

## 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	19/08/2020 13:35
Date Of Accident	17/08/2020 14:00
Exact Location Of Accident	JUNC OF BEDOK RESERVOIR RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR7712J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BLAZE MOTORING PTE LTD
Co Reg No	2XXXXX362N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91449265

### Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE
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	5115597508
Cover Note Number	

### Driver

Name of Driver	LIM TIEK WAH
NRIC No	SXXXX986D
Date Of Birth	07/11/1958
Occupation	OUTDOOR
Date Of Driving Pass	27/03/1998
Driving Experience	22 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88939858
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 807B CHOA CHU KANG AVE 1 #03-522
Postcode	682807
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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	CHOA CHU KANG NPC
Police Station Address	<b>ROAD:</b> 20 CHOA CHU KANG ST 52 #01-02 , <b>POSTCODE:</b> 689286 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20200818/2012

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBP9847G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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 TIEK WAH
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMR7712J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
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.



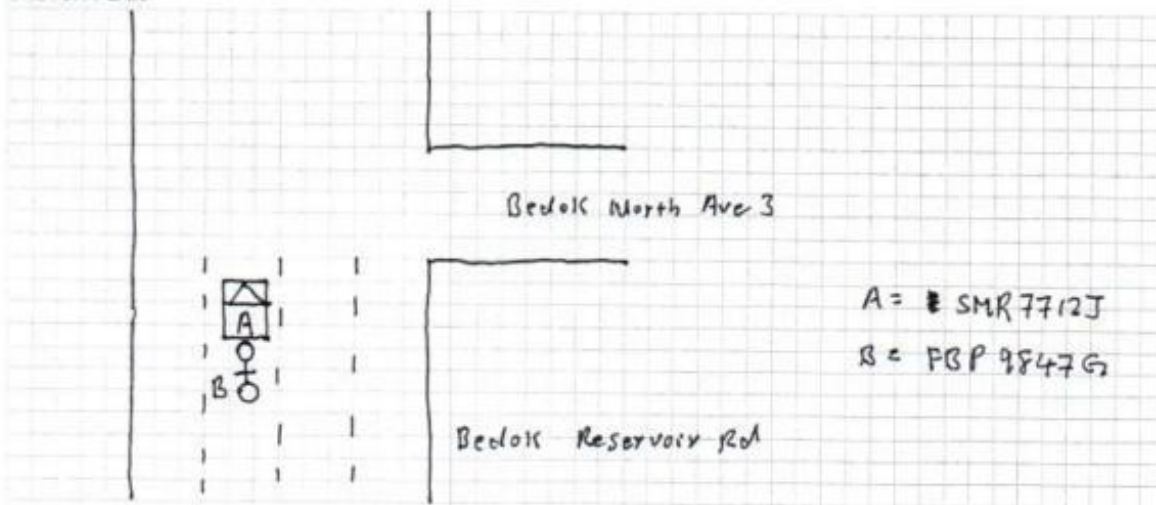
Policyholder's Signature  
Date & Time:

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 T/2020 08/8/2012

## 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/20200818/2012

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20200818/2012

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/08/2020 09:21	Vide Report No.:	Station Diary No.: 36
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### Informant's Particulars

Name of Informant: LIM TIEK WAH			Address: APT BLK 807B CHOA CHU KANG AVENUE 1 #03-522 SINGAPORE 682807		
ID Type / ID No.: NRIC NO / S2716986D			Contact No.:		
Nationality: MALAYSIAN			Home/Office: Mobile: 8893 9858		
			Email:		
Sex: Male	Age: 61	Date of Birth: 07/11/1958	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GOJEK DRIVER			Driving Licence Information: Class: 2B,3,4A Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/08/2020 14:00	Type of Location: T-Junction
Location:  BEDOK RESERVOIR ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
FBP9847G	Motorcycle				Slightly Damaged	0
SMR7712J	Car				Seriously 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**

Police Station Of Origin:  
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20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999



T/20200818/2012

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Report No. T/20200818/2012

## CONTINUATION OF REPORT

<b>Rider</b>			
Name	AFIQ		ID No. NIL
Related Vehicle	FBP9847G (Motorcycle)		Contact No. 81253924
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	Slight
<b>Driver</b>			
Name	LIM TIEK WAH		ID No. S2716986D
Related Vehicle	SMR7712J (Car)		Contact No. 8893 9858
Hospital/Clinic	RAFFLES HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,3,4A Date of Expiry: NIL
Date Treatment	17/08/2020	Date Discharge	17/08/2020
No. of Days granted Medical Leave	10	Degree of Injury	Slight

### Brief Details.

on the 17/8/2020 at around 1400hrs I was involved in an accident with a motorcyclist ( FBP 9847G). , My car (SMR 7712J) was hit at the back by the motorcyclist at the traffic light along bedok reservoir between north ave 3. I wish to state that my car is a rental from blaze motoring. I was at a still and stable position at the traffic light as it was red. Suddenly the stated bike hit the rear of my car. on my side I was slightly injured from the impact of the crash but does not need any conveyance. The motorcyclist was conscious and was conveyed ambulance. I am not sure of the degree of injury that the rider sustain. Both myself and the motorcyclist did not have any passenger or pillion.

