

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	20/12/2018 11:20
Date Of Accident	13/12/2018 11:15
Exact Location Of Accident	BUKIT MERAH LANE3 ALONG ALEXANDRA FOOD CENTRE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL85T
Insured/Policyholder	
Name Of Registered Owner	WAYNE LIM KAIWEI
NRIC No	S8527333G
Email Address	WAYNE_LKW@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-86938815
Alternative Phone No	OTHERS-86938815

Vehicle Particulars

Manufacturer	TRIUMPH
Model	TIGER 800 XR 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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	PNMC2018-00003076
Cover Note Number	

Driver

Name of Driver	WAYNE LIM KAIWEI
NRIC No	S8527333G
Date Of Birth	18/08/1985
Occupation	INDOOR
Date Of Driving Pass	18/05/2007
Driving Experience	11 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-86938815
Fax Number	
Contact Number	OTHERS-86938815
EEmail Address	WAYNE_LKW@HOTMAIL.COM

Address	BLK 199A PUNGGOL FIELD #09-401
Postcode	821199
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 (including own vehicle) involved in the accident	1
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	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20181215/2114

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GY9448T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name WAYNE LIM KAIWEI

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? FBL85T

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Sketch Plan

SKETCH PLAN

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B. 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:

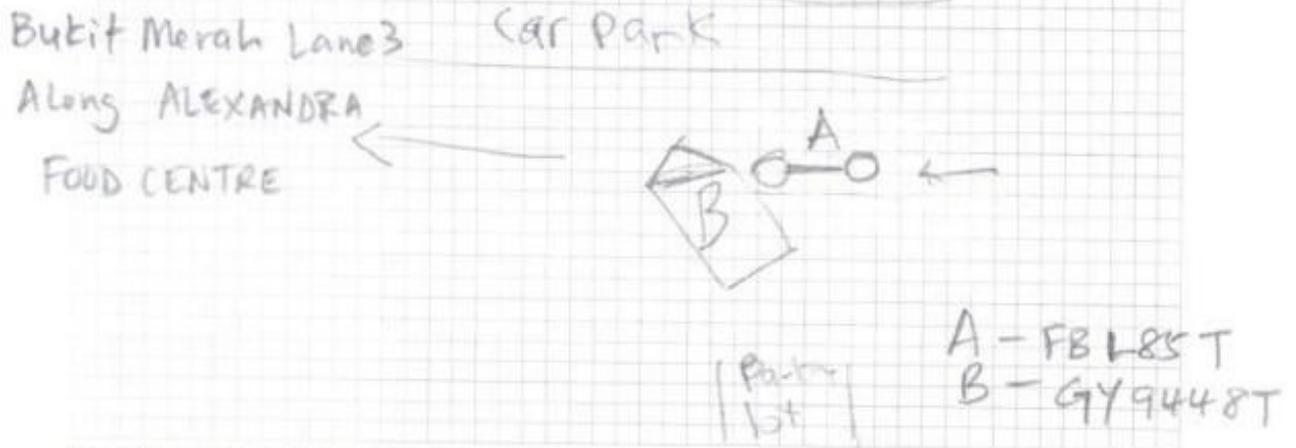
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

20/12/2018

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

— PLS Refer to the Police Report —
T / 2018/12/15 / 2114

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: . . . 20/12/2018
NIC/FIN No.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20181215/2114

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No. 1800-343 8999

2 of 3

Report No. T/20181215/2114

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	WAYNE LIM KAIWEI	ID No.	S8527333G
Related Vehicle	FBL85T (Motorcycle)	Contact No.	86938815
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	14/12/2018	Date Discharge	15/12/2018
No. of Days granted Medical Leave	30	Degree of Injury	NIL
Name	ERNEST LOW	ID No.	S6920975J
Related Vehicle	GY9448T (Lorry)	Contact No.	97916283
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 the 14/12/2018 at about 1120hrs I was traveling along Bukit Merah lane 3 (Alexandra Food court carpark). While I was riding I notice there is a green color lorry in front of me. The lorry then slowed down on the side of the road. I then continued travelling along the said road , while doing so the lorry suddenly moved and turn right. I did not have time to react and collided with the lorry. I was later conveyed to the hospital by ambulance.

Sketch Plan #4

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8527333G**



Name
WAYNE LIM KAIWEI
(LIN KAIWEI)
林愷微

Race
CHINESE

Date of birth
18-08-1985

Sex
F

Country/Place of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S8527333G**

Name
LIM KAIWEI
(LIN KAIWEI)

Birth Date **18 Aug 1985**

Issue Date **29 Jul 2004**



5600791



Name
SING No. **S8527333G**



Date of issue
18-05-2016

Address
APT BLK 199A PUNGGOL FIELD
#09-401
SINGAPORE 821199

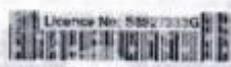


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

CLASS	VEHICLE CLASSIFICATION	PASS DATE
Class 2B	Motorcycles <= 200 CC	19 Jul 2004
Class 2A	Motorcycles between 201 CC and 400 CC	04 Jul 2006
Class 2	Motorcycles > 400 CC	19 May 2007
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/trailers <= 2500 kg	18 May 2007

