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Owner / Driver: (el:	·	
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Insured/Driver Liability: (%) [N	lote-Est Status (WO)		P: 21-79%. P:	80-100%]	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 witholding 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

	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
The state of the s	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBM842U
Insured/Policyholder	
Name Of Registered Owner	LIM BING HONG
NRIC No	S8541849A
Email Address	GLZC01@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

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

NO

ambulance?

SOUTH PROPERTY.

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

ROAD: NO. 2 JURONG WEST AVENUE 5, POSTCODE: 649482.

Police Station Address

COUNTRY: SINGAPORE

O O O ITTITE O II TO A

Police Station Contact

TEL NO: 1800-7910000 - FAX NO: 68965649

JURONG POLICE DIVISIONAL HQ ('J' DIVISION)

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 Details Of Properties

MAZDA 3

Vehicle Category

PRIVATE CAR

Name of Driver

ZOU QINGSONG

NRIC/Passport Number

S7184953H

Contact Number

97849528

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 21

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

LIM BING HONG

SLIGHT INJURY

FBM842U

NO

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The 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.
- 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:
 - 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:
 - 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: 78/2/19 15.50

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS RIONG MY MOTORCYCLE (FBM 84 24) GOING STRAIGHT ALONG BLKIT MA JANG
ROAD TOWARDS BRE AND THE HAPPEN AT THE GOOSS JUNTION OF BUNIT PANJANG
ROAD, BUKIT PANJANG RING ROAD AND JELEBU ROAD, ROAD CONDITIONS ARE DRY AND
IT A IS NOT RAINING. THE CAR, SM55731A, TRAVELLING ALONG BYKIT PANJAN,
RING ROAD TOWARDS JELEBU ROAD, BEAT THE RED LIGHT AND MARE A RIGHT TURN
TOWARDS BYKIT PANJANG ROAD, CAUSING A COLLISION WITH MY MOTORCYCLE.
I SUFFERED KNEE, HIP AND MEW INJURIES AS A RESULT OF THE ACCIDENT AND
WAS GIVEN S DAYS MEDICAL LEAVE FROM THE DOCTOR AFTER MITCHE CHECKS.
TRAFFIC POLICE WAS CALLED INTO THE SCENE AND HAVE CONFIRMED THEY WILL BE
TAKUNG UP A CASE WITH THE DRIVER.
T Course A constraint of the c
I HAVE A MORO FROM THE CAR SHOMAG HIM BEATING THE RED 4647.
21.1. 142-22 - 1
POLICE HUROR? 3/20190228/7017

DECLARATION

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

Policyholder's Signature
Date & Time: 28/2/17 1550

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:





1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Jurong Division HQ 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No:1800-7910000

Report No. J/20190228/7017

Date/Time Report Made	Vide Report No.		Station Diary No.		
28/02/2019 12:14	The business (2000) ★ (300) 1000 (200) 10				
Name Of Informant	Address				
LIM BINGHONG	34 PHOENIX GARDEN SINGAPORE 668301				
ID Type / ID No. NRIC NO / S8541849A	Contact Home/C	No.	Mobile: 97955027		
Nationality SINGAPORE CITIZEN	Email Address alanlimbh85@gmail.com				
Occupation	Sex	Age	Date of Birth	Race	
Human resource consultant (excluding executive search consultant)	Male	33	16/12/1985	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 takir. J up this case. No one was conveyed to the

Signature Of Informant:
The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 28/02/2019 12:14
Classification Of Case:

Authentication Stamp





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.

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		
	Yes LIM BINGHONG (Informant)		

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	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:
Authorities Otania	

Authentication Stamp

2/28/2019 Claim Handling(accident reporting Claim Task) Claim Handling Accident MT/1034106 5792739873-01 Vehicle to TRANSCO GST Registration No. Certificate No. Policyholder Name LIM BING HONG Policytrolder NNIC 58541849A Product Code MOTORCYCLE INSURANCE Cover Type Loading Third Party, Nev & Theft. Contact No. (Mobile) 97955627 Contact No. (Office) Contact No.(Home) Special Remark No Y KFK No Yes TCA No Yes «Code Reason NCD Protection NCO Entitlement(%) dt No. Accident Details Report Date 28/02/2019 17:32 Accident Report Within 24 hrs Acodent Type Collision - Cross Junction Date of Accident 68/02/2019 Time of Accident his mm. Country of Accident Singapore Reporting Centre Orange Force ICH NO JUNCTION OF BT PANJANG RING ROAD/ET FANDANG ROAD Excess Own damage Excess Additional Excess Windschaen Excess Unnamed Driver Excess. Outside Singapore DD Excess. Third Party Excess 0.00 Outside Singapore TP Excess > Benefits GST Registered Information GST Registered **GST Repistration Date** GST Registration No. GST Status VenNed Mudification History Policyholder Hailing Address Address 1 34 PHOENIX GARGEN PHOENIX HEIGHTS Address 3 SINGAPORE 668301 Address 4 Address Type Singapore address Post Code 668301 ties No. Related Policy Number 5092739873-01 OI Driver Info Driver Name LIM BINGHONG Driver Type Unnamed driver Name Driver NRIC Driver DOS 16/12/1985 Register Date of Driver License 15/12/2008 Driver Age 23 Driving Expenses 10 Contact No.(Office) Contact No.(Mobile) Contact No. (Home) Address 1 34 PHOENEX GARDEN Address 2 PHOENIX HEIGHTS Address 3 SINGAPORE (6880) Appress a Address Type Singapore address Post Code 668301 Unit No. Does he own a Singapore Registered car? Yes - No Driver Vehicle No. FBM842U Driver Insurer Company Declaration Brusthalyser or Blood Test Reading? Any injury? Yes No Modification History Claim 001 New Claim Type + Insured LIM BING HONG DO-MX \$8541845A Contact No.(Mobile) 97955027 67626341 OI Vehicle FBM842U Email Address glzcot@gmail.com 5MG5731A Claim Description FBM842U / SMG\$731A ON 8 Feb 2019 Protection Front Protection Repair Repair Professed Workship Option # GIA Received Preferred Workshop, Name unknown Date Registered 28/02/2019 17:35 Date Received 28/02/2019 00:00 Report Taken By ROSLI WAHAB Print AK letter Save Submit Attachment Accident No. MT/1034106 Claim No. List Doc. Received * Yes No 28/02/2019 17:35 Path + Category * Confidential Urgency * Description * Choose File No file chosen Please Select Clear Choose File No file chosen Clear Y NO Please Select Normal Choose File No file chosen Clear Please Select Choose File No file chosen Clear Please Select * NO * Normal Choose File No file chosen Clear Please Select * NO Normal Choose File No file chosen Clear * NO Please Select * Normal Hessage Read Send Hessage Attachment List

