

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	03/12/2019 17:59
Date Of Accident	02/12/2019 18:30
Exact Location Of Accident	AYE TOWARDS TUAS BEFORE NUS FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH7900R
Insured/Policyholder	
Name Of Registered Owner	LIM JING XIANG
NRIC No	S9332192H
Email Address	TOMMYJANIS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81112578
Alternative Phone No	OTHERS-81112578

Vehicle Particulars

Manufacturer	APRILIA
Model	RS4 125-124CC
Exact Purpose for which vehicle was being used at time of accident	RIDING HOME
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107205706
Cover Note Number	

Driver

Name of Driver	LIM JING XIANG
NRIC No	S9332192H
Date Of Birth	12/08/1993
Occupation	INDOOR
Date Of Driving Pass	21/01/2019
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81112578
Fax Number	
Contact Number	OTHERS-81112578
EEmail Address	TOMMYJANIS@GMAIL.COM

Address	BLK 415 PANDAN GARDENS #03-119
Postcode	600415
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 - CHANGE/CROSS LANE
Weather Conditions	RAINING
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?	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	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20191205/2047

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	SLF5941C
Vehicle Make/Model/Colour	TOYOTA WISH
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAWRENCE
NRIC/Passport Number	S1673216H
Contact Number	94593498
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	LIM JING XIANG
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBH7900R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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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:

3/12/19

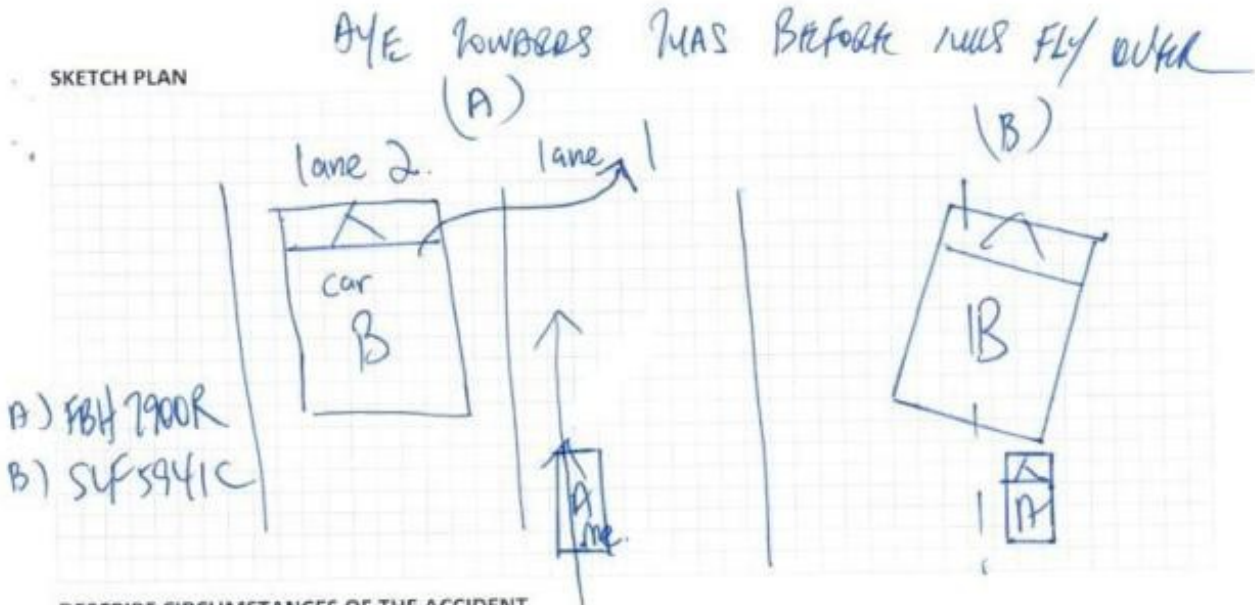
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

03/12/2019
Rahman Lioran

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2nd Dec, approximately 6:30PM, I was driving along AYE (towards Tuas) on my motorcycle FBH 7900R. Before the ~~Atta~~ Nus Flyover, my motorcycle was in lane 1, and I was driving smoothly. Out of nowhere, there was a white Toyota Wish (SLF 5941C) made a ~~right~~ right signal and followed by an immediate change of lane (from 2 to 1). This abrupt lane change have left me no time to react, causing ~~my~~ a collision between my motorcycle (left side) and his car (right rear). This collision was a great impact that I was thrown off my bike and suffered a number of injuries.

