

## 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 ..... 08/07/2022 15:12 (SGT)  
Reported by ..... Both  
Date of Accident ..... 06/07/2022 12:15 (SGT)  
Exact Location of Accident ..... Ophir Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBB6418E

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... FEI HUANG MEE HOON KUAY MANUFACTURING PTE LTD  
Company Reg No ..... 201713184R  
Email Address ..... soon1729@gmail.com  
Mobile Phone No ..... (Phone) +65-94254784  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Dyna  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 3000

#### INSURANCE COMPANY

Name of Insurance Company ..... Lonpac Insurance Bhd  
Policy Number / Cover Note Number ..... Z21VC05008273

#### DRIVER

Name of Driver ..... LIM BOON QIEW  
NRIC No ..... S1510157A  
Date Of Birth ..... 19/05/1961  
Occupation ..... Outdoor

Date Of Driving Pass .....	16/05/1979
Driving experience .....	43 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94254784
Alt. Phone Number .....	-
Email Address .....	soon1729@gmail.com
Address .....	BLK 894A TAMPINES STREET 81 #10-896
Address complement .....	-
Postcode .....	521894
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 - Cross Junction
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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bedok Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18002419999
Alt. Police Station Phone No .....	(Fax) +65-64431687
Police Station Address .....	Blk 15 Bedok South Road #01-117 Singapore 460015
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE RPEORT: T/20220707/2029.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHB8715B
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 .....	VEHICLE B
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	LIM BOON QIEW
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	GBB6418E
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

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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.

# FEI HUANG MEE HOON KUAY MANUFACTURING PTE. LTD.

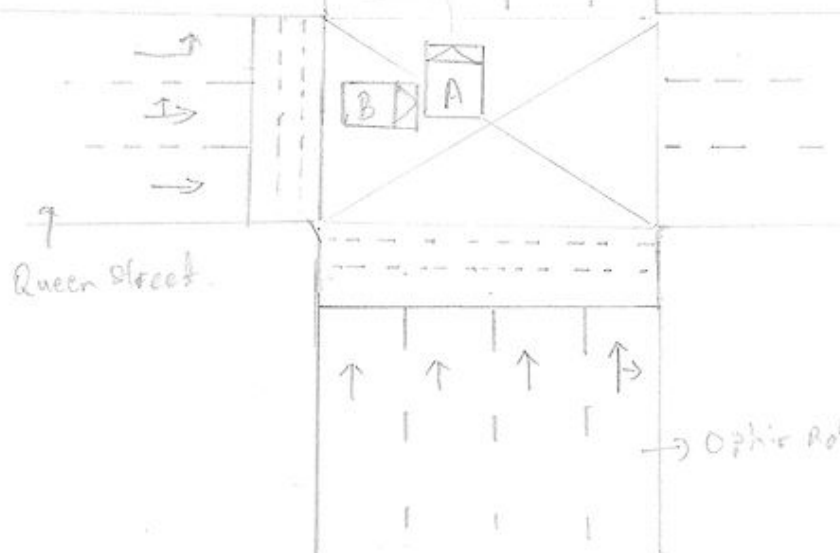
Registration No: 201713184R

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A: GBB6418E  
B: SHB8715D

## Describe Circumstances of the Accident

Refer to the police report No. 7/20220707/2029

## Declaration

We declare the foregoing particulars are true in every respect.

**FEI HUANG MEE HOON KUAY**  
**MANUFACTURING PTE. LTD.**  
Registration No: 201713184R

Policyholder's Signature / Date &  
TimeDriver's Signature (If driver is not the policyholder) / Date  
& TimeWitnessed by Reporting Centre  
Personnel













































**SINGAPORE  
POLICE FORCE**



T/20220707/2029

Police Station Of Origin:  
Bedok NPP  
15 Bedok South Road #01-117 SINGAPORE  
460015  
Tel No: 1800-2419999

1 of 3

Report No. T/20220707/2029

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/07/2022 11:26	Vide Report No.: A/20220706/0060	Station Diary No.: 11
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**Informant's Particulars**

Name of Informant: LIM BOON QIEW			Address: APT BLK 894A TAMPINES STREET 81 #10-896 SINGAPORE 521894		
ID Type / ID No.: NRIC NO / S1510157A			Contact No.: Home/Office: Mobile: 94254784		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 19/05/1961	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Van driver			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/07/2022 12:15	Type of Location: X-Junction
Location:  OPHIR ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB6418E	Lorry	TOYOTA	DYNA 150	Silver	Seriously Damaged	0
SHB8715B	TAXI				Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBB6418E	LONPAC INSURANCE BHD.	Z21VC05008273	17/09/2021	16/09/2022



**SINGAPORE  
POLICE FORCE**



T/20220707/2029

Police Station Of Origin:  
Bedok NPP  
15 Bedok South Road #01-117 SINGAPORE  
460015  
Tel No: 1800-2419999

2 of 3

Report No. T/20220707/2029

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM BOON QIEW	ID No.	S1510157A
Related Vehicle	GBB6418E (Lorry)	Contact No.	94254784
Hospital/Clinic	HEALTHLINE FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	06/07/2022	Date Discharge	06/07/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On 06/07/2022 at around 1216hrs, I was travelling along Ophir road a four lane road in my company vehicle bearing plate number GBB6418E. I was on the second lane from the extreme left lane when the accident happen at the junction of Ophir road and Queen St.