S/No. 9000112998

License No. **S8527333G**



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



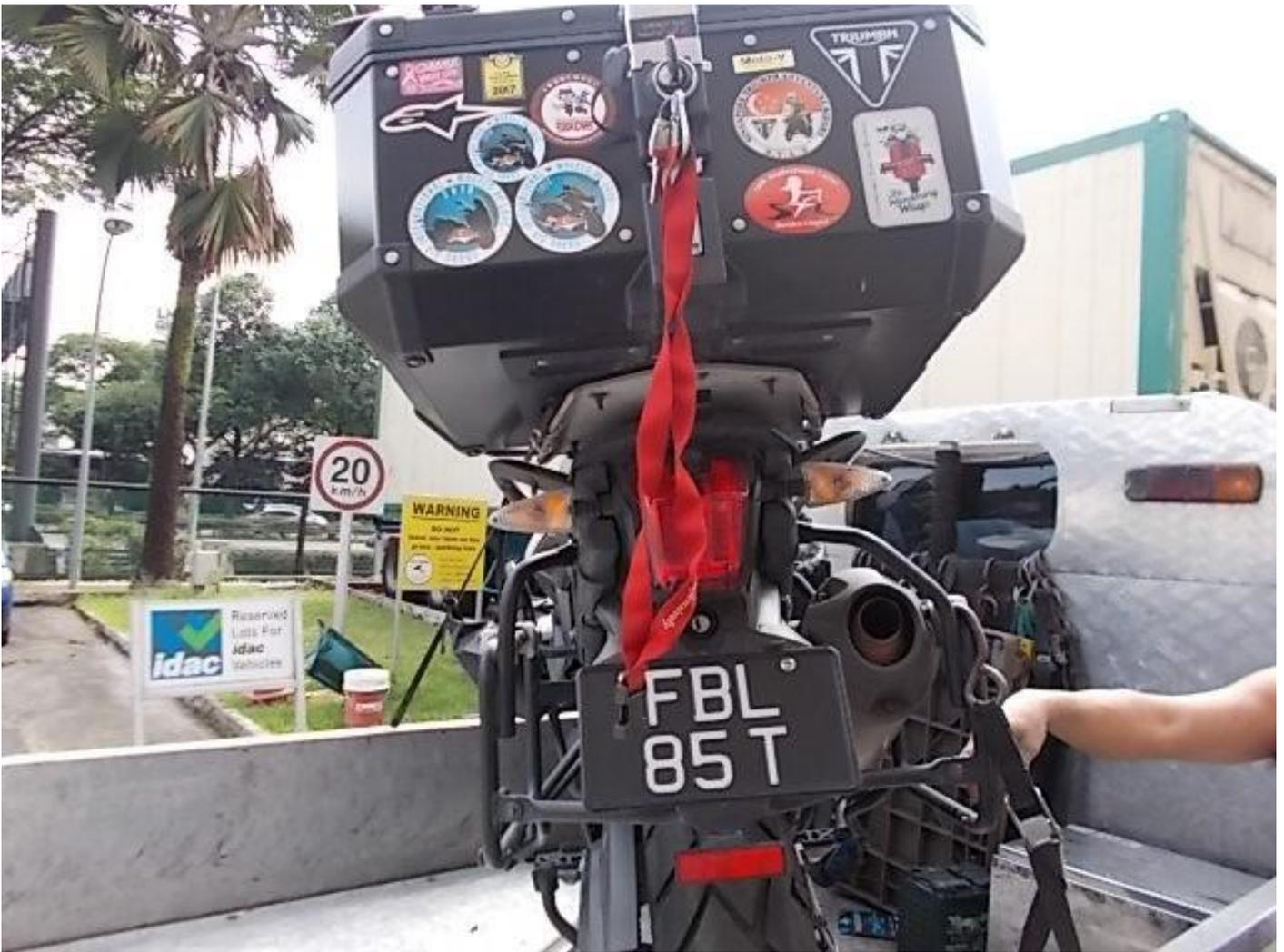
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20181215/2114

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2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	14/12/2018	Date Discharge	15/12/2018
No. of Days granted Medical Leave	30	Degree of Injury	NIL
Name	ERNEST LOW	ID No.	S6920975J
Related Vehicle	GY9448T (Lorry)	Contact No.	97916283
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
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Police Report



SINGAPORE
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T/20181215/2114

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3 of 3

Report No. T/20181215/2114

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: F / Sr Staff Sgt MUHAMMAD YASSER BIN OSMAN	Signature Of Informant: <i>Wym</i>
Signature Of Interpreter: Not applicable	Date/Time: 15/12/2018 19:35
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED SUFIAN BIN SUDIN Contact No.: 65476367	Classification Of Case: <i>[Handwritten signature]</i>

Authentication Stamp
NP168