

Email: sm@idac.com.sg Tel no: 6555 6888

***If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.**

Date of Accident: 20 / 11 / 2021 (dd/mm/yy)

Time of Accident: 15 : 20 (24-HR-FORMAT)

Vehicle No. : FBR 233B Vehicle Make & Model / Engine (cc): _____ Private Hire: (Y / N)

Exact location of Accident: Yishun Industrial Park A

Policyholder's Name / IC No. : _____ ROC/UEN (Company) _____

Driver's Name / IC No. : Lim Wei Xiang 885044086 (As Above) ☐

Driver's Contact No. : 94797211 Company Contact No / Owner Contact No: _____

Driver's Address: _____

Owner Email address : LIM WEI XIANG85@gmail.com Insurance Company : NTUC

Driver Email address : _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK one only)**

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle
Was being used at time of accident?**

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

***No. of Passengers (Including Driver):** 1

***Passenger Name:** _____

Gender: Male / Female x()

***Passenger Name:** _____

Gender: Male / Female x()

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No Remarks : _____

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Yishun North N.P.C

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SHD 9978D

Driver's Contact No: _____ Insurance Company : _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company : _____

***Independent Witness (If Any):** _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

SKETCH PLAN

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. The 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.
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

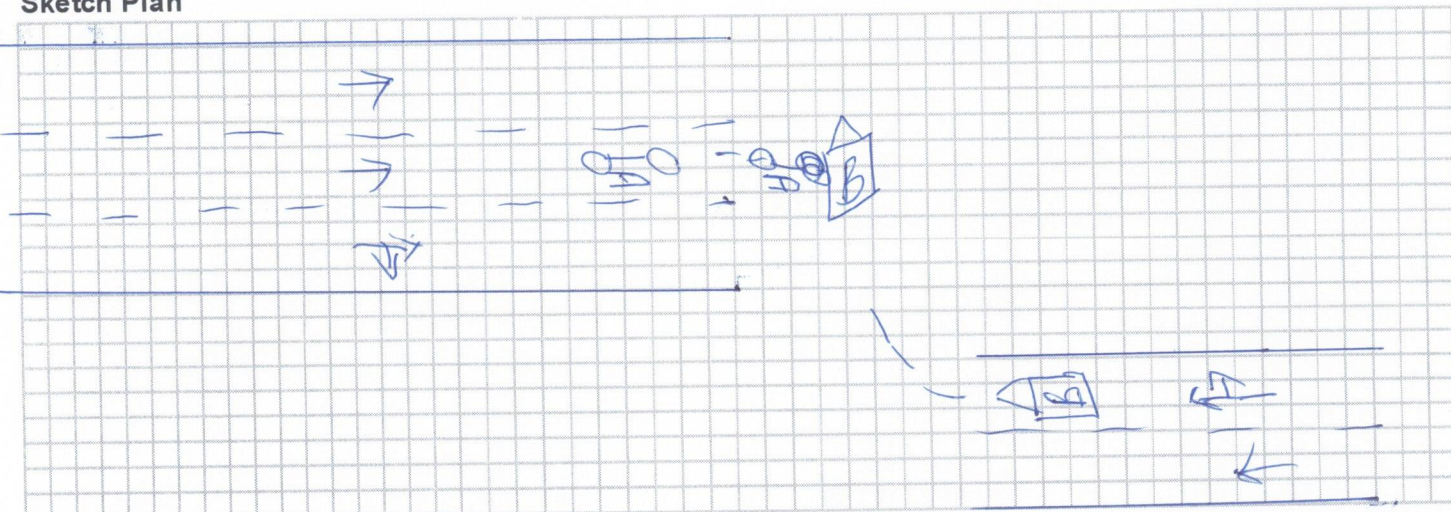
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

X
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

AS per police Report No T/2021/123/2030

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8504408G**

Name: **LIM WEI XIANG (LIN WEIXIANG)**

Birth Date: **07 Feb 1985**

Issue Date: **18 Sep 2006**

001446138G



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8504408G**

Name: **LIM WEI XIANG (LIN WEIXIANG)**

林 伟 祥

Race: **CHINESE**

Date of birth: **07-02-1985**

Country/Place of birth: **SINGAPORE**

Sex: **M**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 2B Motorcycles =< 200 CC	18 Sep 2006
Class 2A Motorcycles between 201 CC and 400 CC	01 Jun 2010
Class 2 Motorcycles > 400 CC	06 Sep 2011

