

## 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	11/01/2020 14:35
Date Of Accident	10/01/2020 11:35
Exact Location Of Accident	PAYA LEBAR RD JUNC WITH SIMS AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP585B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN SIO FOON
NRIC No	SXXXX653D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90199553
Alternative Phone No	OFFICE-90199553

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108768739
Cover Note Number	

### Driver

Name of Driver	LIM TONG WEE (LIN ZHONGWEI)
NRIC No	SXXXX850I
Date Of Birth	21/02/1976
Occupation	OUTDOOR
Date Of Driving Pass	08/12/1997
Driving Experience	22 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90199553
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 216A COMPASSVALE DR #16-536
Postcode	541216
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 629 BEDOK RESERVOIR ROAD #01-1620 , <b>POSTCODE:</b> 470629 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4439999 - <b>FAX NO:</b> 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20200111/2057

#### 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	FBE9598H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD ARHAM BIN MOHAMED SAHLAN
NRIC/Passport Number	SXXXX735I
Contact Number	91254049
Address	

Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LIM TONG WEE (LIN ZHONGWEI)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJP585B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE


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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

PLQ

Sims Ave

A

B

Payu Lebar Rd

A = SJP 585 B

B = FBE 9598 H.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20200111/2057

## 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/20200111/2057

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

1 of 4

Report No. T/20200111/2057

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/01/2020 13:35	Vide Report No.:	Station Diary No.: 10
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### Informant's Particulars

Name of Informant: LIM TONG WEE			Address: APT BLK 216A COMPASSVALE DRIVE #16-536 SINGAPORE 541216		
ID Type / ID No.: NRIC NO / S76048501			Contact No.: Home/Office: Mobile: 90199553		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 21/02/1976	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GOJEK DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/01/2020 11:35	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 SIMS AVENUE PAYA LEBAR ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE9598H	Motorcycle				No Damage	0
SJP585B	Car				Slightly Damaged	1

### Details of Person Involved

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



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2 of 4

Report No. T/20200111/2057

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	LIM TONG WEE	ID No.	S7604850I
Related Vehicle	SJP585B (Car)	Contact No.	90199553
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/01/2020	Date Discharge	11/01/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Rider</b>			
Name	MUHAMMAD ARHAM BIN MOHAMED SAHLAN	ID No.	S9417735I
Related Vehicle	NIL	Contact No.	91254049
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 10/1/2020 at about 1140hrs, I was working as a Gojek driver, driving my vehicle bearing plate number SJP585B along Guillemard road towards Paya Lebar road. I approached a cross junction of Paya Lebar and Sims avenue. I was at lane 2 of a 4-lane road having the intention of turning right towards Sims Avenue. As the traffic light was red for turning right, I waited at the stop light. I was the first vehicle. When the arrow turn green, I move forward. When my car had almost passed the stop line, a motorcycle bearing plate number FBE9598H had cut in and side swiped my car. The motorcycle had collided on my left front bumper. He lost balanced and fell down on the road.

I exited my vehicle and make a check on the rider. He informed me he does not require ambulance service. I checked on my passenger and they informed me that they are fine as well and does not require medical attention. My car sustained scratches on the front left bumper. My fog light was damaged as well. We managed to exchange particulars.

The morning of 11/1/2020. I felt aches on my back and have stiff necks, I decided to see the doctor. I was given medication and 3 days MC.

Initially we agreed to settle privately however in the morning of 11/1/2020 at about 1046hrs, the rider informed me he wishes to settle via insurance and wants to lodge a traffic accident report. Thus, I am lodging a traffic accident report as well. I wish to state that it was not raining and the road was dry. No other parties was involved in the accident and no government properties damaged. I have a in car camera as well.

**POLICE REPORT**



**SINGAPORE  
POLICE FORCE**



T/20200111/2057

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3 of 4

Report No. T/20200111/2057

**CONTINUATION OF REPORT**



POLICE REPORT



SINGAPORE  
POLICE FORCE

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T/20200111/2057

4 of 4

Report No. T/20200111/2057

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:

G /

Sgt 3 MUHAMMAD FIKRI BIN MOHD FADIL

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Authentication Stamp

NP168

Signature Of Informant:

*Jimmy*

Date/Time:

11/01/2020 13:35

Classification Of Case:

*[Signature]*

Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo





Accident Photo



Accident Photo

