

# 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 ..... 06/07/2021 16:53 (SGT)  
Date of Accident ..... 29/06/2021 00:15 (SGT)  
Exact Location of Accident ..... Sengkang W Way, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBC4963E

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LIM CHENG SOON  
NRIC No ..... SXXXX234B  
Email Address ..... jsps@hotmail.sg  
Mobile Phone No ..... (Phone) +65-94302480  
Alternative Phone No ..... +65-94302480

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Cb400  
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  
Transmission ..... Manual  
CC ..... 400

### INSURANCE COMPANY

Name of Insurance Company ..... FWD Singapore Pte. Ltd.  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... PNMC2021-00001639  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LIM PENG XIONG  
NRIC No ..... TXXXX527J

Date Of Birth .....	07/04/2000
Occupation .....	Indoor
Date Of Driving Pass .....	04/09/2020
Driving experience .....	9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86868425
Alt. Phone Number .....	-
Email Address .....	jsps@hotmail.sg
Address .....	BLK 572 ANG MO KIO AVE 3
Address complement .....	#07-3375
Postcode .....	560572
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 on collision
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 vehicle 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 .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210701/7029

#### 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 .....	SLH6488C
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 .....	LIM PENG XIONG
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SERIOUS
Injured person in which vehicle? .....	FBC4963E
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

# SKETCH PLAN

## IMPORTANT NOTICE

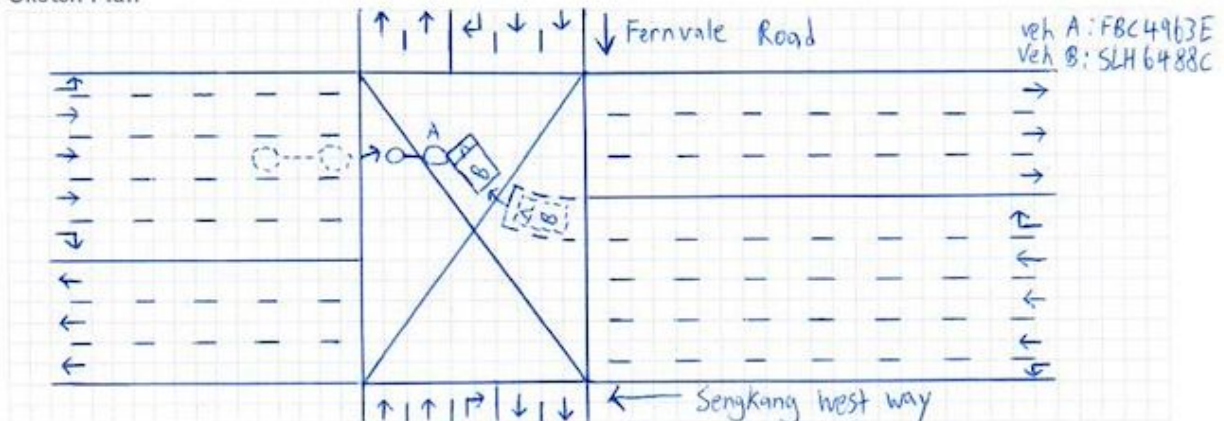
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand,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

  
Policyholder's Signature / Date & Time

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

 06/07/21  
Witnessed by Reporting Centre Personnel

## Sketch Plan



Describe Circumstances of the Accident

Refer to police report T/20210701/7029.

Declaration

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

  
Policyholder's Signature / Date & Time

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

 06/07/21  
Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**



T/20210701/7029

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20210701/7029

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC4963E		PNMC2021-00001639		

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LIM PENG XIONG		ID No. T0011527J
Related Vehicle	FBC4963E (Motorcycle)		Contact No. 86868425
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.		Class of Driving Licence & Expiry Class: 2B,2A,3 Date of Expiry: NIL
Date	29/06/2021		Date 01/07/2021
No. of Days granted Medical Leave	30	Degree of	Serious

**Brief Details.**

On the stated time and date, I was riding my motorbike FBC4963E on my way home located in Ang Mo Kio. While I was riding on lane 3 out of 5 lanes, approaching towards the cross junction located at Sengkang west way and Fernvale road, I was travelling at 50km/hr and as I was about to ride into the yellow box at the junction, I saw a red vezel from the opposite side entering the right-turn box. I slowed down as the driver of the vezel did not seem to slow down, as the traffic light was green on my side, I continue travelling. The vezel driver did not give way and drove out. I depress my brakes and tried to stop my bike but I ended up hitting the vezel. Ambulance came to the accident scene and brought me to Sengkang General Hospital. I had to go through an operation for my knee and the doctors cleaned up the other wounds on both my legs and hands. I was given 30 days MC.















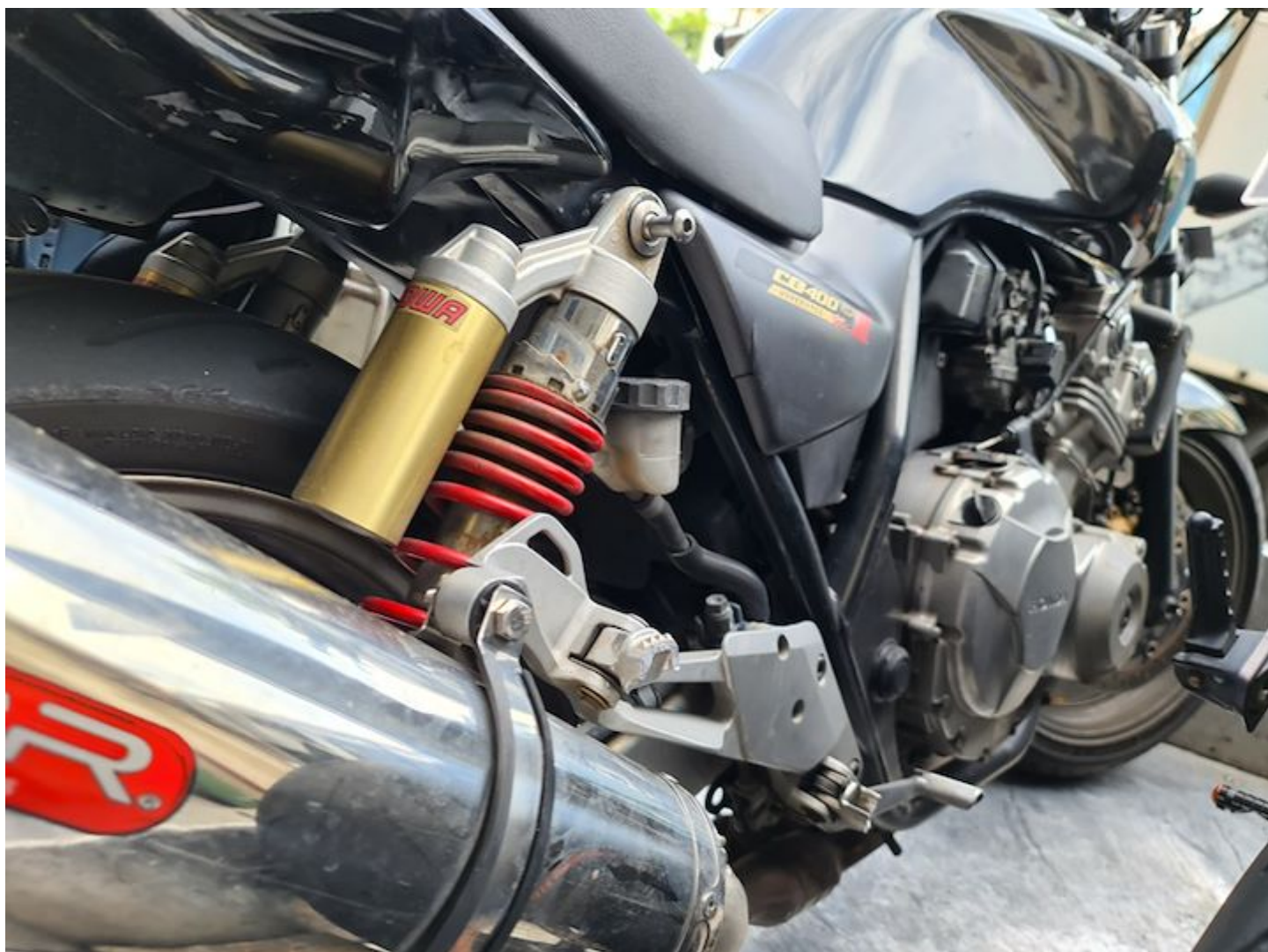


















**SINGAPORE  
POLICE FORCE**



T/20210701/7029

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Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20210701/7029

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/07/2021 17:49		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LIM PENG XIONG			Address: 572 ANG MO KIO AVENUE 3 #07-3375 SINGAPORE 560572		
ID Type / ID No.: NRIC NO / T0011527J			Contact No.: Home/Office: Mobile: 86868425		
Nationality: SINGAPORE CITIZEN			Email: JSPS@Hotmail.sg		
Sex: Male	Age: 21	Date of Birth: 07/04/2000	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: FULL TIME NSF			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/06/2021 00:15	Type of Location: X-Junction
Location:  SENGKANG WEST WAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 70 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: Yes	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBC4963E	Motorcycle	HONDA	CB400 Revo		Slightly Damaged	1
SLH6488C	Car	HONDA	Vezel		Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20210701/7029

2 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20210701/7029

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC4963E		PNMC2021-00001639		

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LIM PENG XIONG	ID No.	T0011527J
Related Vehicle	FBC4963E (Motorcycle)	Contact No.	86868425
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date	29/06/2021	Date	01/07/2021
No. of Days granted Medical Leave	30	Degree of	Serious

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**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20210701/7029

3 of 3

Report No. T/20210701/7029

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
MUHAMMAD NOOR BIN ABDUL RAHMAN  
Contact No.: 65476201

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
01/07/2021 17:49

Classification Of Case: