

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 22/01/2021 12:52 (SGT)
Date of Accident 18/11/2020 04:55 (SGT)
Exact Location of Accident TPE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FV2384S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM GEOK WAH
NRIC No SXXXX591F
Email Address pang_s_s_m@singnet.com.sg
Mobile Phone No (Phone) +65-97927764
Alternative Phone No +65-97927764

VEHICLE PARTICULARS

Manufacturer Honda
Model Nf125md
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 Motorcycle

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 0089135802-17
Cover Note Number -

DRIVER

Name of Driver LIM GEOK WAH
NRIC No SXXXX591F
Date Of Birth 04/06/1952
Occupation Outdoor

Date Of Driving Pass	16/11/1984
Driving experience	36 YEARS
Gender	Male
Mobile Number	(Phone) +65-97927764
Alt. Phone Number	+65-97927764
Email Address	pang_s_s_m@singnet.com.sg
Address	BLK 221B SUMANG LANE #10-31
Address complement	-
Postcode	822221
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	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?	Yes
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	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201127/2088

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	SHD1496E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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 GEOK WAH
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	FV2384S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

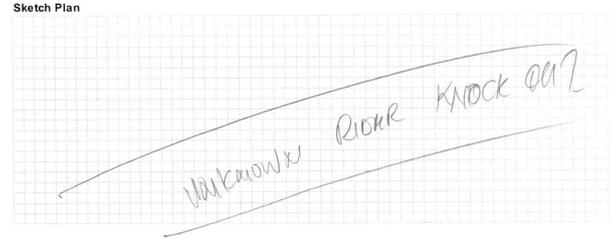
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- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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' 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.

[Signature]
Policyholder's Signature / Date & Time

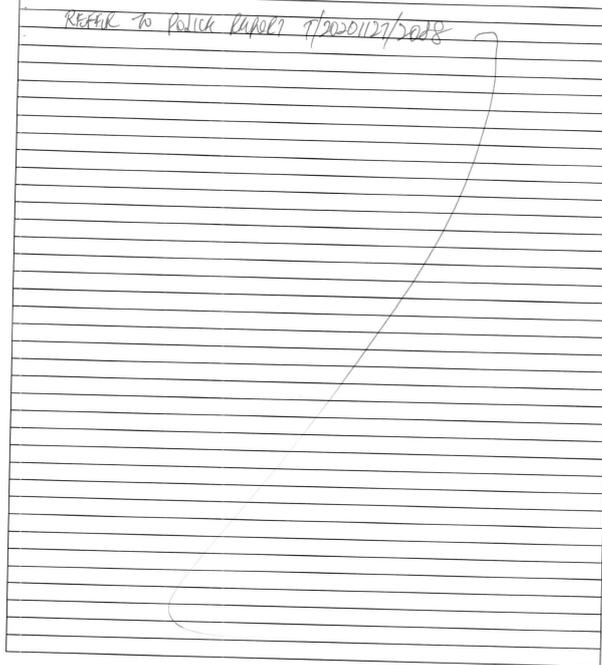
[Signature]
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature]
Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

