

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	15/04/2019 20:18
Date Of Accident	09/04/2019 19:00
Exact Location Of Accident	CTE TWDS BALESTIER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK4548D
Insured/Policyholder	
Name Of Registered Owner	UNITED TRANSWARE PTE LTD
Co Reg No	200308810H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62886888

Vehicle Particulars

Manufacturer	SUZUKI
Model	UH200AL5 BURGMAN 200 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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5093442235-01
Cover Note Number	

Driver

Name of Driver	LIM TIONG CHOON
NRIC No	S0770978A
Date Of Birth	11/08/1945
Occupation	OUTDOOR
Date Of Driving Pass	07/02/1974
Driving Experience	45 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92399389
Fax Number	
Contact Number	OFFICE-92399389
Email Address	NOEMAIL

Address	BLK 363 CLEMENTI AVENUE 2 #10-423
Postcode	120363
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	WET

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)	2
Passenger 1	NAME: : CHEONG GEOK BOH GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190410/2070.

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	SH8129T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	S2534321B
Contact Number	96201226

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name LIM TIONG CHOON

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBK4548D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name CHEONG GEOK BOH

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBK4548D

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.

United Transware Pte Ltd

Unity Centre #04-02

51 Bukit Batok Crescent

Singapore 658077

Tel: 6288 6888 Fax: 6276 1586

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

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/01904.0/2070.

DECLARATION

I/we declare that the foregoing particulars are true in every respect.
 United Transverse Pte Ltd
 Unity Centre #04-02
 51 Bukit Batok Crescent
 Singapore 658077
 Tel: 6276 0888 Fax: 6276 1588
 Policyholder's Signature
 Date & Time:

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

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20190410/2070

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

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Report No. T/20190410/2070

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/04/2019 12:05		Vide Report No.:		Station Diary No.: 49
Informant's Particulars				
Name of Informant: LIM TIONG CHOON		Address: APT BLK 363 CLEMENTI AVENUE 2 #10-423 SINGAPORE 120363		
ID Type / ID No.: NRIC NO / S0770978A		Contact No.: Home/Office:		Mobile: 92399389
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 73	Date of Birth: 11/08/1945	Type of Informant: Rider	
Race: Chinese		Language: Chinese	Institution / School Name:	
Occupation: DISPATCH RIDER		Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/04/2019 19:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 CENTRAL EXPRESSWAY BALESTIER ROAD CTE exit to Balestier Road				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK4548D	Motorcycle	SUZUKI	BURGMAN 200	Silver	Seriously Damaged	1
SH8129T	Taxi	HYUNDAI	I40	Blue	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T/20190410/2070

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

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Report No. T/20190410/2070

CONTINUATION OF REPORT

Rider			
Name	LIM TIONG CHOON	ID No.	S0770978A
Related Vehicle	FBK4548D (Motorcycle)	Contact No.	92399389
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 09/04/2019 at about 1900hrs, I was riding my motorbike, FBK4548D, along CTE. It has stopped raining, but the road was wet.

I exited CTE and entered the small road leading to Balestier Road. A taxi, SH8159T, which was in front of me, stopped abruptly and I did so too to avoid collision. However, my bike skidded and I fell to my right. I had no choice, but to let go of my bike and the bike skidded towards the taxi and collided with the rear of the taxi before hitting the railings on the left side. I also skidded, but managed to stop myself before hitting anything. I recalled that some people assisted me to the side of the road. Paramedics and police arrived subsequently.

The taxi suffered scratches on the rear bumper and my bike suffered a dented front suspension. I was conveyed to Tan Tock Seng Hospital and was given 3 days of MC after they attended to my injuries. I suffered abrasions on my right hand and right knee. My pillion, who is my friend, suffered superficial injuries, but needed to be warded for a day for further observation as he complaint of pain on the stomach. I managed to get the contact details of the taxi driver, HP: 96201226. His IC number is S2534321B.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190410/2070

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

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Report No. T/20190410/2070

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:

J /

Sgt 2 NG TYAN SOON

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/04/2019 12:05

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 65476232

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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