

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	01/09/2020 15:00
Date Of Accident	28/08/2020 13:15
Exact Location Of Accident	ALONG SERANGOON LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH3165Y
Insured/Policyholder	
Name Of Registered Owner	LIM KWANG SENG
NRIC No	SXXXX070C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84184039
Alternative Phone No	OTHERS-84184039

Vehicle Particulars

Manufacturer	YAMAHA
Model	JUPITER MX-134CC HC
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?	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	5118217392
Cover Note Number	

Driver

Name of Driver	LIM KWANG SENG
NRIC No	SXXXX070C
Date Of Birth	14/07/1964
Occupation	OUTDOOR
Date Of Driving Pass	23/03/1983
Driving Experience	37 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84184039
Fax Number	
Contact Number	OTHERS-84184039
Email Address	NOEMAIL

Address	BLK 318A ANCHORVALE LINK #04-243
Postcode	541318
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 - U-TURN
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	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200828/2115

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	SMQ4561C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	D'SILVA WILFRED GILBERT
NRIC/Passport Number	SXXXX822C
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	LIM KWANG SENG
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBH3165Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE

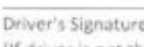
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8. Consent under the Personal Data Protection Act (PDPA)

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: 1/9/20

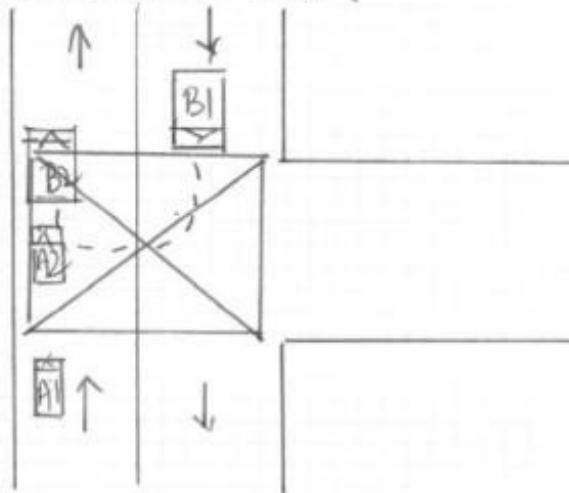

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Accident Sketch Plan

SKETCH PLAN

Substation LINK



A) FBH 31651
B) SMQ 4561C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/20200828/2115

DECLARATION

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

Policyholder's Signature
Date & Time:

[Signature] 1/9/20

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

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

[Signature] 01/09/2020
ROSS LIAISON

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200828/2115

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 3

Report No. T/20200828/2115

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/08/2020 20:06	Vide Report No.: F/20200828/0097	Station Diary No.: 84
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Informant's Particulars

Name of Informant: LIM KWANG SENG		Address: APT BLK 318A ANCHORVALE LINK #04-243 SINGAPORE 541318	
ID Type / ID No.: NRIC NO / S1670070C		Contact No.: Home/Office: Mobile: 84184039	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 56	Date of Birth: 14/07/1964	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: Motorcycle delivery man		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/08/2020 13:15	Type of Location: Straight Road
Location: SERANGOON LINK				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH3165Y	Motorcycle	YAMAHA	JUPITER MX (HC)	Purple	Slightly Damaged	1
SMQ4561C	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH3165Y	NTUC Income Insurance Co-Operative Limited	5118217392	13/07/2020	12/07/2021

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200828/2115

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20200828/2115

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LIM KWANG SENG	ID No.	S1670070C
Related Vehicle	FBH3165Y (Motorcycle)	Contact No.	84184039
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	28/08/2020	Date Discharge	28/08/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	D'SILVA WILFRED GILBERT	ID No.	S8803822C
Related Vehicle	SMQ4561C (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.

On the 28/08/2020 at about 1315hrs, I was riding my motorcycle bearing the registration plate FBH3165Y. I had just exited NEX shopping mall loading and unloading bay. While I was travelling straight, I noticed one car bearing the registration plate number SMQ4561C, suddenly made a u-turn in front of me. I quickly stepped on my brake however, was unable to avoid colliding to the left rear of the said car. The collision had caused me to lose balance and fall, I did not manage to check on my motorcycle properly however, I noticed that my side mirror and front mud guard and right side of my motorcycle fairing was damaged. The left rear of the car sustained some dents and scratches. Some passerby helped me up and pulled my motorcycle up. I exchanged particulars with the driver and subsequently he left. When I tried to walk, I felt pain on right toe, as such, I called for ambulance. The traffic police and ambulance came and I was conveyed to Tan Tock Seng Hospital by the ambulance. I sustain some cuts and abrasion on my right toes. Tan Tock Seng Hospital gave me MC from 28/08/2020 to 30/08/2020.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200828/2115

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3

Report No. T/20200828/2115

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 /
Staff Sgt NUR NADHIRAH BINTE HASHIM

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
28/08/2020 20:06

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt NOOR HIDAYAH BINTE
ABDULLAH
Contact No.: 65476251
Authentication Stamp
NP108

Classification Of Case:



Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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