

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 22/12/2021 10:11 (SGT)
Date of Accident 21/12/2021 12:40 (SGT)
Exact Location of Accident Pasir Ris Dr 8, Singapore
Additional Location Information GOING TOWARDS TAMPINES AVENUE 12 TO PIE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLQ3188R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ENG KHIAM PENG
NRIC No SXXXX611F
Email Address tonyengkp@gmail.com
Mobile Phone No (Phone) +65-96823935
Alternative Phone No +65-90210384

VEHICLE PARTICULARS

Manufacturer Peugeot
Model 208
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? Yes
Vehicle Category Private car
Transmission Auto
CC 1199

INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DHOM120052722001
Cover Note Number -

DRIVER

Name of Driver LIM AI MAY LYDIA
NRIC No SXXXX442A

Date Of Birth	17/12/1965
Occupation	Indoor
Date Of Driving Pass	30/11/1988
Driving experience	33 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-90210384
Alt. Phone Number	-
Email Address	lydiaeng01@gmail.com
Address	BLK 143 PASIR RIS STREET 11 #03-99
Address complement	-
Postcode	510143
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Collided into Motorcyclist
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ENG KHIAM PENG
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT e/20211221/7030

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBS911Y
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	SUKAIMI
Contact Number	(Phone) +65-98441194
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	SUKAIMI
Gender	Male
Phone No	(Phone) +65-98441194
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	SLQ3188R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

WITNESS DETAILS

WITNESS 1

Name	UNKNOWN CYCLIST
Phone	-
Email	-

SKETCH PLAN

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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.

 21/12/21

Policyholder's Signature / Date & Time
1513 pm

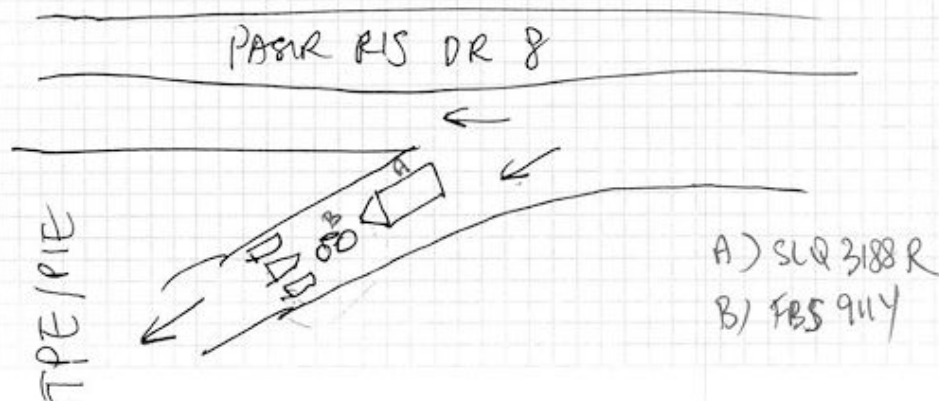
 21/12/21

Driver's Signature (if driver is not the policyholder) / Date & Time
1513 pm

 21/12/2021

Witnessed by Reporting Centre Personnel

Sketch Plan





Describe Circumstances of the Accident

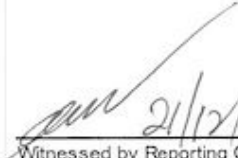
Refer to Police Report E/2021/221/7030

Declaration

We declare the foregoing particulars are true in every respect.

 21/12/21
Policyholder's Signature / Date &
Time 1513 PM.

 21/12/21
Driver's Signature (if driver is not the policyholder) / Date
& Time 1513 PM

 21/12/2021
Witnessed by Reporting Centre
Personnel





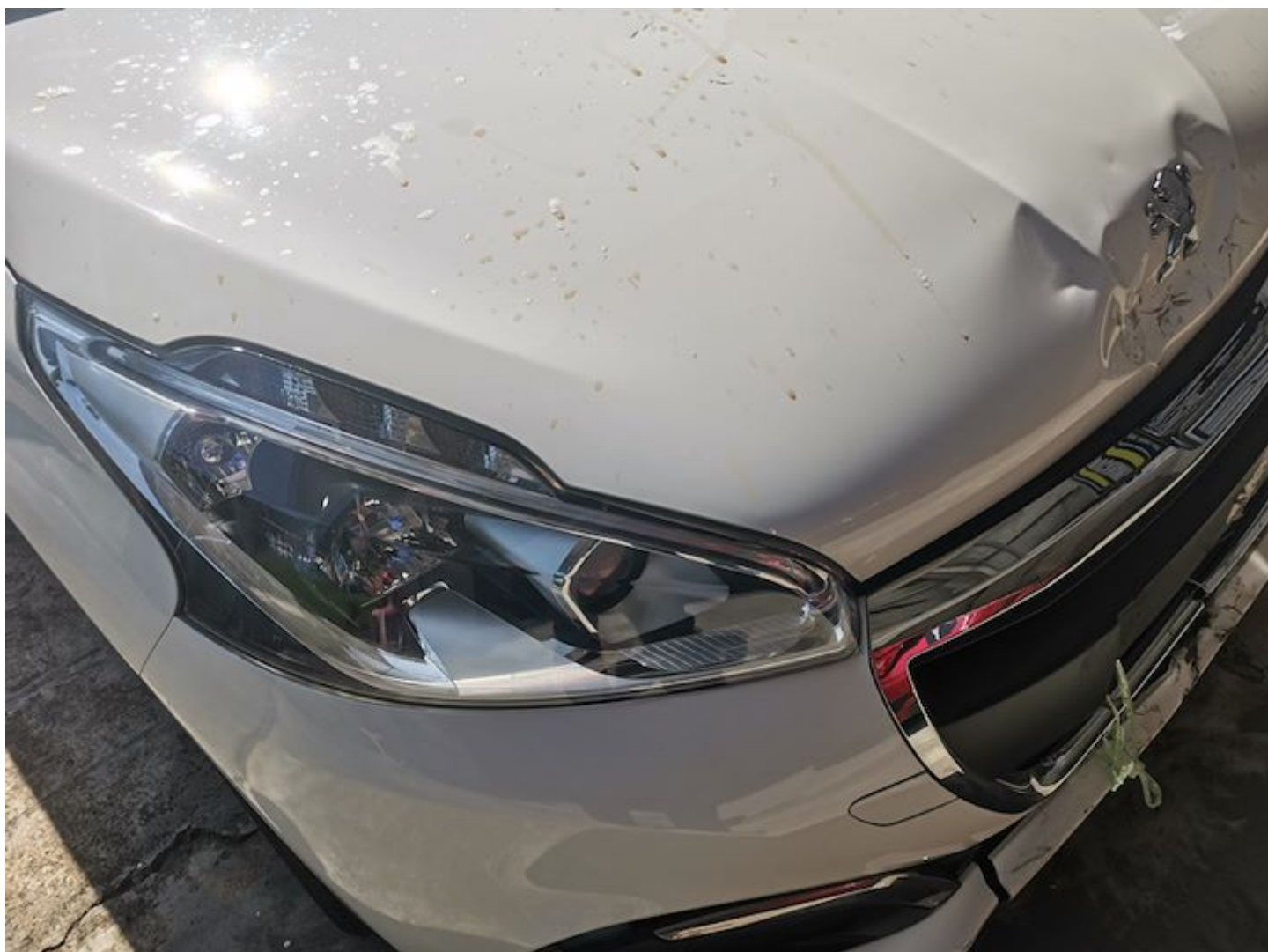








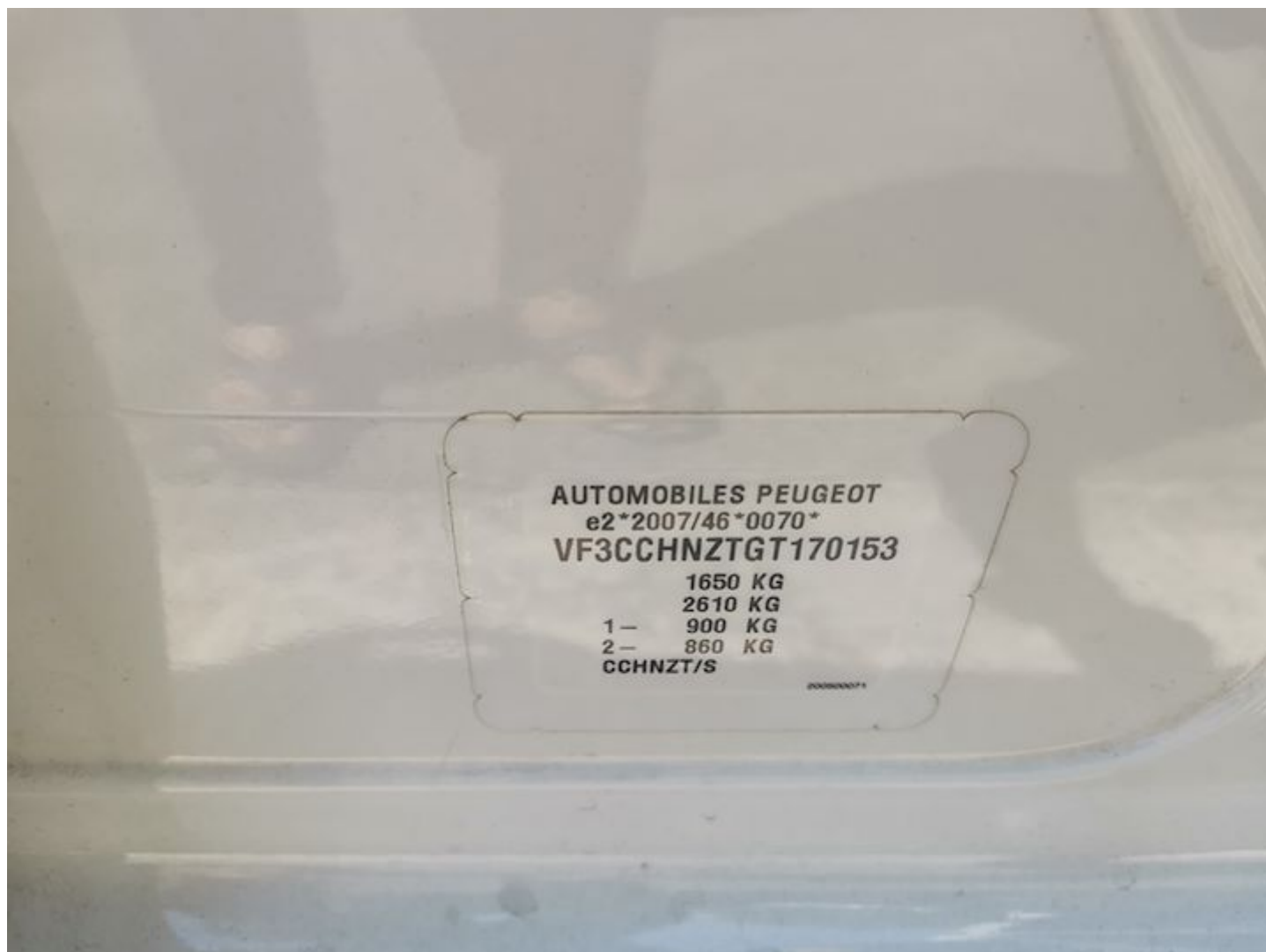














**SINGAPORE
POLICE FORCE**



E/20211221/7030

1 of 2

POLICE REPORT (NP299)

Report No. E/20211221/7030

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 21/12/2021 15:58	Vide Report No.	Station Diary No.
Name Of Informant LIM AI MAY LYDIA	Address 143 PASIR RIS STREET 11 #03-99 SINGAPORE 510143	
ID Type / ID No. NRIC NO / S1725442A	Contact No. Home/Office:	Mobile: 90210384
Nationality SINGAPORE CITIZEN	Email Address LYDIAENG01@GMAIL.COM	
Occupation Accountant	Sex Female	Age 56
Institution/School Name	Date of Birth 17/12/1965	Race Chinese
Date/Time Of Incident 21/12/2021 12:36 - 21/12/2021 15:36	Location Of Incident along drive 8 pasir ris goint towards PIE/TPE slip eoad	

Brief details.

the motocylist stopped suddenly at the zibra corssing and i jammed brake and could not stop in time and hit him. the motorcyclist was injured and i called 911 for assistance. The ambulance came and followed by the police to take down my statement. There is a witness who is a cyclist at the scene. Report number: G/20211221/0101. IO incharge: Shalar. Tel: 65476236

Subjects Involved	
Victim	
Person Name	sukhaimi

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 21/12/2021 15:58
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Kim Seng NPP Kiosk 1



**SINGAPORE
POLICE FORCE**



E/20211221/7030

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20211221/7030

Gender	Male	Age	0
Race	Malay	Language	English
Occupation	Despatch worker	Mobile No	98441194
Relation To Informant	stranger		

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:
21/12/2021 15:58

Classification Of Case:

This report is lodged at Kim Seng NPP Kiosk 1