

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 Actual 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 11/04/2023 17:29 (SGT)
Reported by Actual Driver
Date of Accident 10/04/2023 19:35 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information (CHANGI) BEFORE BEDOK NORTH AVENUE 3 EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNJ935J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner LIANG LONG MARINE PTE LTD
Company Reg No 2XXXXX701C
Email Address jesleylim@hotmail.com
Mobile Phone No (Phone) +65-93854021
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Harrier
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 2487

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Policy Number / Cover Note Number SD23V00083/VPE/R00

DRIVER

Name of Driver LIM SOM CHYE
NRIC No SXXXX514C
Date Of Birth 24/12/1961
Occupation Indoor

Date Of Driving Pass	12/01/1982
Driving experience	41 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93854021
Alt. Phone Number	-
Email Address	jesleylim@hotmail.com
Address	BLK 443 TAMPINES STREET 43 #11-53
Address complement	-
Postcode	520443
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 - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230410/2124

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 OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBJ6093R
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLW3774S
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

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 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 Traffic Police Department for investigation.**
 6. This report will be forwarded by the Insurers to 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 be 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 insurers who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident and 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/postal packages; and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
 - (b) All insurers who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may be 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 also 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.



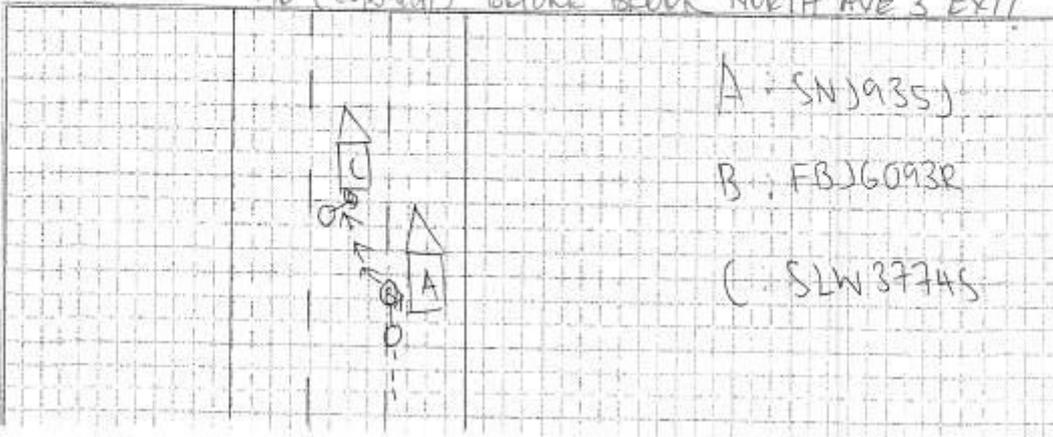
Policyholder's Signature / Date & Time

Driver's Signature if driver is not the policyholder / Date & Time

Witnessed by Receiving Centre Personnel (Name as in NRIC Card)

Sketch Plan

PIE (CHANGE) BEFORE BEOOK NORTH AVE 3 EXIT



A - SNJ935J

B - FBJG093R

C - SLW377AS

Describe Circumstance of the Accident

— Refer to police report — T/20230410/2124

[The rest of the form is a large rectangular area with horizontal lines, mostly blank, with a large handwritten scribble on the right side.]

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


Witnessed by Reporting Centre Personnel




















**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999



T/20230410/2124

1 of 3

Report No. T/20230410/2124

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/04/2023 22:37		Vide Report No.: G/20230410/0188		Station Diary No.: 118
Informant's Particulars				
Name of Informant: LIM SOM CHYE			Address: APT BLK 443 TAMPINES STREET 43 #11-53 SINGAPORE 520443	
ID Type / ID No.: NRIC NO / S1521514C		Contact No.: Home/Office: Mobile: 93854021		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 61	Date of Birth: 24/12/1961	Type of Informant: Driver	
Race: Chinese		Language:		
Occupation: ENGINEER		Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/04/2023 19:30	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
FBJ6093R	Motorcycle				Slightly Damaged	0
SNJ935J	Car	TOYOTA	HARRIER	Blue	Slightly Damaged	1

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



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T/20230410/2124

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6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20230410/2124

CONTINUATION OF REPORT

Driver			
Name	LIM SOM CHYE		ID No. S1521514C
Related Vehicle	NIL		Contact No. 93854021
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,3,4 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, time and location, I was driving along PIE towards Changi before the Bedok North Exit on the first lane when a white van suddenly swerved in front of my car, causing me to e-brake. I then felt a bang on the rear of my car and saw a motorcycle swerve from behind my car and hit another vehicle on the second lane. We were attended by Traffic Police and the motorcyclist was conveyed to the hospital. I and my daughter, my passenger, did not suffer any injuries. My car sustained a flat tire on the rear left side.



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POLICE FORCE**

Police Station Of Origin:
Tampines N.P.C.
6 Tampines Avenue 4 SINGAPORE 529682
Tel No. 1800-5671999



T202304102124

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Report No: T202304102124

CONTINUATION OF REPORT

Signature of Officer Recording The Report: G / SGT 1 Bapamah Hayna Mei 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 10/04/2023 22:37
Officer In Charge Of Case: TP / GIT / SI FADLI SHAFUDDIN BIN MOHAMED SANI Contact No.: 65476845	Classification Of Case:

NP168

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