SN08211B0003 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 11/01/2021 11:26 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (11/01/2021 11:26 (SGT))

# **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 witholding 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.

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   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 FBI 8249K

#### INSURED/POLICYHOLDER

Is company? 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 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 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο

# DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

Police Station Phone No

Alt. Police Station Phone No

Police Station Phone No

(Fax) +65-63773923

Police Station Address

Soo 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?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration NumberSLV1147XVehicle ManufacturerToyotaVehicle Model-Vehicle Variant-Vehicle Colour-Vehicle CategoryPrivate carName of DriverSUNNY TANNRIC NoSXXXX785G

Contact Number Address	(Phone) +65-91006957
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

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6. Stranger and centre of the report and the Centre of Insurance in the archiving of this report at the centre and to copies of the report being media evaluable addressed.

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

1 understand, alchowledge, agree and consent that:

(a) My insurer, my exchange and the General Insurance Association of Strangeror (GM2) may/are permitted to collect, use, disclose of the particular of the Personal Information provided by me or possessed by my insurance (collective), the Personal Information in a disclose and transfer such Personal Princemation provided by me or possessed by my insurance (collective), the Personal Information in and information in and insurer (s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident safe the personal providence of the Arabide Celebration of the Celebration of the Celebration of the Celebration of Strangeror and any relevant government agencylauthority (such as the police), for the purpose(s) of collectively referred to as the "Insurers"), the husers law yersfaw from an any necessary investigations relating to the claims;

(ii) carrying out and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

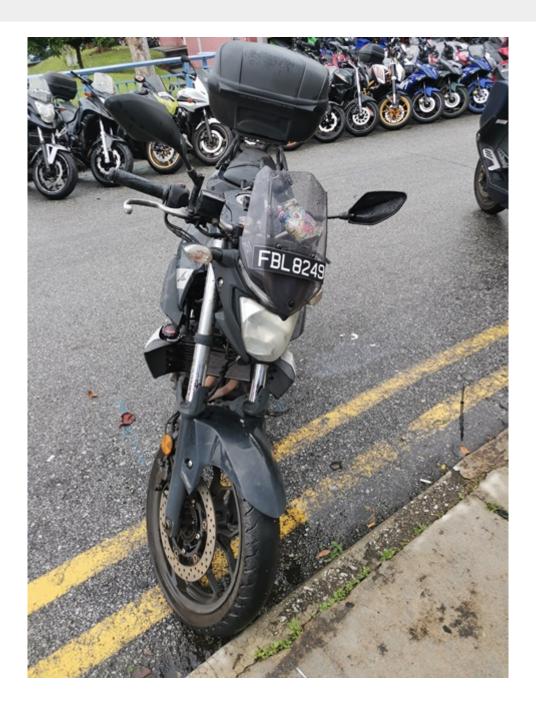
(iii) investigating the accident and/or

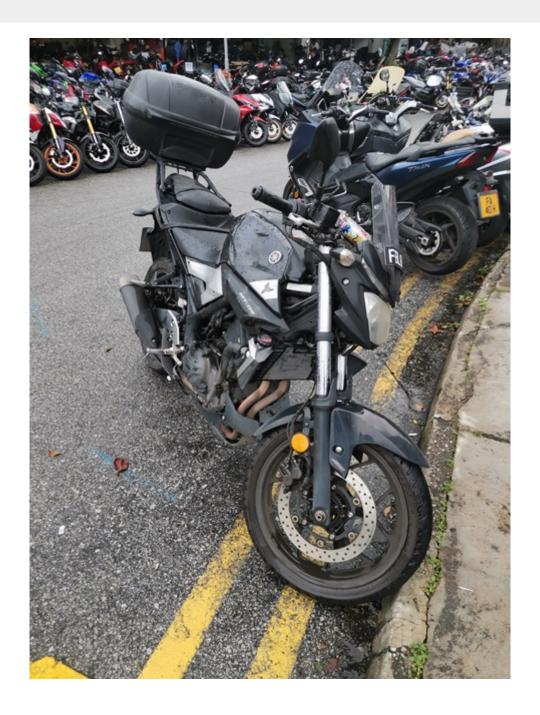
Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date & Time

