

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 ability.
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 Report	19/03/2018 10:46
Date Of Accident	16/03/2018 19:00
Exact Location Of Accident	ALONG JURONG WEST STREET 91
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG232L
Insured/Policyholder	
Name Of Registered Owner	LIM YILIANG ALAN
NRIC No	S9241347J
Email Address	GENIUS.ALAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94575746
Alternative Phone No	OTHERS-94575746

Vehicle Particulars

Manufacturer	DUCATI
Model	MONSTER S4RS-998CC
Exact Purpose for which vehicle was being used at time of accident	GOING OUT FOR DINNER
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5093804584
Cover Note Number	

Driver

Name of Driver	LIM YILIANG ALAN
NRIC No	S9241347J
Date Of Birth	02/01/1992
Occupation	INDOOR
Date Of Driving Pass	04/09/2017
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94575746
Fax Number	
Contact Number	OTHERS-94575746
E-Mail Address	GENIUS.ALAN@GMAIL.COM

Address	26 YUNNAN WALK 2
Postcode	638157
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180317/2141(COLLISION TYPE IS HEAD TO SIDE)

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	SLV9978L
Vehicle Make/Model/Colour	MERCEDES BENZ CL180K
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA YI YONG BRONSON
NRIC/Passport Number	S8947645C
Contact Number	93878482
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver) 2

DETAILS OF INJURED PERSON 1

Name LIM YILIANG ALAN
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? FBG232L
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Sketch Plan

SKETCH PLAN

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

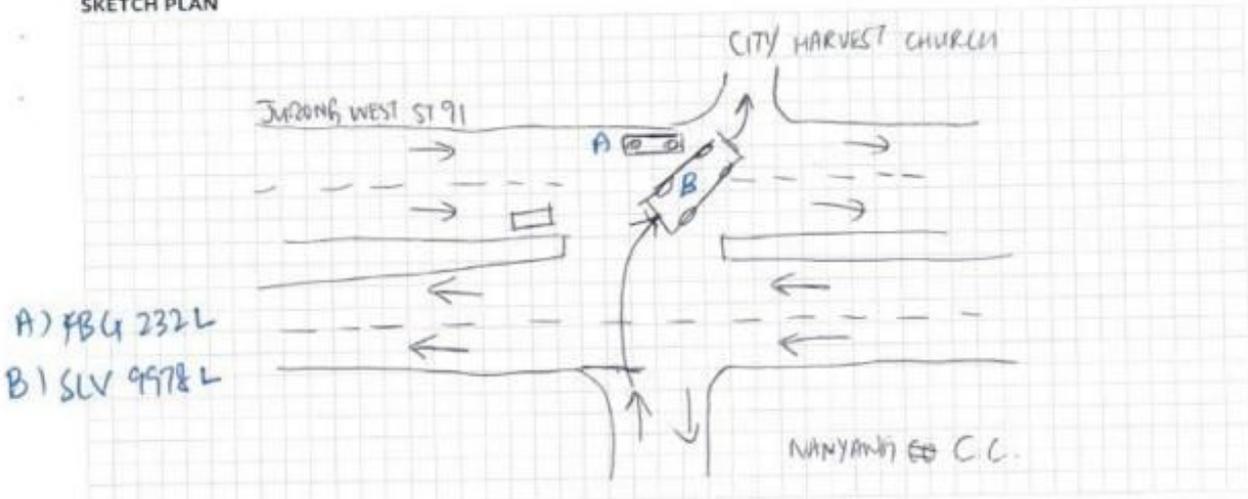

 Policyholder's Signature
 Date & Time: 19/03/2018 / 10:50

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


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PLS REFER TO POLICE REPORT
7/20180317/2141*

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time: 190318/1030

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

[Signature] 19/03/2018
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180317/2141

1 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No: T/20180317/2141

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/03/2018 19:08	Vide Report No.:	Station Diary No.: 115
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Informant's Particulars

Name of Informant: LIM YILIANG ALAN			Address: 26 YUNNAN WALK 2 SINGAPORE 638157		
ID Type / ID No.: NRIC NO / S9241347J			Contact No.:		Mobile: 94575746
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 02/01/1992	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: SAF REGULAR			Driving Licence Information: Class: 2B,2A,2,3A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/03/2018 19:00	Type of Location: Straight Road
Location: Along Road 1 JURONG WEST STREET 91				
Jurong West Street 91 heading towards Pioneer road north				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG232L	Motorcycle	DUCATI	MONSTER 1200S	Red	Seriously Damaged	0
SLV9978L	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG232L	NTUC Income Insurance Co-Operative Limited	5093804584	28/08/2017	27/08/2018

