

## 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	08/05/2020 16:05
Date Of Accident	01/05/2020 14:25
Exact Location Of Accident	ALONG BUANGKOK GREEN
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP1261Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM CHIN RHEE TERENCE
NRIC No	SXXXX477B
Email Address	TERENCE_LIMCR@SATS.COM.SG
Mobile Phone No	(LOCAL) +65-93804521
Alternative Phone No	OTHERS-93804521

### Vehicle Particulars

Manufacturer	SYM
Model	JOYRIDE S 200I ABS
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107540442-01
Cover Note Number	

### Driver

Name of Driver	LIM CHIN RHEE TERENCE
NRIC No	SXXXX477B
Date Of Birth	16/10/1967
Occupation	INDOOR
Date Of Driving Pass	17/10/1985
Driving Experience	34 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93804521
Fax Number	
Contact Number	OTHERS-93804521
Email Address	TERENCE_LIMCR@SATS.COM.SG

Address	BLK 972 HOUGANG STREET 91 #09-194
Postcode	530972
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200506/2038

#### 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	UNKNOWN
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	LIM CHIN RHEE TERENCE
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBP1261Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN


#### IMPORTANT NOTICE


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5. **Any false reporting may be referred to the Police for investigation.**
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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.:

### SKETCH PLAN

pelang. village

A / FRG 1261Z

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Refer to police report. T 20200506 2038

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

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/20200506/2038

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20200506/2038

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/05/2020 14:24	Vide Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: LIM CHIN RHEE TERENCE			Address: APT BLK 972 HOUGANG STREET 91 #09-194 SINGAPORE 530972		
ID Type / ID No.: NRIC NO / S1835477B			Contact No.: Home/Office: Mobile: 93804521		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 16/10/1967	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: CATERING SUPERVISOR			Driving Licence Information: Class: 2B,3 Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/05/2020 14:25	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 BUANGKOK GREEN SENGKANG EAST ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP1261Z	Motorcycle	SYM	JOYRIDE S 200I ABS	Black		0
	Car					0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP1261Z	NTUC Income Insurance Co-Operative Limited	5107540442-01	14/02/2020	13/02/2021

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200506/2038

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20200506/2038

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	LIM CHIN RHEE TERENCE	ID No.	S1835477B
Related Vehicle	FBP1261Z (Motorcycle)	Contact No.	93804521
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	01/05/2020	Date Discharge	05/05/2020
No. of Days granted Medical Leave	14	Degree of Injury	Slight
<b>Driver</b>			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	(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.

At stated date and time, I was travelling along Buangkok Green towards Sengkang East Road before the junction of Buangkok Drive. I was travelling on the extreme left of 3 lanes as I approached Pelangi Village. A car in front of me was also travelling on the extreme left of 3 lanes. Suddenly the car turned into Pelangi Village to the left. I tried to avoid the car in the front and swerved to the right and hit against the right side of the car. I then fell on my left side a distance away. I was conveyed to Tan Tock Seng Hospital.

IO in charge: IO Syed Ext 65476090

# Police Report



SINGAPORE  
POLICE FORCE



T/20200506/2038

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20200506/2038

## 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:

TP /

SNG HONG AIK, ENRIC

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/05/2020 14:24

Officer In Charge Of Case:

TP / GIT /

Classification Of Case:

Contact No.:

Authentication Stamp

NP168



SINGAPORE  
POLICE FORCE

Signature: \_\_\_\_\_



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



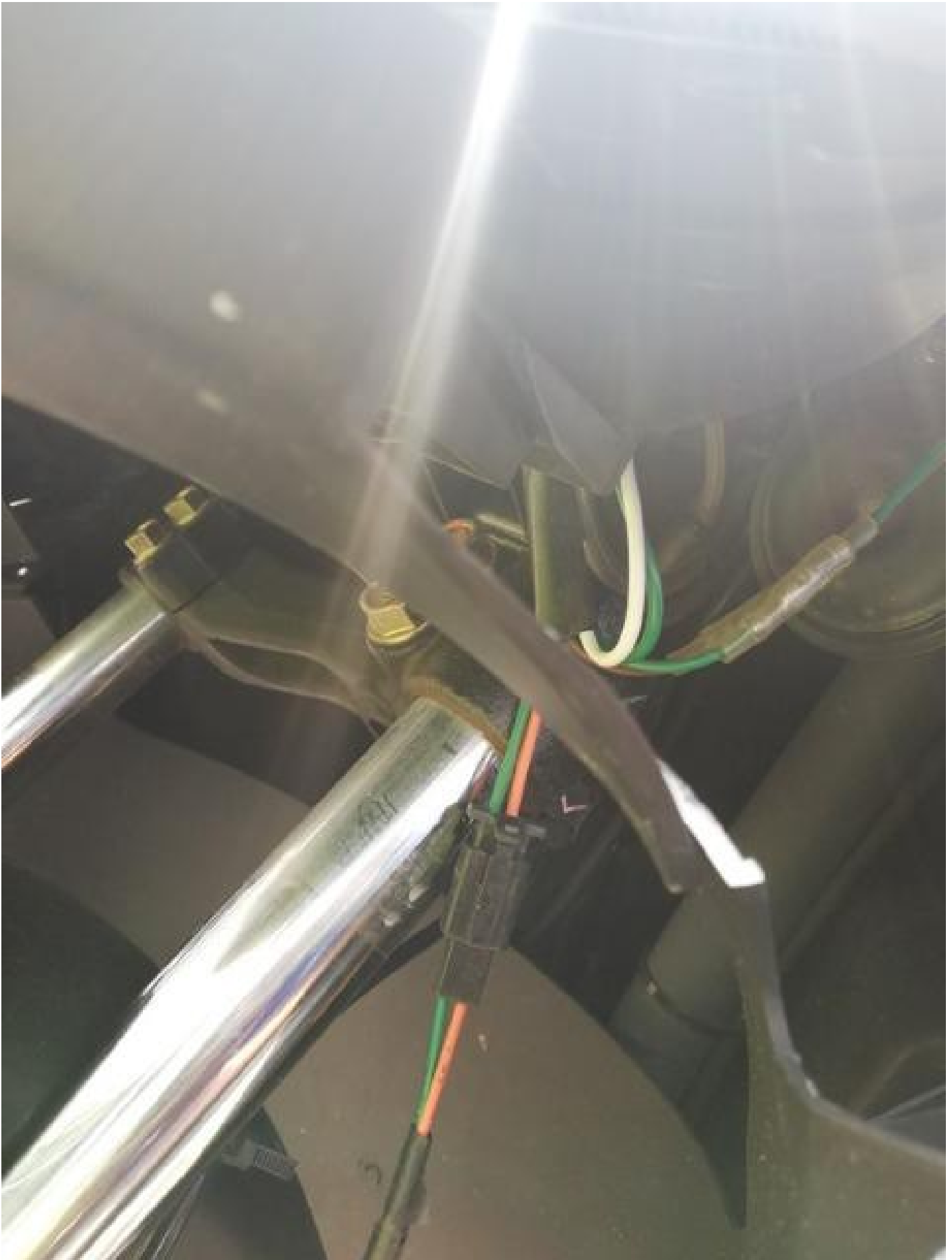
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