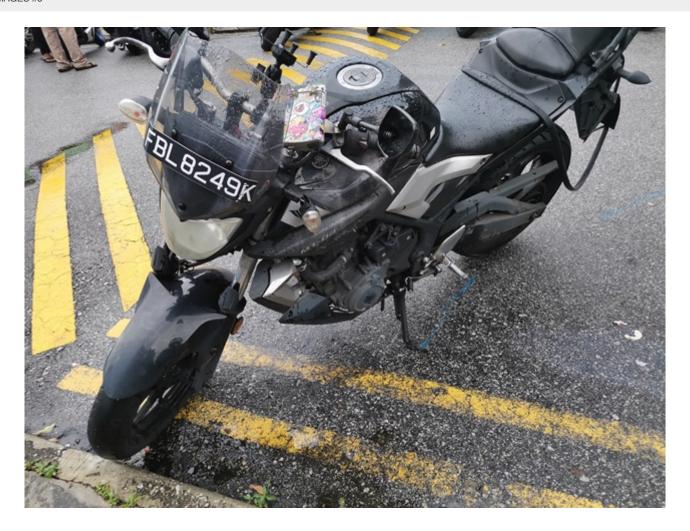
Driver's Signature (If driver is not the policyholder) / Date Personnel gn/1/101/2021 MERCHANT ROOD Sketch Plan B) FBL 8249K B) SUV 1147x

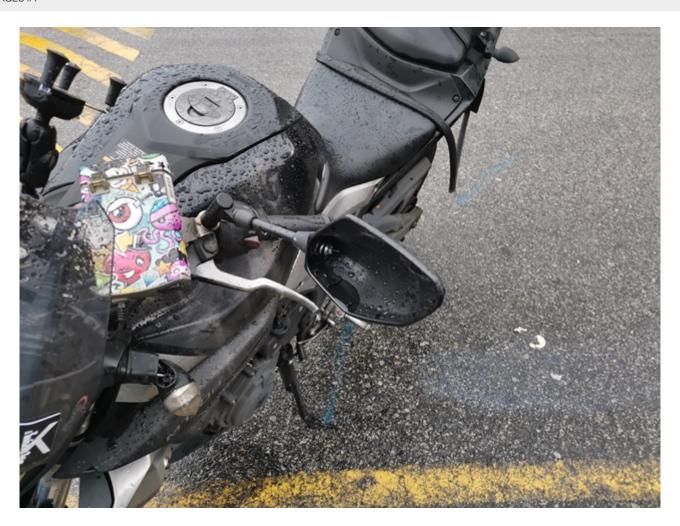
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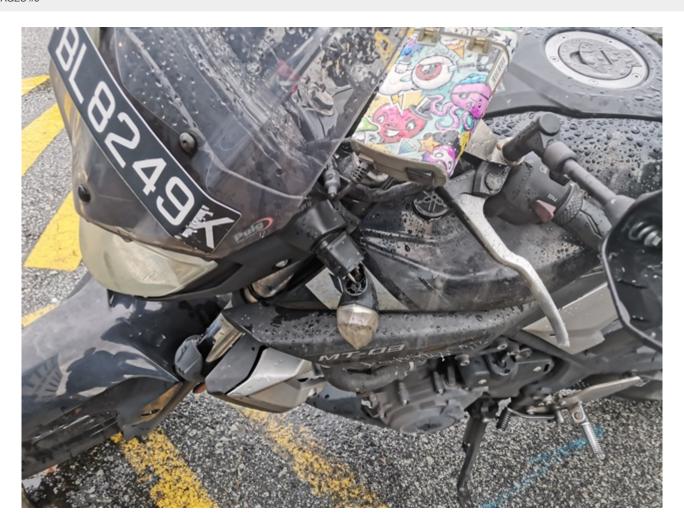
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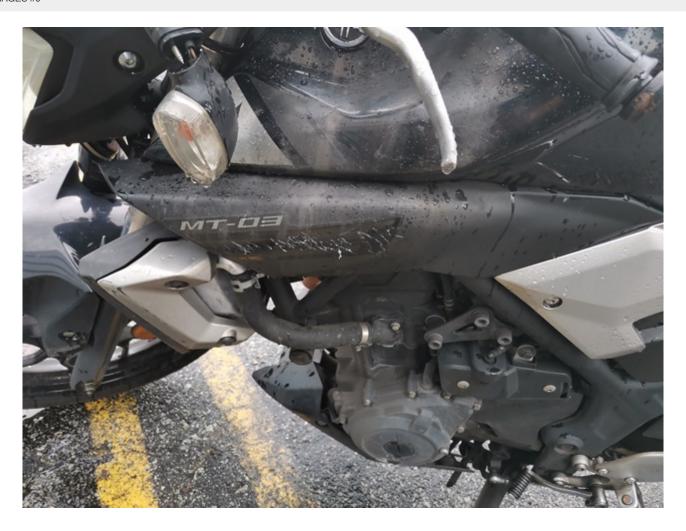


