

## 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	18/03/2019 09:06
Date Of Accident	17/03/2019 13:55
Exact Location Of Accident	BUGIS PLUS CARPARK EXIT INTO MANILA STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX4649T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM BOON KEONG (LIN WENQIANG)
NRIC No	S8020474D
Email Address	BATHORY@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-98461392
Alternative Phone No	OTHERS-98461392

### Vehicle Particulars

Manufacturer	SUBARU
Model	FORESTER
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8-V0018179-MVA
Cover Note Number	

### Driver

Name of Driver	LIM BOON KEONG (LIN WENQIANG)
NRIC No	S8020474D
Date Of Birth	24/06/1980
Occupation	INDOOR
Date Of Driving Pass	23/06/2003
Driving Experience	15 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98461392
Fax Number	
Contact Number	OTHERS-98461392
Email Address	BATHORY@SINGNET.COM.SG

Address	BLK 88 DAWSON ROAD #41-43
Postcode	142088
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	2
Was any body injured in the Accident?	NO
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)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	RIVER VALLEY NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 4 DELTA AVENUE , <b>POSTCODE:</b> 161004 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2789999 - <b>FAX NO:</b> 62786427
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190317/2048

#### 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	FBK6846E
Vehicle Make/Model/Colour	BMW S1000RR
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	KWOK KUM WEI
NRIC/Passport Number	S9126500A
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

## Accident Sketch Plan


### SKETCH PLAN

#### 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. 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.
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.

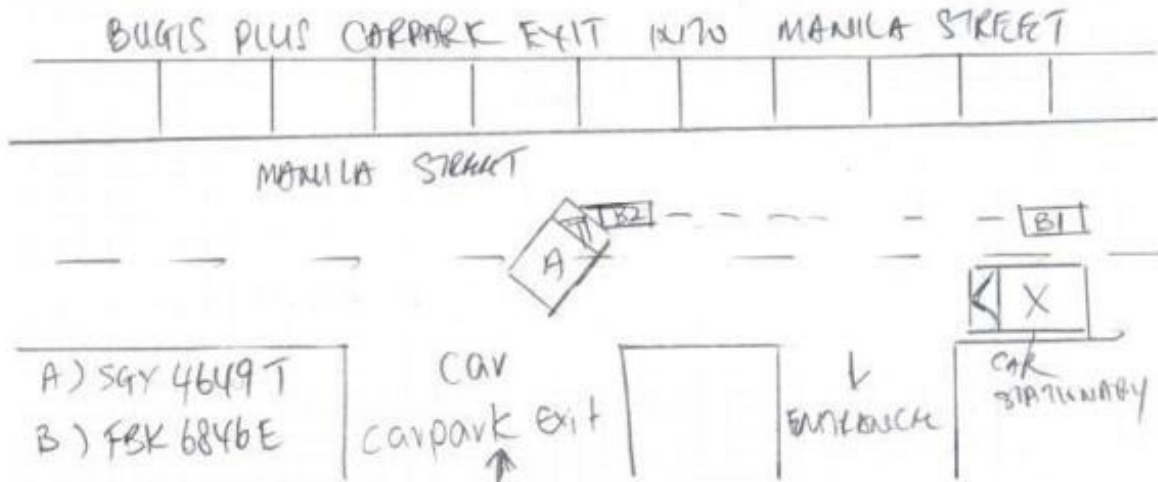
  
Policyholder's Signature  
Date & Time:

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

  
Reporting Centre Personnel's Signature  
Name: Rashid Nattar  
NRIC/FIN No.: 9803/2019

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT  
T/20190317/2018

## 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**



T/20190317/2048

1 of 3

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

Report No. T/20190317/2048

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/03/2019 14:49		Vide Report No.:		Station Diary No.: 22	
<b>Informant's Particulars</b>					
Name of Informant: LIM BOON KEONG			Address: APT BLK 88 DAWSON ROAD #41-43 SINGAPORE 142088		
ID Type / ID No.: NRIC NO / S8020474D			Contact No.: Home/Office: Mobile: 98161392		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 24/06/1980	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: COORDINATOR			Driving Licence Information: Class: 2B,3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 17/03/2019 13:55	Type of Location: Straight Road
Location: MANILA STREET Bugis Plus carpark exit into Manila Street				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
FBK6846E	Motorcycle	BMW	S1000RR	Black	Slightly Damaged	1
SGX4649T	Car	SUBARU	FORESTER 2.0XT CVT AWD SR	White	Slightly Damaged	1

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGX4649T	QBE Insurance (Singapore) Pte Ltd	V0018179	19/07/2018	18/07/2019

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190317/2048

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

2 of 3

Report No. T/20190317/2048

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LIM BOON KEONG	ID No.	S8020474D
Related Vehicle	NIL	Contact No.	98161392
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	KWOK KUM FEI	ID No.	S9126500A
Related Vehicle	NIL	Contact No.	NIL
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 17/03/2019 at 1354hrs, I was exiting out of Bugis Plus carpark into Manila Street when I met with an accident.

My car (SGX4649T) exited out of the carpark and turned right into Manila Street.

Out of a sudden, a bike (FBK6846E) appeared from the right and we collided.

The front of my car knocked onto the side of the bike.

There was no injuries to all parties and no government property was damaged.

I am lodging this report for insurance claims.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190317/2048

Police Station Of Origin:  
River Valley NPP  
4 Delta Avenue #01-02 SINGAPORE 161004  
Tel No: 1800-2789999

3 of 3

Report No. T/20190317/2048

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:

E /

Sgt 2 KIANG KOK SUAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

SN 069

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

17/03/2019 14:49

Classification Of Case:



ID

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8020474D



Name:

LIM BOON KEONG  
(LIN WENQIANG)

林 汶 强

Race:

CHINESE

Date of birth:

24-06-1980

Sex:

M

Country of birth:  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8020474D

Name:

LIM BOON KEONG  
(LIN WENQIANG)

Birth Date: 24 Jun 1980

Issue Date: 23 Jun 2003



NRIC No. S8020474D



Date of issue:

25-06-2010

APT BLK 88 DAWSON ROAD #41-43  
SINGAPORE 142086

NRIC No. S8020474D

Date: 29/01/2016

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 2B Motorcycles not exceeding 200 cc  
Class 2 Motor Cars and Motor Tractors the weight of  
which unladen does not exceed 3500 kilograms

PA'S DATE

25 Aug 1980

21 Jun 2003

Licence No: S8020474D



NP 428A

Accident Photo



**Accident Photo**







Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