REFER TO POLICE REPORT 1/20201127/5028



Declaration

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

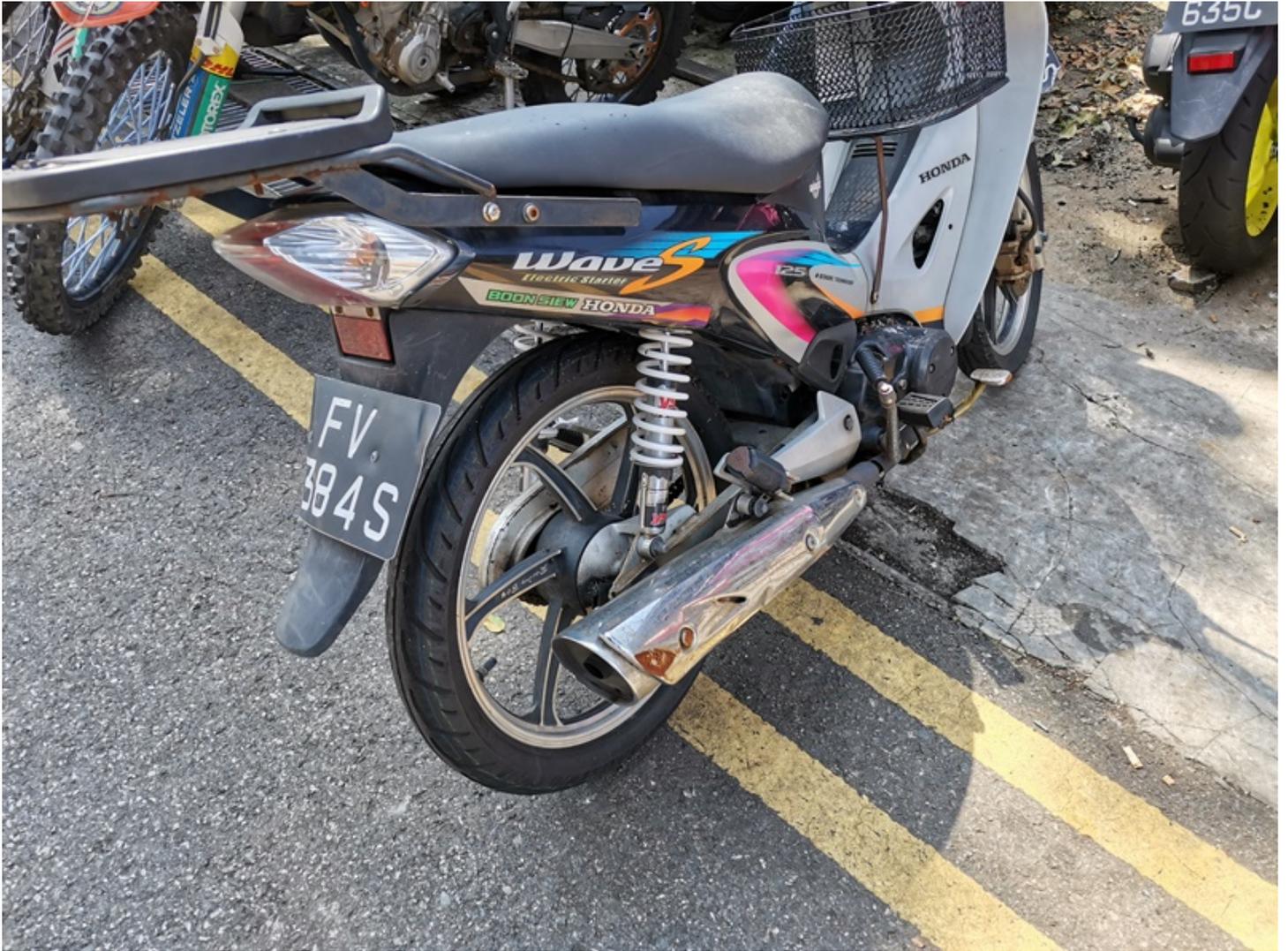
X 
Policyholder's Signature / Date & Time


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

 22/06/2021
Witnessed by Reporting Centre Personnel































Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No. 1800-5872999



T202011272088

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Report No. T202011272088

COPY

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/11/2020 17:11	Vide Report No.:	Station Diary No.:
		81

Informant's Particulars

Name of Informant: LIM GEOK WAH		Address: APT BLK 221B SUMANG LANE #10-31 SINGAPORE 822221	
ID Type / ID No.:		Contact No.:	
NRIC NO / S0103591F		Home/Office: Mobile: 97927764	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 68	Date of Birth: 04/06/1952	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: Part Timer		Driving Licence Information: Class: 2B,3,4,5	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance:	Drink Drive:	Date/Time of Accident:	Type of Location:
		No	18/11/2020 04:55	Expressway
Location: TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
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
FV2384S	Motorcycle	HONDA	NF125MD	Silver		0
SHD1496E	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FV2384S	NTUC Income Insurance Co-Operative Limited	0089135802-17	17/07/2020	16/07/2021



Police Station Of Origin:
 Changi N.P.C
 9 Simei Street 2 SINGAPORE 529914
 Tel No: 1800-5872999



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Report No. T/20201127/2088

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LIM GEOK WAH	ID No.	S0103591F
Related Vehicle	FV2384S (Motorcycle)	Contact No.	97927764
Hospital/Clinic	Sengkang General Hospital	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	18/11/2020	Date Discharge	27/11/2020
No. of Days granted Medical Leave	30	Degree of Injury	Serious

Brief Details.

On 18/11/2020 at about 0455hrs, I was riding along Tampines expressway near to Sengkang east road. I was riding on the 3rd lane riding straight going towards Punggol way from Tampines. Suddenly, I felt a vehicle hit me from behind. Due to impact I lost my balance and fell onto the ground. Due to the pain, I do not recall everything that happened. I remember that there was police and ambulance who came to the scene. I did not manage to take down any particulars. Immediately after the accident, I remember I was lying on the ground.

When ambulance arrived, I was conveyed conscious to Sengkang general hospital where I was warded. I was subsequently discharged on 27/11/2020. I am lodging this report as advised by Traffic Police. I have also received a Traffic Police letter (Ref TP/IP/50577/2020).

I was given 30days of MC from 18/11/2020 to 17/12/2020.

COPY



**SINGAPORE
POLICE FORCE**
Police Station Of Origin:
Changi N.P.C
9 Simei Street 2, SINGAPORE 529914
Tel No: 1800-5872999



T/20201127/2088

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Report No. T/20201127/20

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: G / Sgt 2 GIDEON LIM KAI-EN	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 27/11/2020 17:11
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No.: 65476213	Classification Of Case:
Authentication Stamp NP168	 SIGNATURE