

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 26/01/2021 10:27 (SGT)
Date of Accident 07/01/2021 19:30 (SGT)
Exact Location of Accident E Coast Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FX1570S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LAM FOCK LONG (LIN FULONG)
NRIC No SXXXX314A
Email Address jameslam11@gmail.com
Mobile Phone No (Phone) +65-96443393
Alternative Phone No +65-96443393

VEHICLE PARTICULARS

Manufacturer Yamaha
Model JUPITER MX(HC)
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 ThirdParty
Fleet Policy No
Policy Number 5075893556-05
Cover Note Number -

DRIVER

Name of Driver LAM FOCK LONG (LIN FULONG)
NRIC No SXXXX314A
Date Of Birth 12/10/1971
Occupation Outdoor

Date Of Driving Pass	22/09/1995
Driving experience	25 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96443393
Alt. Phone Number	+65-96443393
Email Address	jameslam11@gmail.com
Address	BLK 138 EDGEDALE PLAINS
Address complement	#08-112
Postcode	820138
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	Side Swipe
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	Punggol Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006049999
Alt. Police Station Phone No	(Fax) +65-64468015
Police Station Address	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210108/2103

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	SGD8229B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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 LAM FOCK LONG (LIN FULONG)
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SERIOUS
Injured person in which vehicle? FX1570S
Were seat belts worn? No
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

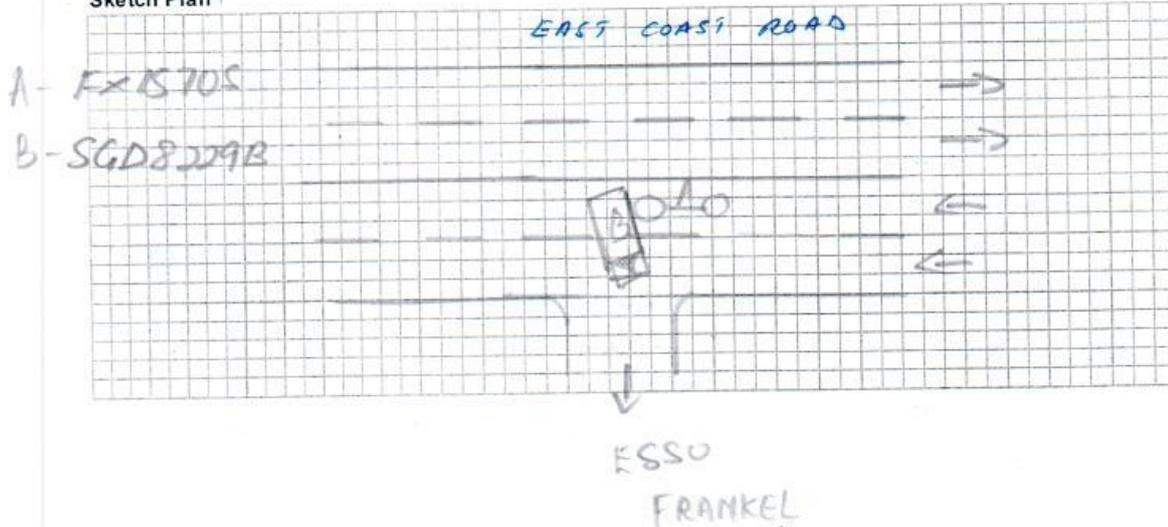
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

W 25/01/21
 Policyholder's Signature / Date & Time

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

sgm 26/01/21
 Witnessed by Reporting Centre Personnel

Sketch Plan





**SINGAPORE
POLICE FORCE**



T/20210108/2103

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

2 of 3

Report No. T/20210108/2103

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LAM FOCK LONG	ID No.	S7135314A
Related Vehicle	FX1570S (Motorcycle)	Contact No.	96443393
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	07/01/2021	Date Discharge	08/01/2021
No. of Days granted Medical Leave	14	Degree of Injury	Serious

Brief Details.

On 07/01/2021 at about 1930hrs, I was travelling along East Coast Road towards Jln Buloh Perindu at a speed of about 50-60km/hr on the right most lane of the 2 lanes. Whilst approaching the road opening of Esso Frankel, a white car suddenly turned right and thus I was unable to react and had hit head-on its left side. The said vehicle was traveling along East Coast Road towards Frankel Avenue. After which, I was in a daze and some passerby's gave assistance and also called for Ambulance in which I was conveyed to Changi General Hospital and was given 14 days of MC. I sustained a fracture of my left cheek and also numerous abrasions all over my body. I did not manage to take down the other party vehicle number or details however I could remember that it was a female driver. That is all.




























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T/20210108/2103

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Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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Report No. T/20210108/2103

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/01/2021 17:42		Vide Report No.:		Station Diary No.: 65	
Informant's Particulars					
Name of Informant: LAM FOCK LONG			Address: APT BLK 138 EDGEDALE PLAINS #08-112 SINGAPORE 820138		
ID Type / ID No.: NRIC NO / S7135314A			Contact No.:		Mobile: 96443393
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 12/10/1971	Type of Informant: Rider		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Crane operator (port)		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: No	Date/Time of Accident: 07/01/2021 19:30	Type of Location: Straight Road
Location: EAST COAST ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX1570S	Motorcycle	YAMAHA	JUPITER MX (HC)	Purple		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FX1570S	NTUC Income Insurance Co-Operative Limited	5075893556-05	03/01/2021	02/01/2022



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Rider			
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T/20210108/2103

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Tel No: 1800-6049999

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Report No. T/20210108/2103

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 / Sr Staff Sgt MOHAMAD RADZIF BIN MOHAMAD SALEH	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 08/01/2021 17:42
Officer In Charge Of Case: TP / GIT / Sgt 2 PHUA TIAK YEE Contact No.: 65472077	Classification Of Case: <div style="border: 1px solid black; padding: 2px; display: inline-block;">SN 158</div>
Authentication Stamp NP158 	