I wish to state that traffic police and ambulance was present at scene. due to the slight injury I suffered I went to raffles hospital on the same day to get my injury check up. the doctor in charge DR Devin Tan 914719B) diagnosed that I had a cervical spondylotic radiolopathy from my accident. I was not warded and was discharged on the same day. I also wish to state that my onboard camera SD card have been passed to traffic police for investigation purposes. I haven't made any contact with the rider nor was there any private settlement between us. I am lodging this report for insurance purposes. Ref:E/20200812/0097

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20200818/2012

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20200818/2012

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 Muhammad Barri Bin Osman

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MOHAMMED FERAZ BIN HUSSEIN

Contact No. 65476206

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

18/08/2020 09:21

Classification Of Case:

SIGNATURE



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





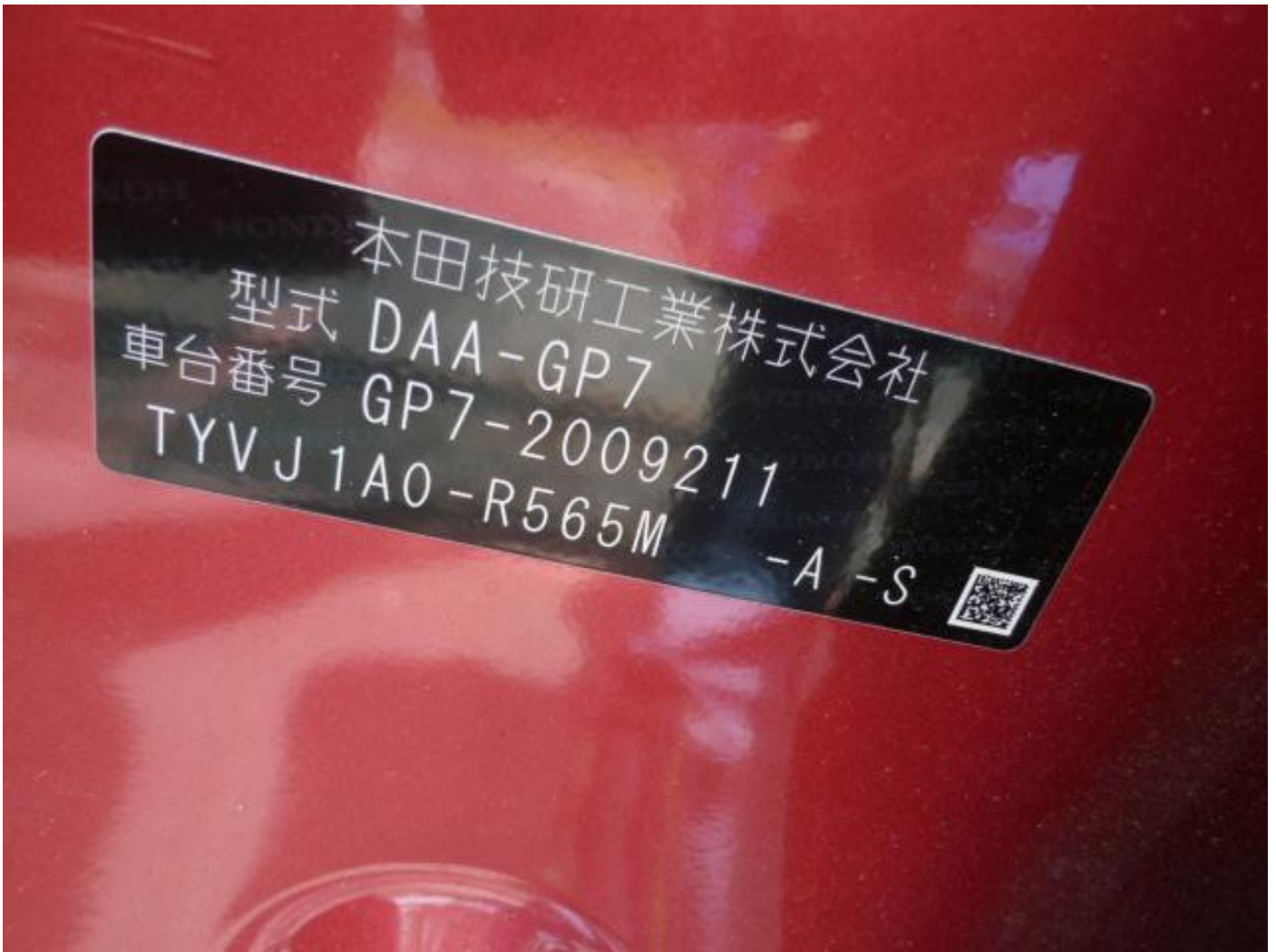
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