

# 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 .....	04/02/2021 16:43 (SGT)
Date of Accident .....	03/02/2021 15:57 (SGT)
Exact Location of Accident .....	Havelock Rd, Singapore
Additional Location Information .....	TOWARDS GANGES AVENUE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMS7527Y
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LIM KHENG THENG
NRIC No .....	SXXXX907B
Email Address .....	DUKE_LIM@YAHOO.COM
Mobile Phone No .....	(Phone) +65-87157266
Alternative Phone No .....	+65-87157266

### VEHICLE PARTICULARS

Manufacturer .....	BMW
Model .....	640i
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 .....	Private car

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DMPCSNW00074962000
Cover Note Number .....	-

### DRIVER

Name of Driver .....	LIM KHENG THENG
NRIC No .....	SXXXX907B
Date Of Birth .....	16/09/1980
Occupation .....	Indoor

Date Of Driving Pass .....	10/05/2006
Driving experience .....	14 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87157266
Alt. Phone Number .....	+65-87157266
Email Address .....	DUKE_LIM@YAHOO.COM
Address .....	BLK 581 WOODLANDS DRIVE 16 #11-492
Address complement .....	-
Postcode .....	730581
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 - Change/cross lane
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Woodlands Division Headquarters
Police Station Phone No .....	(Phone) +65-18004660000
Police Station Address .....	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT L/20210203/7034

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	FBC7794G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Motorcycle
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) .....	-

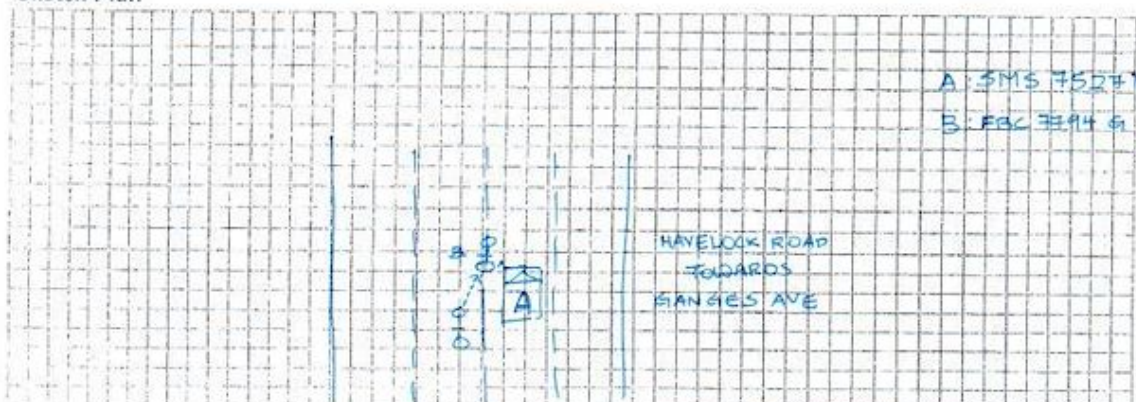
**SKETCH PLAN****IMPORTANT NOTICE**

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5. Any false reporting may be referred to the Police for investigation.
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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]* 4th Feb 21  
 Policyholder's Signature / Date & Time

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

*[Signature]*  
 Witnessed by Reporting Centre Personnel

**Sketch Plan**

Describe Circumstances of the Accident

REFER TO POLICE REPORT L/20210203/7034

Declaration

We declare the foregoing particulars are true in every respect.

 4-12 Feb 21

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel



















**SINGAPORE  
POLICE FORCE**



L/20210203/7034

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**POLICE REPORT (NP299)**

Report No. L/20210203/7034

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No:1800-4660000

Date/Time Report Made 03/02/2021 20:14	Vide Report No.	Station Diary No.
Name Of Informant LIM KHENG THENG	Address 581 WOODLANDS DRIVE 16 #11-492 SINGAPORE 730581	
ID Type / ID No. NRIC NO / S8026907B	Contact No. Home/Office: Mobile: 87157266	
Nationality SINGAPORE CITIZEN	Email Address DUKE LIM@YAHOO.COM	
Occupation IT service manager	Sex Male	Age 40
Institution/School Name	Date of Birth 16/09/1980	Race Chinese
Date/Time Of Incident 03/02/2021 15:55 - 03/02/2021 16:00	Location Of Incident 581 WOODLANDS DRIVE 16 #11-492 SINGAPORE 730581	

**Brief details.**

On the way driving home along havelock road towards ganges ave . Was at 3rd lane at the Havelock/Chin Swee traffic junction there was a motorcyclist in front of me. After green light i filtered to the 2nd and subsequently 1st lane so as to be able to turn right to Zion Road. Somewhere along the way I collided with the motorcyclist, the collision point was my left mirror with I believe his right handlebar. Immediately after that I saw his bike wobbled a bit before he lost control and crashed along the center kerbside. Afterwhich I stopped the car on the 1st lane and went to his assistance. When I reached him he

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/02/2021 20:14
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



L/20210203/7034

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20210203/7034

was lying on the grass patch with his head just above the drain with injuries to his right shin and leg. Requested 1 of the passerby to dial for ambulance while I tried to support his head till the ambulance arrive, all this while chatting with him making sure he is conscious. Subsequently had another passerby help call his wife Ann on her mobile to inform her about the incident. When the ambulance arrived the medics took over stabilizing his head and carrying him onto a metal spinal board. Afterwhich I assisted the LTA Officer Ang with the info he required and also downloaded the recordings from my car's dashcam both front and back.

Was given a Traffic Investigation Case Card

Report No: A/20210203/0091

Investigation Officer: Vilton

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/02/2021 20:14
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	