

## 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	14/12/2021 21:33 (SGT)
Date of Accident	11/12/2021 09:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KALLANG AVENUE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN1159Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	BAN HOCK HIN CO PTE LTD
Company Reg No	1XXXXXX88K
Email Address	raymond@bhh.com.sg
Mobile Phone No	(Phone) +65-62816520
Alternative Phone No	(Office) +65-62816520

### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	NMAX155 ABS
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	155

### INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	MC/00833787
Cover Note Number	-

### DRIVER

Name of Driver	LIM BEE SEE
NRIC No	SXXXX243E

Date Of Birth	11/09/1972
Occupation	Outdoor
Date Of Driving Pass	13/12/1996
Driving experience	25 YEARS
Gender	Female
Mobile Number	(Phone) +65-86610418
Alt. Phone Number	-
Email Address	raymond@bhh.com.sg
Address	HDB Waterway Brooks, 678A Punggol Drive
Address complement	#06-806
Postcode	821678
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

On 11/12/2021 at 0905hrs, I was driving certis cisco motorcycle FBN1159Y along Kallang Ave. Suddenly, a car SKD8768P driving towards the opposite direction sped up and turned right. I applied my brake and tried to avoid him but I could not stop in time as he was too near and we collided head on. The car driver came down and checked on me. He also helped to call ambulance. Subsequently, ambulance and traffic police arrived. I was then conveyed to Raffles Hospital. Dr Devin Tan from Raffles Hospital checked on me and warded me. I got discharged from hospital on 12/12/2021 and was given 12 days of Hospitalization leave from 11/12/2021 to 22/12/2021.

My supervisor gave me a case card A/20211211/0030 that was given by traffic police and told me to lodge a traffic accident report, TP IO Ken is in charge of the case.

#### 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	SKD8768P
Vehicle Manufacturer	Mercedes
Vehicle Model	E250 EXCLUSIVE (R18 LED)
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)	1

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	LIM BEE SEE
Gender	Female
Phone No	(Phone) +65-86610418
Address	HDB Waterway Brooks, 678A Punggol Drive
Address Complement	#06-806
Post Code	821678
Approximate Age Years Old	49
Injuries Sustained	Chest & Rib, Right shoulder joint, Right knee and Left leg.
Injured person in which vehicle?	FBN1159Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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

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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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
AIZAM BIN ATAN

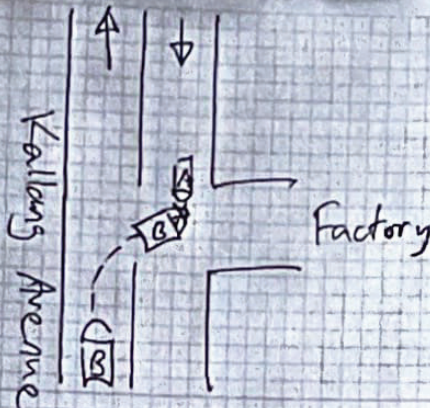
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

ACCIDENT DIAGRAM

Ver. 30042021



A: FBN 1159Y  
B: SKD 8768P

Policyholder's Signature  
Date & Time:

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

VERIFIED BY AJAX MARS (ARC)  
REPORTING OFFICER  
AIZAM BIN ATAN

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer as in police report.

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:

VERIFY BY AJAX MARS (ARC)

REPORTING OFFICER

AIZAM BIN ATAN

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:


**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
509929  
Tel No: 1800-4519999



Report No: 1/20211211/2008

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
13/12/2021 10:50

Vide Report No.:  
A/20211211/0030

Station Diary No  
36

**Informant's Particulars**

Name of Informant: LIM BEE SEE			Address: APT BLK 678A PUNGGOL DRIVE #06-806 SINGAPORE 821678		
ID Type / ID No.: NRIC NO / S7274243E			Contact No.: Home/Office: Mobile: 86610418		
Nationality: MALAYSIAN			Email:		
Sex: Female	Age: 49	Date of Birth: 11/09/1972	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PARKING WARDEN ENFORCEMENT OFFICER			Driving Licence Information: Class: 2B,3,4A		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/12/2021 09:05	Type of Location:
Location: KALLANG AVENUE				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		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	Condition	No of Passenger
FBN1159Y	Motorcycle				Seriously Damaged	0
SKD8768P	Car				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA


**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No 1800-4510990



T/20211213/2008

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Report No. T/20211213/2008

**CONTINUATION OF REPORT**

Rider	LIM BEE SEE		ID No	S7274243E
Name			Contact No	86610418
Related Vehicle	FBN1159Y (Motorcycle)			
Hospital/Clinic	RAFFLES HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,3,4A Date of Expiry: NIL
Date Treatment	11/12/2021	Date Discharge	12/12/2021	
No of Days granted Medical Leave	12	Degree of Injury	Slight	

**Brief Details.**

On 11/12/2021 at 0905hrs, I was driving my LTA motorcycle FBN1159Y along Kallang Avenue. Suddenly, a car SKD8768P driving towards the opposite direction sped up and turned right. I applied my brake and tried to avoid him but I could not stop in time as he was too near and we collided head on. The car driver came down and checked on me. He also helped to call ambulance.

Subsequently, ambulance and traffic police arrived. I was then conveyed to Raffles Hospital. Dr Devin Tan from Raffles Hospital checked on me and warded me. I got discharged from hospital on 12/12/2021 and was given 12 days of Hospitalization leave from 11/12/2021 to 22/12/2021.

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**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569029  
Tel No: 1800-4519999



3 of 3  
Report No: 17011113/2004

**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

F /

Sgt 2 Nicholes Wong Wen En

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
13/12/2021 10:50

Officer In Charge Of Case:  
TP / GIT /  
SI THABAGESH JEYATHESH  
Contact No.: 65476178

Classification Of Case:

Authentication Stamp  
NP158





**IMPORTANT NOTE:** Please submit the completed Addendum form to the sams Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SAD21CD000J Vehicle Registration No: FBN1159Y  
 Name (as shown in NRIC): LIM BEE SEE NRIC/FIN/Passport No: \_\_\_\_\_  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 86610418  
 Email Address: \_\_\_\_\_  
 Date of Accident: 11/12/2021 Time of Accident: 09:05 (SGT)  
 Place of Accident: KALLANG AVENUE  
 Insurance Company: DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

AMEND FROM REPORTING ONLY TO CLAIMS 3RD PARTY

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

SUSAN  
 Reporting Centre Personnel's Signature  
 Name: F S NEO  
 NRIC/FIN No.: \_\_\_\_\_  
 Date: 16/12/2021

GIAS/RC Addendum Form