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20180317/2141

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Report No. T/20180317/2141

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Rider			
Name	LIM YILIANG ALAN	ID No.	S9241347J
Related Vehicle	FBG232L (Motorcycle)	Contact No.	94575746
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3A Date of Expiry: NIL
Date Treatment	17/03/2018	Date Discharge	17/03/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	CHUA YI YONG BRONSON	ID No.	S8947645C
Related Vehicle	SLV9978L (Car)	Contact No.	93878482
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 16/03/2018 at about 1900hrs along Jurong West Street 91, I was riding my motorcycle FBG232L heading towards Pioneer road north. As I was about to pass city harvest church, out of a sudden a car SLV9978L came from the opposite side of the and knocked onto my motorcycle and I had a fall. The car was heading into city harvest church. The driver came out from the vehicle and assisted me. I have bruises on my right fingers, right elbow and right knee. The driver has no injury. We exchange particulars and left. I tried to start my motorcycle but was unable to start. My motorcycle was towed. The following day I felt pain on my body thus I went to see a doctor at Ng Teng Fong General Hospital and was given 3 days MC.

Sketch Plan #5



SINGAPORE
POLICE FORCE



T/20180317/2141

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Report No. T/20180317/2141

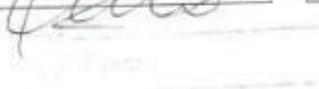
Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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: J/ Sgt 3 KUMARAVAL KIONG ANANTHAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 17/03/2018 19:08
Officer In Charge Of Case: TP / AEIT / Staff Sgt TANG SIEW PING Contact No.: 65476430 	Classification Of Case:
Authentication Stamp NP168 	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



