

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 Report	09/10/2018 16:11
Date Of Accident	09/10/2018 09:20
Exact Location Of Accident	TUAS ROUNDABOUT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG1204L
Insured/Policyholder	
Name Of Registered Owner	LIM SAN HOON
NRIC No	S1172067F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92317056
Alternative Phone No	OFFICE-92317056

Vehicle Particulars

Manufacturer	PIAGGIO
Model	VESPA PX 150
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
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5058989919-05
Cover Note Number	-

Driver

Name of Driver	LIM SAN HOON
NRIC No	S1172067F
Date Of Birth	19/01/1956
Occupation	OUTDOOR
Date Of Driving Pass	05/10/1979
Driving Experience	39 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92317056
Fax Number	
Contact Number	OFFICE-92317056
Email Address	NOEMAIL

Address	BLK 277 TOH GUAN RD #06-171
Postcode	600277
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	COLLISION - ROUNDABOUT
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	XD1996P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHEW
NRIC/Passport Number	G7606936R
Contact Number	84301033
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	LIM SAN HOON
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBG1204L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

(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.

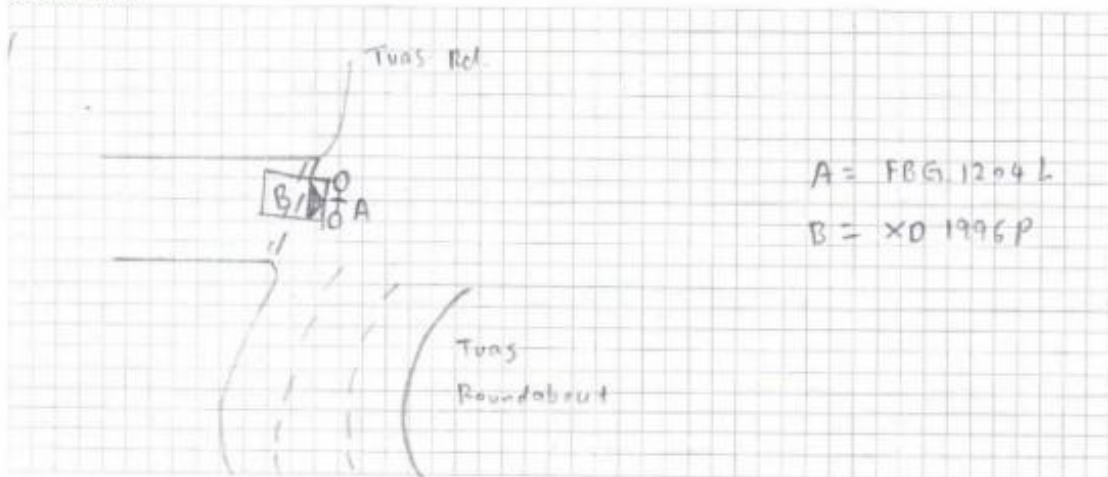
(e) the information so collected under (d) above may be shared / disclosed:

- (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.

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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:

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**

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



T/20181009/2104

1 of 3

Report No. T/20181009/2104

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
09/10/2018 15:10

Vide Report No.:

Station Diary No.:

Informant's Particulars

Name of Informant:

LIM SAN HOON

Address:

APT BLK 277 TOH GUAN ROAD #06-171 TOH GUAN VIEW
SINGAPORE 600277

ID Type / ID No.:

NRIC NO / S1172067F

Contact No.:

Home/Office:

Mobile: 92317056

Nationality:

SINGAPORE CITIZEN

Email:

Sex:

Male

Age:

62

Date of Birth:

19/01/1956

Type of Informant:

Rider

Race:

Chinese

Language:

Institution / School Name:

Occupation:

Crane operator (port)

Driving Licence Information:

Class:

Date of Expiry:

General Information of the AccidentType of
Accident:

Non-Injury

Drink
Drive:
NoDate/Time of
Accident:

09/10/2018 09:20

Type of Location:

Location:

Along Road 1
TUAS STREET

ROUNDAABOUT OF STREET 41

Weather:

Raining

Road Surface:

Wet

Road Speed Limit:

Traffic Flow:

Traffic Control:

Traffic Volume:

Type of Collision:

Anyone conveyed by
ambulance:
No**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG1204L	Motorcycle	PIAGGIO	VESPA PX 150	Blue		0
XD1996P	Lorry	SCANIA	P380CB8X4 MHZ			0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG1204L	NTUC Income Insurance Co-Operative Limited	5058989919-05	26/03/2018	25/03/2019

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181009/2104

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

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Report No. T/20181009/2104

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LIM SAN HOON	ID No.	S1172067F
Related Vehicle	FBG1204L (Motorcycle)	Contact No.	92317056
Hospital/Clinic	LIGHTHOUSE CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	NIL
Driver			
Name	CHEW	ID No.	G7606936R
Related Vehicle	XD1996P (Lorry)	Contact No.	84301033
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.

AT STATED DATE, TIME AND LOCATION,
I WAS AT THE ROUNDABOUT AT STREET 41 HEADING TO TUAS ROAD. AS I WAS HEADING STRAIGHT, A LORRY DID NOT STOP AT THE GIVE WAY LINE AND PROCEEDED WITHOUT STOPPING. I SOUNDED MY HORN TO SIGNAL TO THE LORRY DRIVER BUT HE STILL DID NOT STOP. I TRIED TO BRAKE AND AVOID THE LORRY BUT DID NOT MANAGE TO STOP IN TIME. TO AVOID DIRECT CONTACT, I FOLLOWED THE FLOW OF THE LORRY BUT HE SIDE SWIPE ME AND CAUSED ME TO LOSS BALANCE OF THE BIKE AND CAUSED ME TO FELL OF THE BIKE. THE LORRY DRIVER DID NOT NOTICE THAT HE HAD HIT ONTO ME UNTIL THE MOMENT I HAD FALLEN TO THE GROUND. SOME OF THE PASSER BY ASK ME WHETHER I NEED TO CALL FOR POLICE, BUT I TOLD THEM THAT I COULD STILL WALK AND ITS NOT NECESSARY TO CALL FOR THE POLICE. I JUST TO THEM THAT I WOULD BE MAKING A POLICE REPORT.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20181009/2104

3 of 3

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

Report No. T/20181009/2104

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:
TP /
MOHAMED ANWAR BIN MOHAMED IBRAHIM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
09/10/2018 15:10

Classification Of Case:

Aw

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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