

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: 06 / 12 / 2021 (dd/mm/yy)

Time of Accident: 20 : 45 (24-HR-FORMAT)

Vehicle No. : FBS 500JM Vehicle Make & Model / Engine (cc): _____ Private Hire: (Y / N)

Exact location of Accident: Parkway Parade

Policyholder's Name / IC No. : Lim Jiang Hao 8 ROC/UEN (Company) 438C

Driver's Name / IC No. : _____ (As Above) ☒

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

Driver's Address: _____

Owner Email address : IV4NN_LIM@HOTMAIL.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):** 01

***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' Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SMA 6368R

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;

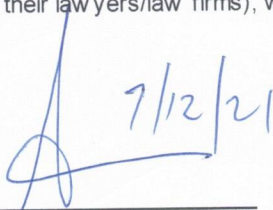
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.

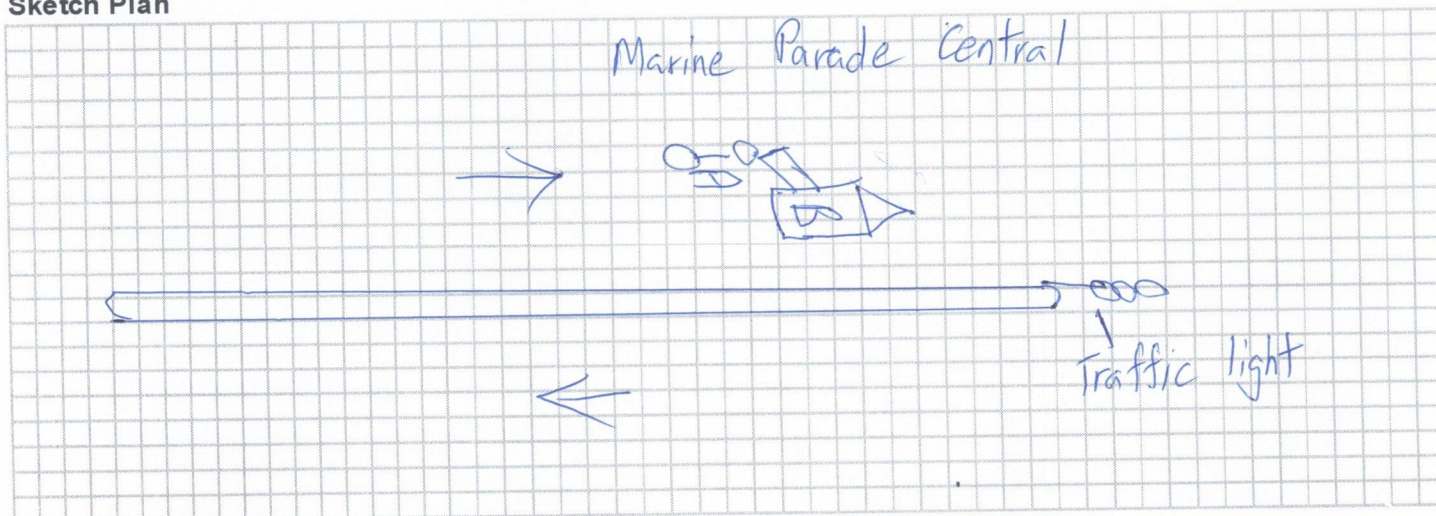
X  7/12/21

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

As a police Report T/2021/207/7032

Declaration

We declare the foregoing particulars are true in every respect.

x  7/12/21

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



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

Report No. T/20211207/7032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/12/2021 17:20	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LIM JIANG HAO			Address:		
ID Type / ID No.: NRIC NO / S 438C			Contact No.: Home/Office:		Mobile:
Nationality: SINGAPORE CITIZEN			Email: IV4NN_LIM@HOTMAIL.COM		
Sex: Male	Age: 28	Date of Birth: 13/01/1993	Type of Informant: Rider		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Electrical lift, escalator and related equipment fitter			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/12/2021 20:45	Type of Location: Straight Road
Location: MARINE PARADE CENTRAL				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBS5002M	Motorcycle	YAMAHA	AEROX155+ ABS+CVT	Black		0
SMA6368R	Car	LEXUS	LEXUS	Blue	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS5002M	NTUC Income Insurance Co-Operative Limited	5122127749	10/05/2021	09/05/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Rider				
Name	LIM JIANG HAO	ID No.	S	438C
Related Vehicle	FBS5002M (Motorcycle)	Contact No.		
Hospital/Clinic	HEALTHWISE MEDICAL CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: 3	Date of Expiry: NIL
Date	07/12/2021	Date	07/12/2021	
No. of Days granted Medical Leave	03	Degree of	Slight	
Driver				
Name	YONG LOONG TEE	ID No.	S7406474D	
Related Vehicle	SMA6368R (Car)	Contact No.	NIL	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3	Date of Expiry: NIL
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	

Brief Details.

It was at the small road in between PARKWAY PARADE and PARKWAY MACDONALDS right before the traffic light where pedestrian cross from parkway to macdonalds vice versa.

I am motorcycle rider FBS5002M and was hit by SMA6368R passenger car door as his passenger alighted.

He stopped his car in the middle of the lane without signalling hazard which cause me to swerve more to his rear left side (as I was keeping left) to prevent a rear end collision.

As I was on the left side of his car, his passenger open the door and hit my bike's right front headlight which cause me to fall on my left onto the ongoing construction concrete barricade.

It was not expected as he was on the middle of the lane and did not provided any hazard



**SINGAPORE
POLICE FORCE**



T/20211207/7032

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Traffic Police
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Report No. T/20211207/7032

CONTINUATION OF REPORT

warning signal.

Pictures will also show that damages was done to the exterior instead of interior of his car door which indicate the car door was open just as my motorcycle was already beside his car.



**SINGAPORE
POLICE FORCE**



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Report No. T/20211207/7032

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:

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

Date/Time:
07/12/2021 17:20

Classification Of Case: