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 witholding 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	13/04/2020 12:49
Date Of Accident	10/04/2020 14:05
Exact Location Of Accident	X-JUNC OF SIMEI ST 1 & SIMEI RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBK833G
Insured/Policyholder	
Name Of Registered Owner	MARCUS LIM CHUN KIT
NRIC No	SXXXX395F
Email Address	MARCUSLCK@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-89089093
Alternative Phone No	OTHERS-89089093
Vehicle Particulars	
Manufacturer	SYM
Model	JOYMAX
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5114324636
Cover Note Number	
Driver	
Name of Driver	MARCUS LIM CHUN KIT
NRIC No	SXXXX395F
Date Of Birth	25/06/1993
Occupation	INDOOR
Date Of Driving Pass	25/05/2015
Driving Experience	4 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-89089093
Fax Number	
Contact Number	OTHERS-89089093
EMail Address	MARCUSLCK@HOTMAIL.COM

Address	BLK 138 EDGEDLE PLAINS #05-110
Postcode	820138
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	NO COLLISION
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?	NO
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	PUNGGOL N.P.C
Police Station Address	**ROAD**: 21A TEBING LANE , **POSTCODE:** 828837 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20200411/2001

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FROM THE WITNESS
Was there any audio recorded?	NO

Details of Witness 1

Name	KENNETH
Phone Number	81389339
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJX7806B
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	MARCUS LIM CHUN KIT
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBK833G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

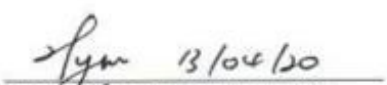
   (e) the information so collected under (d) above may be shared / disclosed:

   (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:

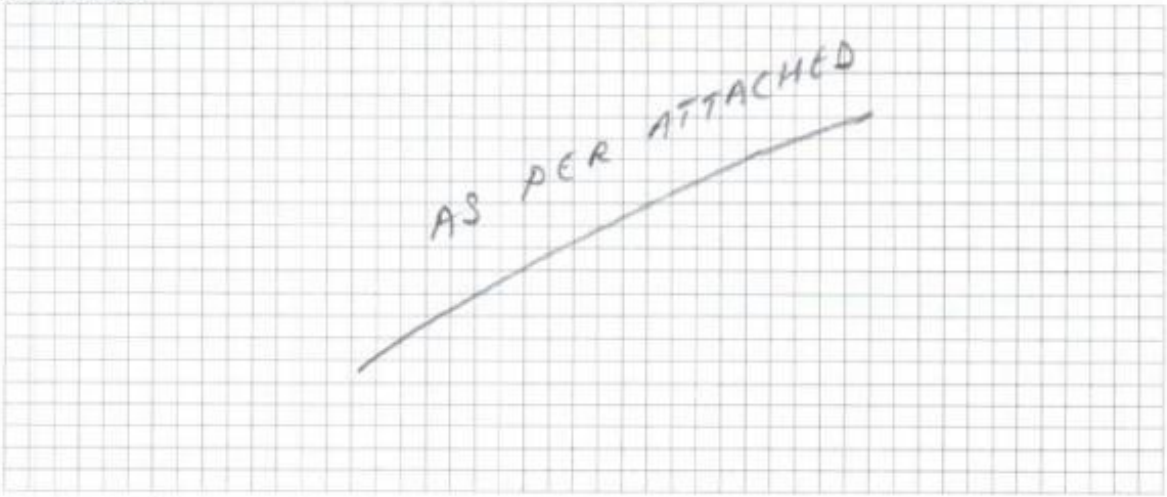
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20200411/2001

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.:
		13/04/20

Accident Sketch Plan

Google Maps Simei Rd

Image capture: Jun 2019 © 2020 Google

Singapore

Google

Street View

A - FBK833G

B - SJX7806B

SINGAPORE POLICE FORCE

T/20200411/2001

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No. T/20200411/2001

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MARCUS LIM CHUN KIT	ID No.	S9323395F
Related Vehicle	FBK833G (Motorcycle)	Contact No.	89089093
Hospital/Clinic	CHANGI GENERAL 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	05	Degree of Injury	Slight

Brief Details.

