REPORT**

onto the rear of my car, while another car SMF4986T had collided onto the rear of the said taxi. I checked on the driver's condition and they told me that they did not have any immediate injuries. Neither police nor ambulance was called to scene. Thereafter I took some pictures of the accident scene. I did not exchange particulars and contact details with the other two drivers as I did not want to hold up the traffic any longer. I then continued on my journey to send my passengers to their destination. I felt pain at the right side of my back from the neck to the lower back area due to the accident. I went for medical assessment and was given discharge on the same day with three days medical leave.



**SINGAPORE  
POLICE FORCE**



T/20220510/2067

Police Station Of Origin:  
Changkat NPP  
109 Tampines Street 11 #01-261  
SINGAPORE 521109  
Tel No: 1800-7819999

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Report No. T/20220510/2067

**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 / SI ZAMALOKMAN BIN BUJANG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 10/05/2022 15:43
Officer In Charge Of Case: TP / AEIT / INSP (1) BOON YEN KIAN Contact No.: 65476172	Classification Of Case:

NP168



SINGAPORE  
POLICE FORCE



SIGNATURE







**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SJ04225A0015 Vehicle Registration No: SLM4594R  
 Name (as shown in NRIC): Lion City Rentals Pte Ltd NRIC/FIN/Passport No: 201504621K  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): 62525525 Mobile No.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Date of Accident: 10/05/2022 Time of Accident: 09:00  
 Place of Accident: AYE,  
 Insurance Company: Tokio Marine Insurance Singapore Ltd

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

ATTACHED POLICE REPORT  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Policyholder / Driver's Signature  
 Date:

*siti*

Reporting Centre Personnel's Signature  
 Name: Siti  
 NRIC/FIN No.:  
 Date: 20.05.2020

GIA RMC Addendum Form