S8504408G

S/No. 9000149389

Licence No: S8504408G

NP 428A

5670318

NRIC No. **S8504408G**

Date of issue: **11-11-2016**

Address: **APT BLK 317B YISHUN AVENUE 9 #11-280 SINGAPORE 762317**



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5120631722

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: **FBR233B**

Chassis Number

: MH1KF6118KK007846

2. Name of Policyholder

: LIM WEI RONG

3. Effective Date of Insurance

: 04 Feb 2021

4. Expiry Date of Insurance

: 03 Feb 2022

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)

: N/A

EXCESS (SECTION 2)

: N/A

EXCESS (THEFT OUTSIDE SINGAPORE)

: PLEASE REFER OVERLEAF

INSURE WITH COE

: YES

NAMED DRIVER (1)

: LIM WEI RONG

NAMED DRIVER (2)

: LIM WEI XIANG (LIN WEIXIANG)

HIRE PURCHASE COMPANY

: DE XING MOTOR PTE LTD

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ASSURE PTE. LTD. (00000572842)

Date of Issue : 13 Jan 2021 09:22 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive



POLICE FORCE



T/20211123/2050

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No. T/20211123/2050

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/11/2021 14:21	Vide Report No.:	Station Diary No.: 51
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Informant's Particulars

Name of Informant: LIM WEI XIANG		Address: APT BLK 317B YISHUN AVENUE 9 #11-280 SINGAPORE 762317	
ID Type / ID No.: NRIC NO / S8504408G		Contact No.: Home/Office:	Mobile: 94797211
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 36	Date of Birth: 07/02/1985	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: Motorcycle delivery man		Driving Licence Information: Class: 2B,2A,2	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/11/2021 15:20	Type of Location: X-Junction
Location: YISHUN INDUSTRIAL PARK A				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR233B	Motorcycle	HONDA	ADV 150	Red	Slightly Damaged	0
SHD9978D	Car	TOYOTA	Prius	Red	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No



POLICE FORCE

17/02/2021

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Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No: T/20211123/2050

CONTINUATION OF REPORT

Rider			
Name	LIM WEI XIANG	ID No.	S8504408G
Related Vehicle	FBR233B (Motorcycle)	Contact No.	94797211
Hospital/Clinic	KHOO TECK PHUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	LIM KIM SEAH	ID No.	S1325553I
Related Vehicle	SHD9978D (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and location, I was riding my motorcycle bearing plate number FBR233B along Yishun Ave 7, approaching cross junction of Yishun Ave 6 and 7. While I was crossing the said junction, a red TransCab taxi bearing plate number SHB9978D had turned from Yishun Ave 7 to Yishun Ave 6 at the same time when I was about to pass the junction. As a result, I collided into the its left rear passenger door. The traffic light was green when I crossed the junction.

I was then conveyed to Khoo Teck Phuat hospital and given 7 days of MC. I was not warded and I was discharged the same day. The traffic police officer advised me to lodge a traffic accident report.

I am lodging this report for insurance claim and also to retrieve my motorbike from Traffic Police.

Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/2021/123/2050

CONTINUATION OF REPORT

Sketch Plan

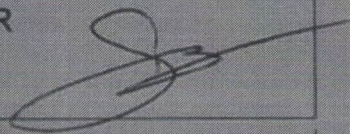
Informant is not able to provide sketch plan

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.

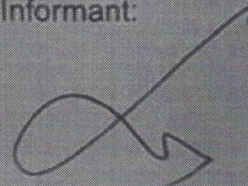
Signature of Officer Recording The Report

L /

Sgt 2 MUHAMMAD AMEER
SYAFIQ BIN ABU BAKAR



Signature Of Informant:



Signature Of Interpreter:

Not applicable

Date/Time:

23/11/2021 14:21

Officer In Charge Of Case:

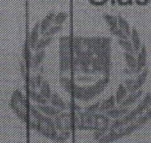
TP / GIT /

Staff Sgt NUR ADELINA BINTE MOHAMMAD
FUAT

Contact No.: 65476066

Classification Of Case:

SN 085



Signature:



Singapore Police Force