

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 Submission 19/08/2020 13:44 (SGT)
Date of Accident 17/08/2020 14:00 (SGT)
Exact Location of Accident Bedok Reservoir Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR7712J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner BLAZE MOTORING PTE LTD
Company Reg No 2XXXXX362N
Email Address ADMIN@BLAZEMOTORING.COM.SG
Mobile Phone No (Phone) +65-88588862
Alternative Phone No +65-88588862

VEHICLE PARTICULARS

Manufacturer Honda
Model SHUTTLE
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company NTUC
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 06/11/1958
Occupation Outdoor

Date Of Driving Pass	27/03/1998
Driving experience	22 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88939858
Alt. Phone Number	-
Email Address	ADMIN@BLAZEMOTORING.COM.SG
Address	BLK 807B CHOA CHU KANG AVE 1 #03-522
Address complement	-
Postcode	682807
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Choa Chu Kang Npc
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
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBP9847G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1




Name of injured person LIM TIEK WAH
Address
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? -
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN**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. 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)**

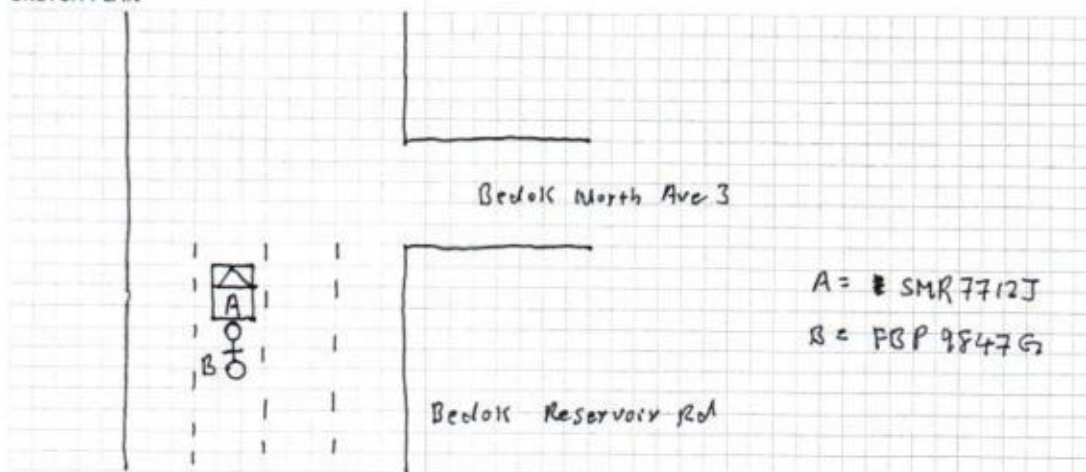
I understand, acknowledge, agree and consent that:

- (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.:

SHINEC GroupPDRForm_02

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T12020 0818/2012

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.:




















**SINGAPORE
POLICE FORCE**

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



T/20200818/2012

1 of 3

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
--	------------------	--------------------------

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.:	Mobile: 8893 9858	
Nationality: MALAYSIAN	Home/Office:	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

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	


**SINGAPORE
POLICE FORCE**

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



T/20200818/2012

2 of 3

Report No. T/20200818/2012

CONTINUATION OF REPORT

Rider			
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
Driver			
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



SINGAPORE POLICE FORCE

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



T/20200818/2012

3 of 3

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 Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
18/08/2020 09:21

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt MOHAMMED FERAZ BIN HUSSEIN
Contact No: 65476208

Classification Of Case:

Authentication Stamp
NP158

SIGNATURE





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: S6650020G / 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 : MNA120070697 Vehicle Registration No: SMR7712J
Name (as shown in NRIC) : BLAZE MOTORING PTE LTD NRIC/FIN/Passport No : UEN : 201531362N
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 53 Ubi Ave 1, Paya Ubi Industrial Park #05-44 Singapore (408934)
Contact (Tel) : _____ Mobile No. : 8858 8862
Email Address : admin@blazemotoring.com.sg
Date of Accident : 17/08/20 Time of Accident : 1400
Place of Accident : JUNC OF BEDOK RESERVOIR RD
Insurance Company : _____

(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:

Please include email address admin@blazemotoring.com.sg at the insured/policyholder.

[Signature]
Policyholder / Driver's Signature
Date: 17/8/2021



[Signature]
Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____
Date: _____