

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 11/01/2021 11:26 (SGT)
Date of Accident 06/01/2021 15:15 (SGT)
Exact Location of Accident Merchant Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBL8249K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LAM JINXIANG
NRIC No SXXXX316A
Email Address jx89lam@gmail.com
Mobile Phone No (Phone) +65-90053551
Alternative Phone No +65-90053551

VEHICLE PARTICULARS

Manufacturer Yamaha
Model Mt-03
Variant -
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 - Claiming third party
Vehicle Category Motorcycle

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 5119363713
Cover Note Number -

DRIVER

Name of Driver LAM JINXIANG
NRIC No SXXXX316A
Date Of Birth 02/11/1984
Occupation Outdoor

Date Of Driving Pass	14/08/2007
Driving experience	13 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90053551
Alt. Phone Number	+65-90053551
Email Address	jx89lam@gmail.com
Address	BLK 110 JALAN BUKIT MERAH
Address complement	#08-1570
Postcode	160110
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	DRIZZLING
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	Bukit Merah West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003779999
Alt. Police Station Phone No	(Fax) +65-63773923
Police Station Address	500 Bukit Merah View #01-01 Singapore 159682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210107/2065

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	SLV1147X
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SUNNY TAN
NRIC No	SXXXX785G

Contact Number	(Phone) +65-91006957
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	EN3328C
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JOHN BOSCO LEE
Contact Number	(Phone) +65-93360101
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	LAM JINXIANG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBL8249K
Were seat belts worn?	-
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 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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

<p><i>32dms</i> <i>08/01/21</i></p> <p>Policyholder's Signature / Date & Time</p>	<p><i>MECHANICAL ROAD</i></p> <p>Driver's Signature (If driver is not the policyholder) / Date & Time</p>	<p><i>11/01/2021</i></p> <p>Witnessed by Reporting Centre Personnel</p>
---	---	---

Sketch Plan

A) FB2849K
 B) SUV 1147X
 C) EN3328C

Describe Circumstances of the Accident

REFER TO POLICE REPORT 7/202-10107/2065

Declaration

We declare the foregoing particulars are true in every respect.

[Signature] 320hrs
8/10/12
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 1/10/2021
Witnessed by Reporting Centre Personnel































**SINGAPORE
POLICE FORCE**



T/20210107/2065

1 of 4

Police Station Of Origin:
Bukit Merah West N.P.C.
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1900-3779999

Report No. T/20210107/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/01/2021 13:47		Vide Report No.:	Station Diary No.: 38
Informant's Particulars			
Name of Informant: LAM JINXIANG		Address: APT BLK 110 JALAN BUKIT MERAH #08-1570 SINGAPORE 160110	
ID Type / ID No.: NRIC NO / S8434316A		Contact No.: Home/Office:	Mobile: 90053551
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 36	Date of Birth: 02/11/1984	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: Postal/Courier service supervisor		Driving Licence Information: Class: 2B,2A	Date of Expiry:

General Information of the Accident

Type of Accident: T-Junction	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/01/2021 15:15	Type of Location: T-Junction
Location: MERCHANT ROAD				
Weather: Drizzling	Road Surface: Wet	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Heavy		
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
EN3328C	Car	BMW		Black	Slightly Damaged	0
FBL8249K	Motorcycle	YAMAHA	MT-03 ABS (MTN320-A)	Black	Seriously Damaged	0
SLV1147X	Car	TOYOTA		Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
-------------	-------------------	---------------	-----------	-------------



**SINGAPORE
POLICE FORCE**



T/20210107/2065

2 of 4

Report No. T/20210107/2065

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159852
Tel No: 1800-3779999

CONTINUATION OF REPORT

Details of Vehicle Insurance			
Vehicle No.	Insurance Company	Insurance No.	Effective
FBL8249K	NTUC Income Insurance Co-Operative Limited	5119363713	07/10/2020
Expiry Date: 08/10/2021			

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JOHN BOSCO LEE	ID No.	NIL
Related Vehicle	EN3328C (Car)	Contact No.	93360101
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
Rider			
Name	LAM JINXIANG	ID No.	S8434316A
Related Vehicle	FBL8249K (Motorcycle)	Contact No.	90053551
Hospital/Clinic	HEALTH FIRST FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 2B, 2A Date of Expiry: NIL
Date Treatment	08/01/2021	Date Discharge	08/01/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	SUNNY TAN	ID No.	S7115785G
Related Vehicle	SLV1147X (Car)	Contact No.	91006957
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



SINGAPORE
POLICE FORCE



T/20210107/2065

3 of 4

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20210107/2065

CONTINUATION OF REPORT

Brief Details.

On the 06/07/2021 at about 1515hrs, I was riding my motorcycling bearing plate number FBL8249K (V1) as I arrived at a traffic junction of Merchant Road and Clemenceau Ave. When I approached the said junction along Merchant Road I saw that the traffic light turned red. I stopped V1 behind a car on the middle lane. I remembered that there were 3 lanes. The left lane was a left turn lane, while the middle and right lane was a right turn lane. When the traffic light turned green, I prepared to moved off however before I moved off, I felt that I was hit from the rear and V1 moved to the left colliding with a Black vehicle on the left lane. V1 collided on the right side of the said black vehicle and the side mirror of the said vehicle broke. V1 then continue to moved and I eventually fell to my ride side. There was a motorcyclist that passed by and helped me up. The driver of the black vehicle went down as well as the driver who had hit me from the rear. I called for ambulance as I felt pain on my left wrist and the left side of my body. Ambulance then came and assessed my injury. I refused to be conveyed as I thought that it was a minor injury. I then got the details of the two drivers as soon as Traffic Police arrived at scene. We were all advised to lodge a road traffic accident report. My motorcycle sustained a broken side view mirror, broken pillion stand and broken box. It had to be towed away as I could not start the engine.

Later that day, I felt that the pain on my wrist had not subside and I could not move it properly thus I went to a clinic to get myself checked. I was issue 3 days of MC at Health First Family Clinic and was referred for an X-ray scan to the same clinic.

**SINGAPORE
POLICE FORCE**

T/20210107/2065

Police Station Of Origin:
Bukit Merah West N.P.C.
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

4 of 4
Report No. T/20210107/2065

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: D / Sgt 3 MUHAMMAD HAIQAL BIN AZMAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/01/2021 13:47
Officer In Charge Of Case: TP / GIT / Staff Sgt YAN MINGSHENG DANIEL Contact No.: 65478252	Classification Of Case: SN 45
Authentication Stamp NP169	