The traffic light was green and in my flavor when the taxi came from the left along Queen St and collided into the left rear of my vehicle. The impact was so great that my vehicle overturn to its side. I was unable to get out of the vehicle until the assistance from the members of public at the scene.

Traffic police and ambulance were later at scene. I was treated at the scene for abrasion to my right elbow whereas the taxi driver was conveyed to the hospital by the ambulance for heart pain.

I went to see a doctor in the evening to have my injuries relook and was given 5 days of MC by the doctor.





**SINGAPORE  
POLICE FORCE**



T/20220707/2029

Police Station Of Origin:  
Bedok NPP  
15 Bedok South Road #01-117 SINGAPORE  
460015  
Tel No: 1800-2419999

3 of 3

Report No. T/20220707/2029

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 /  
SR STAFF SGT LEE SHUWEI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
07/07/2022 11:26

Officer In Charge Of Case:  
TP / GIT /  
SI CHONG GUAN FATT  
Contact No.: 65472077

Classification Of Case:

NP168


**LONPAC INSURANCE BHD** (S96FC5635C)

(Incorporated in Malaysia)

Singapore Office: 300, Beach Road #17-04/07, The Concourse, Singapore 199555.

Tel: (65) 6250 7368 Fax: (65) 6296 3767 Website: www.lonpac.com.sg

GST Reg No.: F0-0005635-C

MZ300

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CAP 189) REPUBLIC OF SINGAPORE.  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES 1960 (REPUBLIC OF SINGAPORE).  
 ROAD TRANSPORT ACT 1987 (MALAYSIA).  
 ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA).  
 THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA).

Certificate No. : Z21VC05008273

Type of Cover : THIRD PARTY

1. Index Mark and Vehicle Registration Number

TOYOTA DYNA 150 MANUAL 3SEATER  
- GBB6418E

2. Name of Policy Holder

FEI HUANG MEE HOON KUAY MANUFACTURING PTE LTD

3. Effective Date of the Commencement of Insurance  
for the purpose of the Act

17/09/2021

4. Date of Expiry of the Insurance

16/09/2022

5. Person To Drive

(A) THE POLICYHOLDER.

(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS/THEIR PERMISSION.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use

USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.

USE FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES.

THE POLICY DOES NOT COVER:-

USE FOR HIRE OR REWARD OR FOR RACING, PACEMAKING, RELIABILITY TRIAL OR SPEED TESTING.

USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

\* Limitations rendered inoperative by Section 95 of the Road Transport Act 1987 (Malaysia) or Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore are not included under heading.

I/WE hereby certify that this covering Note is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and Motor Vehicles (Third-Party Risks and Compensation) Act (Cap 189) Republic of Singapore.

CHIEF EXECUTIVE  
 (Singapore Branch)

User ID: WMONG

Date Issued: 26/08/2021

# HealthLine Family Clinic & Surgery Pte. Ltd.

Blk 25A, Chai Chee Road, #01-467, Singapore 461025  
Tel: 6446 3260 Fax: 6446 3259

**OFFICIAL RECEIPT**

No.: 511172

GST Reg. No. 201604123D  
Price payable includes GST

06 JUL 2022

Date: \_\_\_\_\_

Received with thanks from Lim Boon Oiewthe Sum of Dollars Two Hundred Twenty nine only

being payment of professional services rendered/medication.

Remarks: RTH with right elbow  
contusion and abrasions  
\$ 229.00  
Cash/Cheque No. \_\_\_\_\_

HealthLine Family Clinic  
& Surgery Pte. Ltd.  
Blk 25A, Chai Chee Road  
#01-467  
Singapore 461025  
Tel: 6446 3260 Fax: 6446 3259  
Authorized Signatory

# HealthLine Family Clinic & Surgery Pte. Ltd.

Blk 25A, Chai Chee Road, #01-467, Singapore 461025  
Tel: 6446 3260 Fax: 6446 3259

**MEDICAL CERTIFICATE**

No.: 379758

This is to certify that :

MR/MISS/MDM: Lim Boon OiewNRIC NO: S151 0157 A

- (1) Is unfit for duty/school for 05 day(s) from 07/07 to 11/07 (inclusive).  
(2) Unfit for physical exercise for / days from / to / (inclusive).  
(3) Fit for light duty only for / days from Ting Min to Tin (inclusive).

(4) Attended and left the clinic at \_\_\_\_\_  
MBBS (S'pore) Dip. Occ Med. Fam Phys  
MCR/000101

Remarks: RTH with right  
06 JUL 2022  
elbow contusion  
and abrasions

Date: \_\_\_\_\_  
Doctor's Signature: \_\_\_\_\_

HealthLine Family Clinic  
& Surgery Pte. Ltd.  
Blk 25A, Chai Chee Road  
#01-467  
Singapore 461025  
Tel: 6446 3260 Fax: 6446 3259

\* This certificate is not valid for absence from court attendance or other judicial proceedings unless specifically stated.