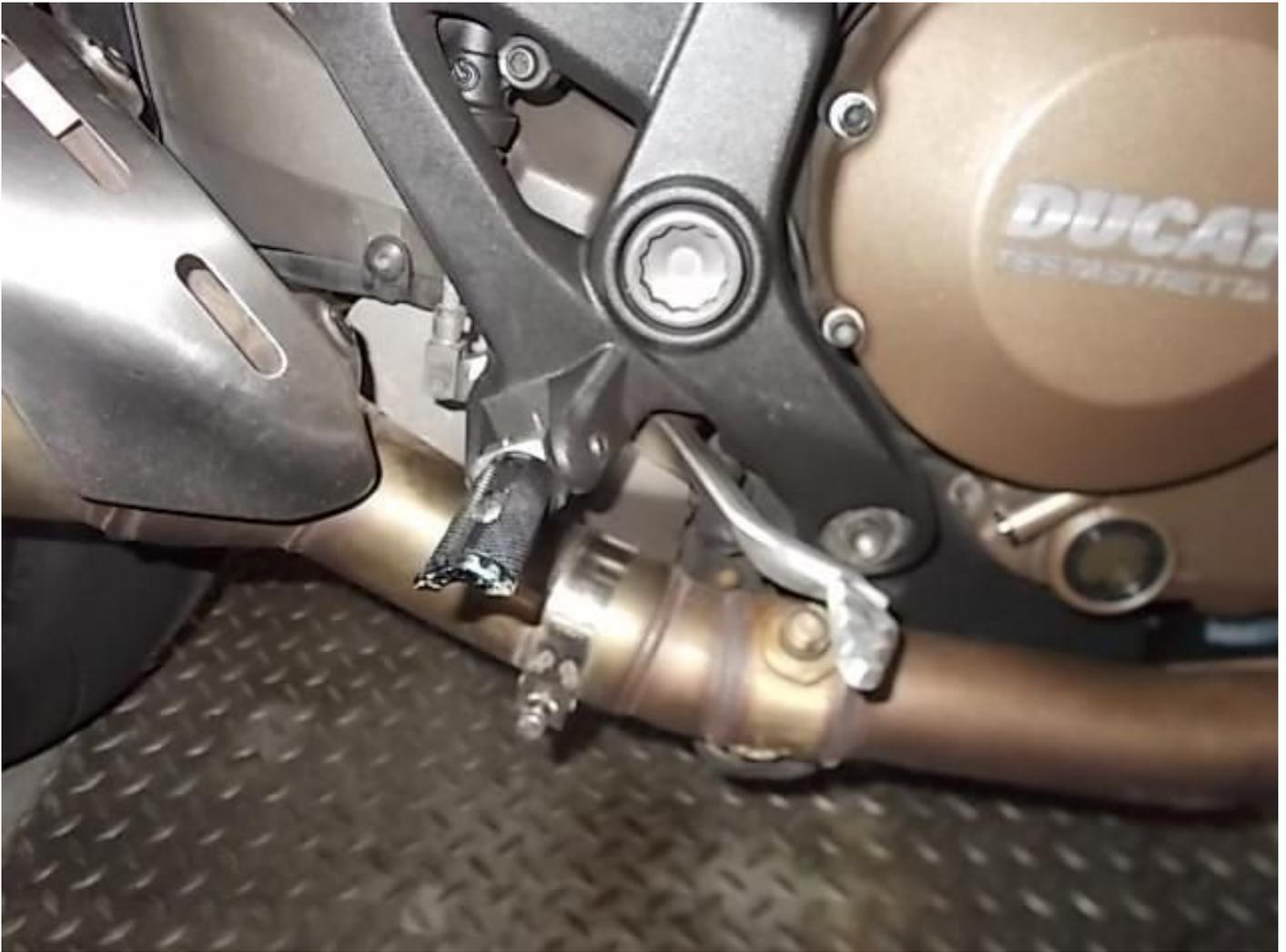
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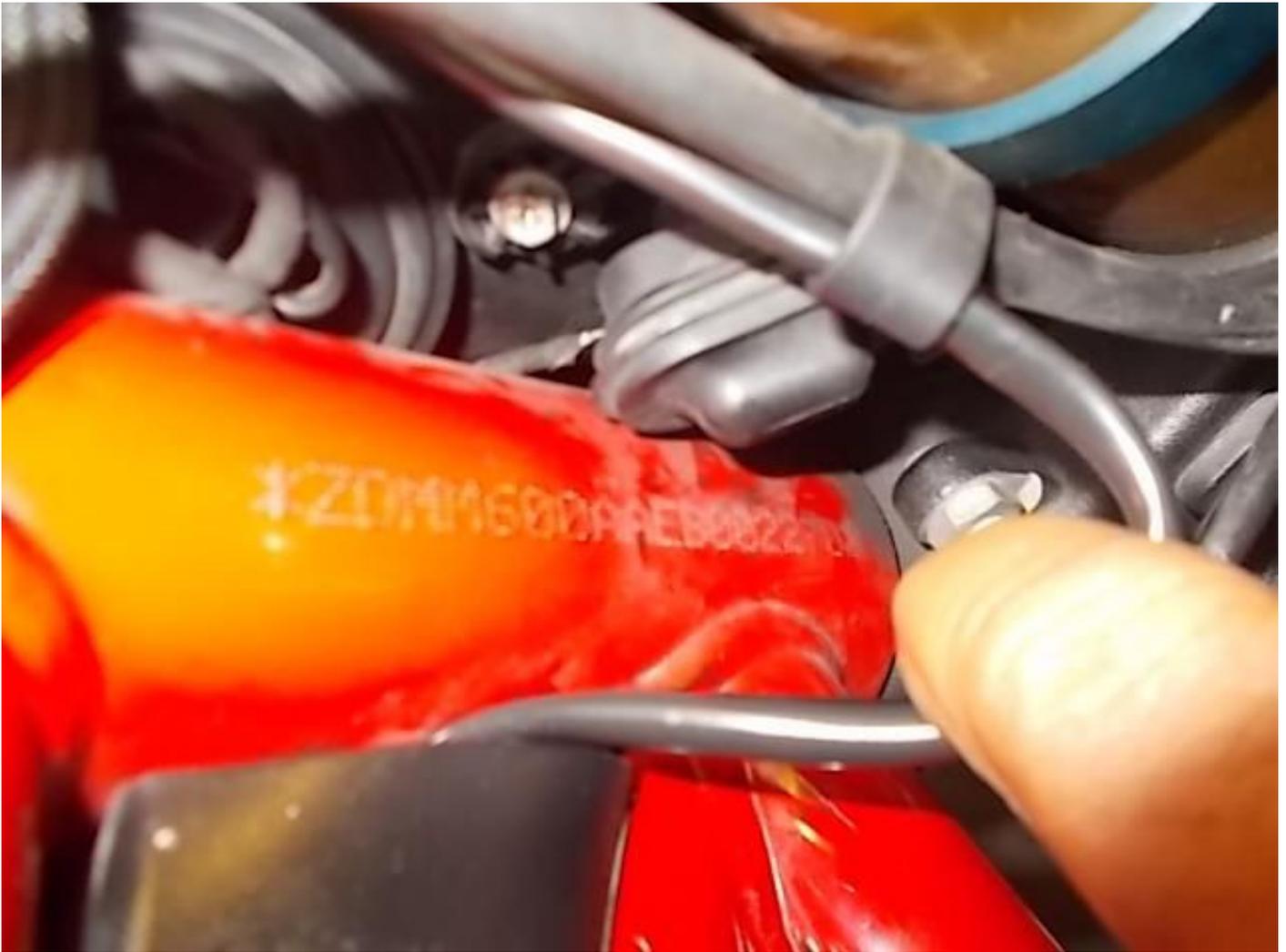
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