

## 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 First Submission .....	03/09/2024 12:48 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	01/09/2024 15:45 (SGT)
Exact Location of Accident .....	Loyang Way, Singapore
Additional Location Information .....	LOYANG WAY SINGAPORE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBP8354T
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LIM MENG WAH
NRIC No .....	S1348330B
Email Address .....	LWINSON731@GMAIL.COM
Mobile Phone No .....	(Phone) +65-81212187
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Sym
Model .....	Joyride 200i
Variant .....	SYM / JOYRIDE S 200I ABS
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 .....	Motorcycle
Transmission .....	Auto
CC .....	175
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	RFGLFA501KSA02865
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number .....	MC/01231270/01

#### DRIVER

Name of Driver .....	LIM MENG WAH
NRIC No .....	S1348330B
Date Of Birth .....	15/01/1959
Occupation .....	Indoor
Driving Pass Date .....	14/01/1981
Driving License Pass Class .....	2B
Driving License Validity .....	Valid
Driving experience .....	43 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81212187
Alt. Phone Number .....	-
Email Address .....	LWINSON731@GMAIL.COM
Address .....	APT BLK 101 SERANGOON NORTH AVENUE 1 #11-805
Address complement .....	-
Postcode .....	550101
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 - Major/Minor Rd
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? .....	Yes
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 .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED  
STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD  
TEL 67415336

#### 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 .....	PC1608K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Bus
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 MENG WAH
Gender .....	Male
Phone No .....	(Phone) +65-81212187
Address .....	APT BLK 101 SERANGOON NORTH AVENUE 1 #11-805
Address Complement .....	-
Post Code .....	550101
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBP8354T
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

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

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**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")

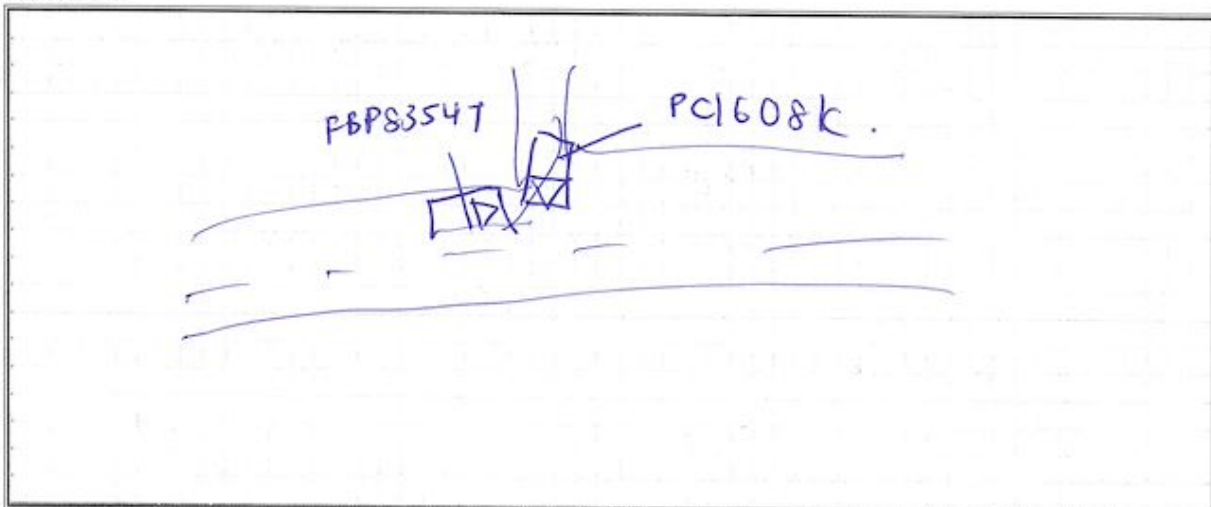
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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  
(Name as in NRIC/ID card)

**Sketch Plan**

Describe Circumstance of the Accident

Refer to Police Report

**Declaration**

I/We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

  
Policyholder's Signature / Date & Time

\_\_\_\_\_  
Driver's Signature (if driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

































Copies: 01 Paper size: A4



**SINGAPORE  
POLICE FORCE**



T/20240902/7057

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20240902/7057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/09/2024 13:44		Vide Report No.: G/20240901/0152		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LIM MENG WAH			Address: 101 SERANGOON NORTH AVENUE 1 #11-805 SINGAPORE 550101		
ID Type / ID No.: NRIC NO / S1348330B			Contact No.: Home/Office: Mobile: 81212187		
Nationality: SINGAPORE CITIZEN			Email: lwinson73@gmail.com		
Sex: Male	Age: 65	Date of Birth: 15/01/1959	Type of Informant: Rider		
Race: Chinese			Language: English		
Occupation: Electrical lift, escalator and related equipment fitter			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/09/2024 15:45	Type of Location: Straight Road
Location:  LOYANG WAY				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP8354T	Motorcycle	SYM	JOYRIDE S 200I ABS	Black		0
PC1608K	Bus/Coach/Mini bus (School Children)			White		0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
FBP8354T	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/01231270/01	20/06/2023	19/06/2025

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**SINGAPORE  
POLICE FORCE**



T/20240902/7057

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20240902/7057

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LIM MENG WAH	ID No.	S1348330B
Related Vehicle	FBP8354T (Motorcycle)	Contact No.	81212187
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/09/2024	Date Discharge	01/09/2024
No. of Days granted Medical Leave (MC)	20	Degree of Injury	Serious

**Brief Details.**

On the above mentioned date and time,  
I was driving my motorcycle plate no.FBP8354T travelling along Loyang way at the (Main road) towards ECP,  
when my bike reached a junction side road from the left (upper Changi road north). A bus plate no.PC1608K did not  
stop at the stop line and collided onto my bike from front left and my left leg I fallen off to the right.  
After accident I was conveyed by ambulance to Changi General Hospital and doctor was given 20days M.C.  
( my left leg knee fractured).

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**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20240902/7057

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Report No. T/20240902/7057

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
YAN MINGSHENG DANIEL  
Contact No.: 65476252

NP168

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

Date/Time:  
02/09/2024 13:44

Classification Of Case:

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