

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 11:47
Date Of Accident	09/12/2018 03:50
Exact Location Of Accident	SLE (BKE) AFTER THOMSON RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ7564K
Insured/Policyholder	
Name Of Registered Owner	ABDUL HALIM LIM @ LIM SEYO MENG
NRIC No	S0749159Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82027448
Alternative Phone No	OFFICE-82027448

Vehicle Particulars

Manufacturer	YAMAHA
Model	YBR125
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MSD/VMT/18-389345-CA
Cover Note Number	

Driver

Name of Driver	ABDUL HALIM LIM @ LIM SEYO MENG
NRIC No	S0749159Z
Date Of Birth	18/11/1950
Occupation	OUTDOOR
Date Of Driving Pass	24/04/1979
Driving Experience	39 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82027448
Fax Number	
Contact Number	OFFICE-82027448
Email Address	NOEMAIL

Address	BLK 96 GEYLANG BAHRU #05-3150
Postcode	330096
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 - HEAD TO REAR
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?	YES
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	KOLAM AYER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 72 GEYLANG BAHRU #01-3038 , POSTCODE: 330072 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2969999 - FAX NO: 62937659
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190311/2101.

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	SJZ5307C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	ABDUL HALIM LIM @ LIM SEYO MENG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FZ7564K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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: _____


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


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

Accident Sketch Plan

SKETCH PLAN

SLE - BKE After Thomson Exit

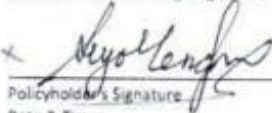


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As a police Report T/20190311/2101

DECLARATION

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


Policyholder's Signature

Date & Time:

CCP/PM/ Sketch Plan Form 3/3


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/20190311/2101

1 of 3

Report No. T/20190311/2101

Police Station Of Origin:
Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/03/2019 14:13	Vide Report No.:	Station Diary No.: 14
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Informant's Particulars			
Name of Informant: ABDUL HALIM LIM		Address: APT BLK 96 GEYLANG BAHRU #05-3150 SINGAPORE 330096	
ID Type / ID No.: NRIC NO / S0749159Z		Contact No.: Home/Office: Mobile: 82027448	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 68	Date of Birth: 18/11/1950	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: DELIVERY SUPERVISOR		Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 09/12/2018 03:50	Type of Location: Straight Road
Location: Along Road 1 SELETAR EXPRESSWAY towards BKE near lamp post no 185F, after Thomson exit Lamp Post Number: 185F				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FZ7564K	Motorcycle	YAMAHA	YBR125	Red	Slightly Damaged	0
SJZ5307C	Car	VOLKSWAGO	SCIROCCO	Black		0
		N	1.4L			

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

Police Report



**SINGAPORE
POLICE FORCE**



T/20190311/2101

Police Station Of Origin:
Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

2 of 3

Report No. T/20190311/2101

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FZ7564K	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT18389345	21/11/2018	20/11/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	ABDUL HALIM LIM		ID No.	S0749159Z
Related Vehicle	FZ7564K (Motorcycle)		Contact No.	82027448
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	09/12/2018		Date Discharge	17/01/2019
No. of Days granted Medical Leave	21		Degree of Injury	Serious
Driver				
Name	Unknown Driver		ID No.	NIL
Related Vehicle	SJZ5307C (Car)		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 09/12/2018 I was travelling at Seletar Expressway on my motorcycle FZ7564K towards BKE. Suddenly I felt that something had hit my motorcycle from behind. I then skidded and fell from my motorcycle. I was unconscious. I believed I was conveyed unconscious to Khoo Teck Puat Hospital. I was warded in ICU for two to three days. After about 1 week, I realized that I had suffered the following injuries; blood clot on my brain, my neck broken and multiple injuries on the hands, legs and head. I was discharged from KTP Hospital on the 17/01/2019. I was then sent to a Bright Vision Home on the same day. I was discharged from the Home on the 02/02/2019. I was then given a 21 days medical leave. When I collected my motorcycle at Traffic Police, I realized that the front cowling was damaged and the body have some scratches. I do not know about the damages to the other car, SJZ5307C. That's all.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190311/2101

3 of 3

Report No. T/20190311/2101

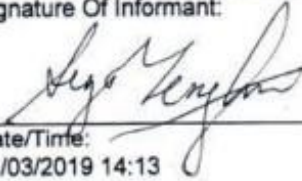

Police Station Of Origin:
Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

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: A / Sr Staff Sgt MUNAWIR BIN MOHAMMAD TAHIR	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 11/03/2019 14:13
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED SUFIAN BIN SUDIN Contact No.: 65476395	Classification Of Case: 
Authentication Stamp NP168	



Signature

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