Attachment	Uploaded By/Date	Category	9	Urgancy	Description	Mag Sent? (CO)
	NAC_BURIT_MERAH_BD0676(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 28 Feb 2019 17:35	Photos		Normal	Photos 2019-2-26	460
	NAC_BUKIT_MERAH_B00676(MATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 28 Feb 2019 17:35	Photos		Normal	Photos 2019-2-26	
	NAC_BURIT_MERAH_800676[NATIONAL ASSESSMENT CENTRE SERVICE 5 (BURIT MERAH)) on 78 Feb 2019 17:35	Photos		Normal	Photos 2019-2-26	

File Name

NRIC/ Driving Ucerse 2019-2-25

SAS 2019-2-28

Display in New Window Scan and uploading

Folder Date

NAC_BURIT_MERAH_BD0676[NATIONAL ASSESSMENT CENTRE SERVICE 5 (BURIT MERAH)) on 28 Feb 2019 17:35

229

Uploaded By/Date

Video List

ACCIDENT STATEMENT

ACCIDENT DATE: (28. 102 , 2019)(DD/MM/YYY), TIME: (07:05)(HH:MM) LOCATION: CLOSS JUNGTON AT BURITIAN JAME ROAD/BURIT PARTURE ROAD/JELIEBURGAD 1. DETAILS OF VEHICLE a) VEHICLE NUMBER: FBM8424 b) INSURANCE COMPANY: NTUC C)POLICY NUMBER:_ d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY ATHERD PARTY FIRE &THEFT) O)MAKE & MODEL: HONDA CB(90R 1) TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: THE COMMUTING TO WORK I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: - LIM BINGHONE (MALE) FEMALE) b) NRIC/FIN/PASSPORT: S8541849A CONTACT: 97955027 CIADDRESS: 34 PHOEMIK GARDIEN * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER \$ No of passonger DRIVER (Including driver) a) NAME: (MALE / FEMALE) b) NRIC/FIN/PASSPORT: CADDRESS:_ "d) DATE OF BIRTH: (16 / (2)1985)(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) 1) DATE OF DRIVING PASC 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES /(NO)) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DIVINER 5. d) WEATHER CONDITION: (CLEAR) RAINING / OTHERS_ b)ROAD SURFACE: (DRY) WET / OTHERS_ 6. WAS ANYBODY INJURED (YES! NO) 7. a) REPORTED TO POLICE (YES) NO) IF YES, PLEASE STATE WHICH POLICE STATION: JURONG POLICE STATION (ONLINE REPORT) 8. THIRD PARTY VEHICLE 4 No of passenger a) VEHICLE NUMBER: SMG 5731A MODEL: MATOA 3 (Including driver) b) DRIVER'S NAME:_ c) NRIC/FIN/PASSPORT: S7 1849534 THIRD PARTY VEHICLE * No of passenger d) VEHICLE NUMBER: e) DRIVER'S NAME: (Including driver) f) NRIC/FIN/PASSPORT: ___CONTACT:

Chail = GLZCO185MAIL. COM

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$8541849A





LIM BINGHONG





Race CHINESE Date of birth

16-12-1985 Country/Place of birth SINGAPORE





5679042



09-12-2016

34 PHOENIX GARDEN SINGAPORE 668301

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASS DATE

Class 2B Motorcycles =< 200 CC Class 3 Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg

S8541849A

S/No. 9000097842

NP 428A

eBaoTech GeneralClaim Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 08/02/2019 17:31 Vehicle No.(For Motor) FBM842U Certificate Number Search Certificate Number Policyholder Name Policyholder Product Cover Type Vehicle No. Insured Object Select Policy No. Commence Date Expiry Date 5092739873-01 LIM BING HONG

S8541849A

Continue

GMC Third Party, FBM842U FBM842U 12/07/2018 11/07/2019