On the 10/04/2020 at around 1405hrs, I was riding along Simei Street 1 towards Simei Road. It was a red traffic light and opposite direction is green light. After a change in traffic light, my traffic light turned green along with the "turn right" green arrow. I proceeded to turn right, a vehicle from my right suddenly beat the red light, and I had to make an emergency brake. I skidded and fell to the ground.

At that point, of time, I suffered some injured. Injuries are like abrasion on my right foreman, a small cut on my right thumb, injured my left shoulder, right lower waist soreness, right feet has swelling and stiffness on my neck. I called for police assistance and traffic police and ambulance came to my scene. A witness submitted his in-car camera SD card to the traffic police. I was conveyed to Changi General Hospital and was diagnosed with 5 days MC. My phone (Huawei P30 Pro) was also damaged as well.

The car that beat the red light, his car plate number is SJX7806B
My motorbike plate number is FBK833G.

I was informed by SIO Bei Feng contact: 65476415 to lodge a traffic accident report vide G/20200410/0256.

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

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SINGAPORE POLICE FORCE

T/20200411/2001

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No: T/20200411/2001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
11/04/2020 01:28	G/20200410/0256	11

Informant's Particulars

Name of Informant: MARCUS LIM CHUN KIT			Address: APT BLK 138 EDGEDALE PLAINS #05-110 SINGAPORE 820138	
ID Type / ID No.: NRIC NO / S9323395F			Contact No.: Home/Office:	Mobile: 88089093
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 26	Date of Birth: 25/08/1993	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: OPERATION MANAGER			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury	Drink Drive:	Date/Time of Accident:	Type of Location:
	Conveyed By Ambulance	No	10/04/2020 14:05	X-Junction

Location:
Along Road 1 Traveling Toward Road 2
SIMEI STREET 1
SIMEI ROAD
Cross Junction

Weather:	Road Surface:	Road Speed Limit:
Clear	Dry	
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate
Type of Collision: Motorbike skidded due to vehicle beat red light		Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK833G	Motorcycle	SYM	JOYMAX 300I CVT	Grey	Seriously Damaged	0
SJX7806B	Car				No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK833G	NTUC Income Insurance Co-Operative Limited	5114324636	22/11/2019	21/11/2020

SINGAPORE POLICE FORCE

T/20200411/0001

Report No: T/20200411/0001

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

CONTINUATION OF REPORT

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	MARCUS LIM CHUN KIT		ID No.	S9323395F
Related Vehicle	FBK833G (Motorcycle)		Contact No.	89089093
Hospital/Clinic	CHANGI GENERAL 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	05	Degree of Injury	Slight	

Brief Details.

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The car that beat the red light, his car plate number is SJX7806B
My motorbike plate number is FBK833G.

I was informed by SIO Bai Feng contact: 85478415 to lodge a traffic accident report vide G/20200410/0256.

SINGAPORE POLICE FORCE

T/20200411/2001

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828637
Tel No: 1800-6049999

Report No: T/20200411/2001

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: F / SI NAZRIN BIN SUHAIMI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/04/2020 01:28
Officer In Charge Of Case: TP / GET / Sr Staff Sgt LIM ENG KUAN, CLARENCE Contact No.: 65476200	Classification Of Case: SN 083

Authentication Stamp
NP158

Signature

Police Force

Addendum Sheet

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / 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 : MNA120041755 Vehicle Registration No: FBK833G

Name(as shown in NRIC) : MARCUS LIM CHUN KIT NRIC/FIN/Passport No : SXXXX395F

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : BLK 138 EDGEDLE PLAINS #05-110 Singapore(820138

Contact (Tel) : Mobile No. : 89089093

Email Address :

Date of Accident : Time of Accident : 14:05

Place of Accident : 10/04/2020

Insurance Company : NTUC

(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:

UPLOAD WRONG PHOTOS

Policyholder / Driver's Signature
Date:

13/04/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: