

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	24/11/2021 16:15 (SGT)
Date of Accident	20/11/2021 11:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF UBI AVENUE 3 AND UBI ROAD 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN173L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NICKY LIM JUN MING
NRIC No	S9442362G
Email Address	nickylimjunming@gmail.com
Mobile Phone No	(Phone) +65-91991284
Alternative Phone No	+65-91991284

VEHICLE PARTICULARS

Manufacturer	Honda
Model	CB150R MANUAL
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	149

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	D21MTMC01003145
Cover Note Number	13/06/2021 TO 12/06/2022

DRIVER

Name of Driver	NICKY LIM JUN MING
NRIC No	S9442362G

Date Of Birth	09/11/1994
Occupation	Outdoor
Date Of Driving Pass	13/02/2019
Driving experience	2 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91991284
Alt. Phone Number	+65-91991284
Email Address	nickyilmjunming@gmail.com
Address	123 YISHUN ST 11 #09-493 (S) 760123
Address complement	-
Postcode	-
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 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? if yes, against whom?	No

CIRCUMSTANCES OF ACCIDENT

REFER WITH ATTACHED.

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	GBJ8642T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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	NICKY LIM JUN MING
Gender	Male
Phone No	(Phone) +65-91991284
Address	123 YISHUN ST 11 #09-493 (S) 760123
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	CHANGI GENERAL HOSPITAL - 3DAYS MC
Injured person in which vehicle?	FBN173L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

WITNESS DETAILS

WITNESS 1

Name	Loke de jun eugene
Phone	(Phone) +65-91450369
Email	-

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] 24/11/21 1530
Policyholder's Signature / Date & Time

[Signature] 24/11/21 1530
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Refer to attached

Describe Circumstances of the Accident

refer to attached police report

Note: Please note that your insurer may have 14 days time frame for you to submit an own damage claim under your own policy, please check your policy for more information.

Declaration

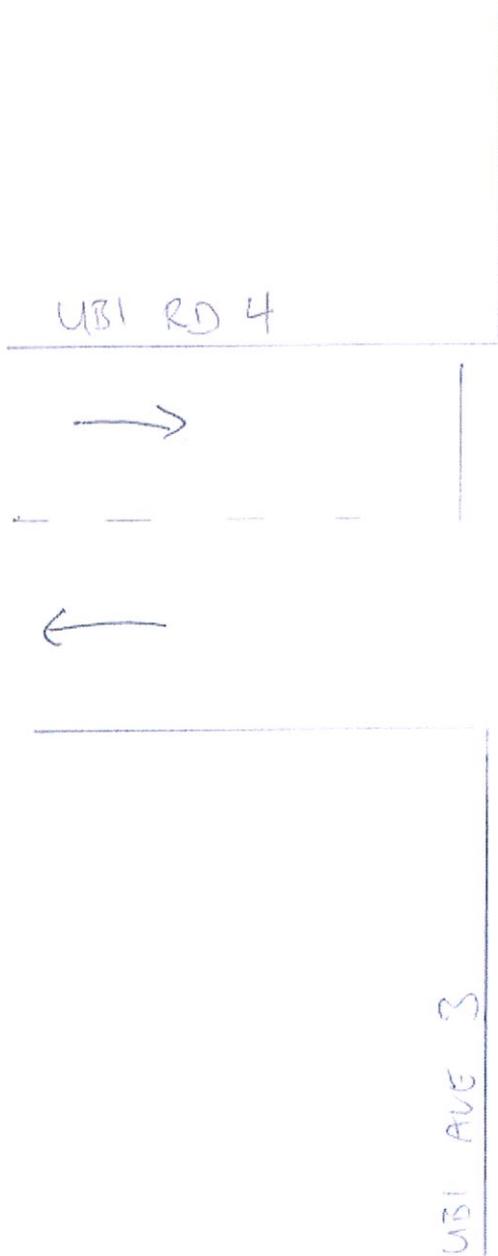
We declare the foregoing particulars are true in every respect.



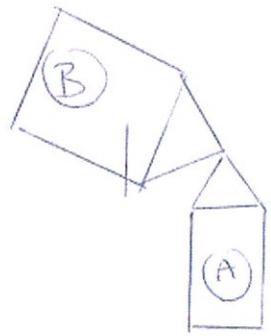
[Signature] 24/11/21 1530
Policyholder's Signature / Date & Time

[Signature] 24/11/21 1530
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



- (A) FBN173L
- (B) GBJ8642T



[Signature] 24/11/21 1530 HRS



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

Report No. T/20211120/7029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/11/2021 19:37	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: NICKY LIM JUN MING		Address: 123 YISHUN ST 11 #09-493 SINGAPORE 760123	
ID Type / ID No.: NRIC NO / S9442362G		Contact No.: Home/Office: Mobile: 91991284	
Nationality: SINGAPORE CITIZEN		Email: NICKYLIMJUNMING@GMAIL.COM	
Sex: Male	Age: 27	Date of Birth: 09/11/1994	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: Aeronautical engineer		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/11/2021 11:15	Type of Location: Straight Road
Location: UBI AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBN173L	Motorcycle	HONDA	CB150R MANUAL	Black		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN173L	TENET SOMPO INSURANCE PTE. LTD.	D21MTMC0100314 5	13/06/2021	12/06/2022



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

Report No. T/20211120/7029

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NICKY LIM JUN MING	ID No.	S9442362G
Related Vehicle	FBN173L (Motorcycle)	Contact No.	91991284
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	20/11/2021	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

AT AROUND 1115AM ON 20/11/2021, I WAS RIDING MY MOTORCYCLE BEARING VEHICLE REGISTRATION NO. FBN173L ALONG UBI AVE 3. I WAS ON THE RIGHT OF THE 2 LANE ROAD WHEN A LORRY BEARING VEHICLE REGSITRATION NO. GBJ8742T ON THE LEFT JUNCTION (UBI ROAD 4) DID NOT STOP AT THE STOP LINE AND PROCEEDED TO MAKE AN ARUBPT RIGHT TURN INTO MY PATH. HE THEN COLLIDED WITH ME HEAD ON CAUSING ME TO BE THROWN OF MY MOTORCYCLE. I LANDED SOME DISTANCE AHEAD AND DID NOT MOVE UNTIL THE AMBULANCE AND TRAFFIC POLICE ARRIVED. I WAS IN A LOT OF PAIN. I WAS CONVEYED TO CHANGI GENERAL HOSPITAL VIA AMBULANCE AND WAS GIVEN 3 DAYS MC FOR MY INJURIES. THERE WAS ALSO A WITNESS TO THE INCIDENT.



**SINGAPORE
POLICE FORCE**



T/20211120/7029

3 of 3

Report No. T/20211120/7029

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

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 / TPIB /
NUR ADELINA BINTE MOHAMMAD FUAT
Contact No.: 65476066

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

Date/Time:
20/11/2021 19:37

Classification Of Case: