

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 | 28/02/2019 16:38 |
| Date Of Accident | 28/02/2019 07:05 |
| Exact Location Of Accident | JUNCTION OF BT PANJANG RING ROAD/BT PANJANG ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | FBM842U |
| Insured/Policyholder | |
| Name Of Registered Owner | LIM BING HONG |
| NRIC No | S8541849A |
| Email Address | GLZCO1@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-97955027 |
| Alternative Phone No | OTHERS-97955027 |

Vehicle Particulars

| | |
|--|-------------------|
| Manufacturer | HONDA |
| Model | CB190R-184CC |
| Exact Purpose for which vehicle was being used at time of accident | COMMUTING TO WORK |
| 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 | 5092739873-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | LIM BING HONG |
| NRIC No | S8541849A |
| Date Of Birth | 16/12/1985 |
| Occupation | INDOOR |
| Date Of Driving Pass | 15/12/2008 |
| Driving Experience | 10 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97955027 |
| Fax Number | |
| Contact Number | OTHERS-97955027 |
| Email Address | GLZCO1@GMAIL.COM |

| | |
|---|-------------------|
| Address | 34 PHOENIX GARDEN |
| Postcode | 668301 |
| 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 - CROSS JUNCTION |
| 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 | 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 POLICE DIVISIONAL HQ ('J' DIVISION) |
| Police Station Address | ROAD: NO. 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-7910000 - FAX NO: 68965649 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT J/20190228/7017

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------|
| Vehicle Registration Number | SMG5731A |
| Vehicle Make/Model/Colour | MAZDA 3 |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | ZOU QINGSONG |
| NRIC/Passport Number | S7184953H |
| Contact Number | 97849528 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name LIM BING HONG

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBM842U

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE


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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.

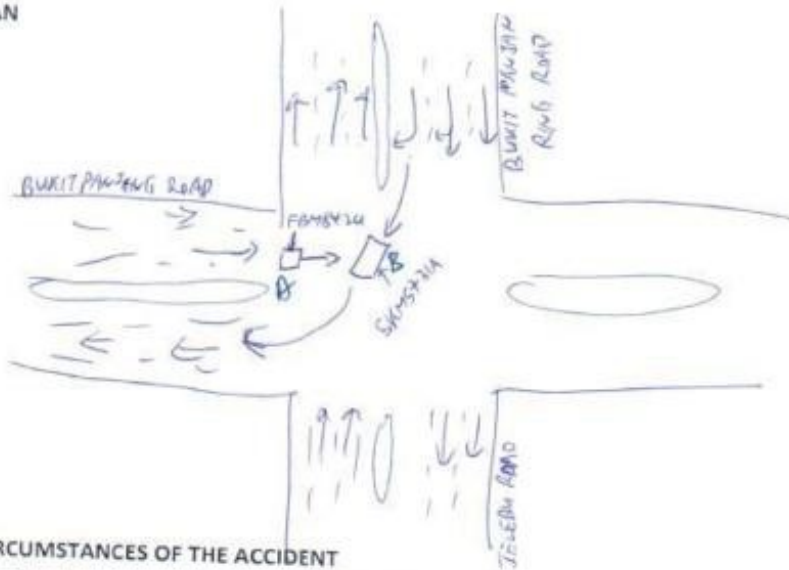

Policyholder's Signature
Date & Time: 28/2/19 16:50

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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS RIDING MY MOTORCYCLE (FBM842W) GOING STRAIGHT ALONG BUKIT PANJANG ROAD TOWARDS BKE AND THIS HAPPEN AT THE CROSS JUNCTION OF BUKIT PANJANG ROAD, BUKIT PANJANG RING ROAD AND JEBEL ROAD. ROAD CONDITIONS ARE DRY AND IT IS NOT RAINING. THE CAR, SH55731A, TRAVELLING ALONG BUKIT PANJANG RING ROAD TOWARDS JEBEL ROAD, BEAT THE RED LIGHT AND MADE A RIGHT TURN TOWARDS BUKIT PANJANG ROAD, CAUSING A COLLISION WITH MY MOTORCYCLE.

I SUFFERED KNEE, HIP AND NECK INJURIES AS A RESULT OF THE ACCIDENT AND WAS GIVEN 5 DAYS MEDICAL LEAVE FROM THE DOCTOR AFTER INITIAL CHECKS. TRAFFIC POLICE WAS CALLED INTO THE SCENE AND HAVE CONFIRMED THEY WILL BE TAKING UP A CASE WITH THE DRIVER.

I HAVE A VIDEO FROM THE CAR SHOWING HIM BEATING THE RED LIGHT.

POLICE REPORT? 3/20190228/7017

DECLARATION

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

Policyholder's Signature
Date & Time: 28/1/17 1550

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

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



J/20190228/7017

1 of 2

POLICE REPORT (NP299)

Report No. J/20190228/7017

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

| | | | | |
|--|---|-----------|-----------------------------|-----------------|
| Date/Time Report Made 28/02/2019 12:14 | Vide Report No. | | Station Diary No. | |
| Name Of Informant LIM BINGHONG | Address 34 PHOENIX GARDEN SINGAPORE 668301 | | | |
| ID Type / ID No. NRIC NO / S8541849A | Contact No. Home/Office: | | Mobile: 97955027 | |
| Nationality SINGAPORE CITIZEN | Email Address alanlimbh85@gmail.com | | | |
| Occupation Human resource consultant (excluding executive search consultant) | Sex Male | Age 33 | Date of Birth 16/12/1985 | Race Chinese |
| Institution/School Name | Language English | | | |
| Date/Time Of Incident 28/02/2019 07:05 | Location Of Incident BUKIT PANJANG ROAD | | | |

Brief details.

I was riding my motorcycle (FBM842U) going straight along Bukit Panjang Road towards BKE and this happened at the cross junction of Bukit Panjang Road, Bukit Panjang Ring Road and Jelebu Road. Road was clear and dry and weather was good, not raining. The car, SMG5731A, travelling along Bukit Panjang Ring Road towards Jelebu Road, beat the red light while making a right turn and as a result, caused an accident with my motorcycle. I suffered knee, hip and neck injuries as a result of the accident and was given a 5 days medical leave from the doctor after initial checks. Traffic Police was called in after the accident and they have confirmed they'll be taking up this case. No one was conveyed to the

| | |
|--|--|
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 28/02/2019 12:14 |
| Officer In-Charge Of Case: | Classification Of Case: |
| Authentication Stamp | |

POLICE REPORT



**SINGAPORE
POLICE FORCE**



J/20190228/7017

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20190228/7017

hospital. There is a video recording from the car showing him beat the red light as well. The video is too large and hence can't be sent across in this report. I have attached 3 screenshots of 1) the vehicles involved, 2) footage of the car beating the red light and 3) the driver's NRIC and driving license. I am contactable via my mobile or email address if any further details are required.

| | | | |
|---|--|--------------|-----------|
| Subjects Involved | | | |
| Victim | | | |
| Person Name | LIM BINGHONG | | |
| ID Type | NRIC NO | ID No | S8541849A |
| Gender | Male | Age | 33 |
| Race | Chinese | Language | English |
| Occupation | Human resource consultant (excluding executive search consultant) | Address Type | |
| Address | 34 PHOENIX GARDEN SINGAPORE 668301 | Mobile No | 97955027 |
| Is Informant A Victim? | Yes | | |
| Person Name LIM BINGHONG (Informant) | | | |

| | |
|--|--|
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 28/02/2019 12:14 |
| Officer In-Charge Of Case: | Classification Of Case: |
| Authentication Stamp | |

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