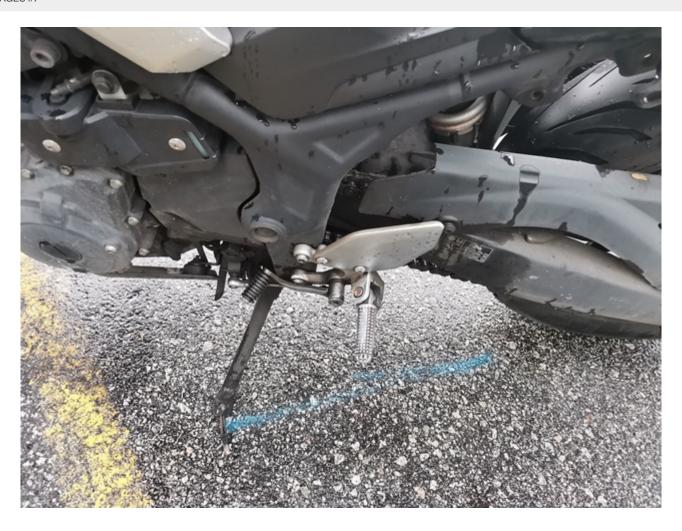








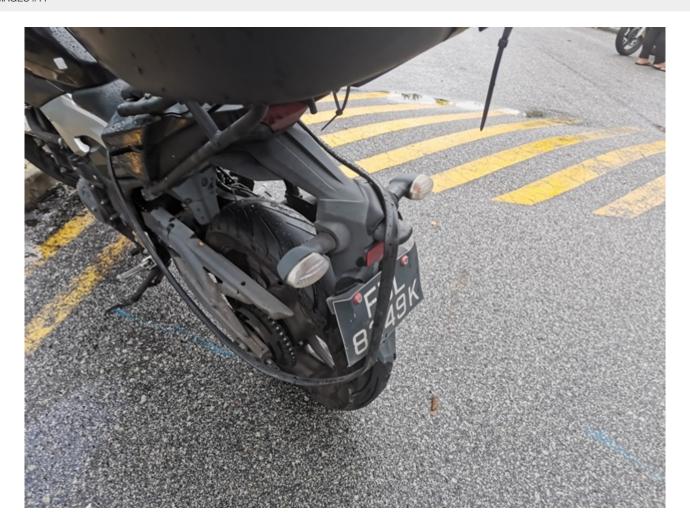








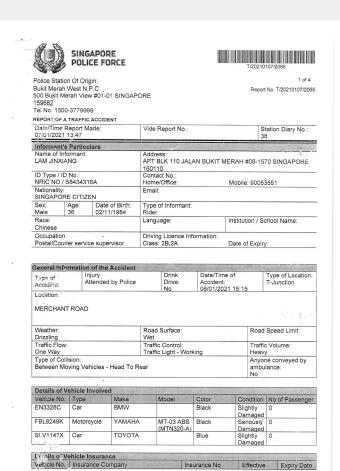


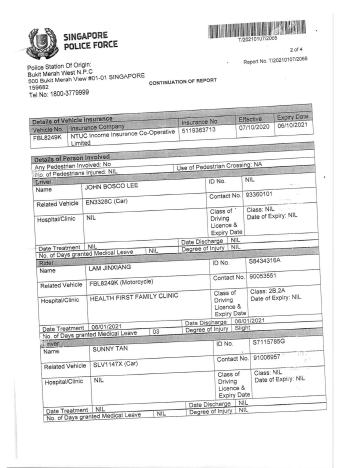
















Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999
CONTINUATION OF REPORT

Report No. T/20210107/2065

Brief Details.

On the 05/07/2021 at about 1515hrs, I was riding my motorcycling bearing plate number FBL8249K (V1) as i prived 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 vchicle 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 felt on 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 ambidunce as I felt pain on my left wrist and the left side of my body. Ambiduance 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 for 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.