Police Report T/20191205/2017

DECLARATION

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

Policyholder's Signature
Date & Time:

3/12/19

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

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

03/12/2019
Keele

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191205/2047

Police Station Of Origin:
Clementi N.P.C.
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3

Report No. T/20191205/2047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/12/2019 12:38	Vide Report No.:	Station Diary No.: 44
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Informant's Particulars			
Name of Informant: LIM JING XIANG		Address: APT BLK 415 PANDAN GARDENS #03-119 SINGAPORE 600415	
ID Type / ID No.: NRIC NO / S9332192H		Contact No.: Home/Office: Mobile: 81112576	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 26	Date of Birth: 12/08/1993	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: ANALYST		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/12/2019 18:30	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY aye towards tuas before nus flyover				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
FBH7900R	Motorcycle	APRILIA	RS4 125 MANUAL	White	Seriously Damaged	0
SLF5941C	Car	TOYOTA	WISH 1.8 A	White	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH7900R	NTUC Income Insurance Co-Operative Limited	5107205706	23/01/2019	03/04/2020

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191205/2047

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

2 of 3

Report No. T/20191205/2047

CONTINUATION OF REPORT

Brief Details.

On 02/12/2019 at about 1830hrs, I was riding on my motor vehicle (FBH7900R) along AYE towards Tuas, before NUS flyover. I was riding on lane 1.

Out of a sudden, one vehicle (SLF5941C) abruptly cut into my lane immediately after signalling. I was unable to react on time and hit onto the rear right side of his vehicle. I fell my motor vehicle onto the road. He pulled over and both of us exchanged particulars. The driver of vehicle (SLF5941V) is namely Law Kum Koon Lawrence (S1673216H). No ambulance or police at scene. Both of us left scene after that. I tried calling for tow trucks to tow my motor vehicle but there was none. I then ride my motor vehicle back home myself.

On 03/12/2019, I went to seek medical treatment at EH Medical Family Clinic and given 2 days medical leave. I suffered abrasion on both of my arms and left leg. I also suffered sprained on my neck and right leg.

On 05/12/2019, I was still feeling unwell. I went to seek medical treatment at OneCare Clinic Clementi and given 2 days medical leave.

My Samsung S9 plus screen was cracked. My Seiko watch was damaged. My pants was damaged. My shoes was damaged. My motor vehicle helmet was also damaged. The estimated cost of damage for my personal belongings is about SGD \$900/-.

POLICE REPORT



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999



T/20191205/2047

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Report No. T/20191205/2047

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:
D/
Sgt 3 TAN WEN HONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TR/AEIT/PURE
SI MOHAMAD ZULFAZDLI BIN ABDULLAH SN 37
Contact No.: 65476204

Authentication Stamp
NP168

SIGNATURE

Signature Of Informant:

Date/Time:
05/12/2019 12:38

Classification Of Case:

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



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0030 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : _____ Vehicle Registration No: FBH 7900R
Name (as shown in NRIC) : Lim Joo Kuan NRIC/FIN/Passport No : S9332192H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Pandan Garden Bk 215 #03-119 Singapore (GWT 5)
Contact (Tel) : _____ Mobile No.: 8111-2576
Email Address : tanmyjoo@hotmai.com
Date of Accident : 2/12/19 Time of Accident: 6.30pm
Place of Accident : A/E Toward TIAS before NUS Flyover
Insurance Company: NTUC Income

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

to insert Police Report and declaration of injuries more serious
than it appeared to be on third of December.

7/2019/205/2047

Policyholder / Driver's Signature
Date: 5/12/19

Reporting Centre Personnel's Signature
Name: Paul Wong
NRIC/FIN No.:
Date: