

# 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 16:01 (SGT)  
Date of Accident ..... 21/12/2021 16:55 (SGT)  
Exact Location of Accident ..... Upper Serangoon Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBR1712D

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHIN KOK LIM  
NRIC No ..... S8582958J  
Email Address ..... SSKY6761VS@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-83386761  
Alternative Phone No ..... +65-83386761

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... NMAX155ABS  
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? ..... No - Claiming third party  
Vehicle Category ..... Motorcycle  
Transmission ..... Auto  
CC ..... 155

### INSURANCE COMPANY

Name of Insurance Company ..... Direct Asia Insurance (Singapore) Pte Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... MC/00901955  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CHIN KOK LIM  
NRIC No ..... S8582958J

Date Of Birth .....	14/06/1985
Occupation .....	Outdoor
Date Of Driving Pass .....	23/11/2009
Driving experience .....	12 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-83386761
Alt. Phone Number .....	+65-83386761
Email Address .....	SSKY6761VS@GMAIL.COM
Address .....	BLK 131 RIVERVALE STREET #10-868
Address complement .....	-
Postcode .....	540131
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 .....	Hit and run / Vandalism / Damaged whilst parked
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	0
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? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT AND SKETCH PLAN.

#### 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 .....	SNA2992C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
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) ..... -

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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.

Policyholder's Signature / Date & Time  
 22/12/21 3pm  
 Sketch Plan

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

Witnessed by Reporting Centre Personnel

**Describe Circumstances of the Accident**

Refer to police report.

**Declaration**

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time

27/12/21 3pm

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

Witnessed by Reporting Centre Personnel



















T/20211222/2049

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Report No. T/20211222/2049

## Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20211222/2029

Report Number T/20211222/2049

Vide Report Number

Date/Time of Report Made 22/12/2021 14:34

Place Report Lodged Traffic Police

Type of Informant Rider

Name of Informant CHIN KOK LIM

ID Type / ID No. NRIC NO / S8582958J

Home/Office

Mobile 83386761

Email

Type of Accident Non-Injury / Hit and Run

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 21/12/2021 16:55

Accident Location UPPER SERANGOON ROAD

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR1712D	Motorcycle	YAMAHA	NMAX155 ABS	Grey		0

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



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Report No. T/20211222/2049

Continuation of CSF For NP168

Rider			
Name	CHIN KOK LIM		ID No. S8582958J
Related Vehicle	FBR1712D (Motorcycle)		Contact No. 83386761
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Facts.**

ON THE ABOVE MENTIONED DATE, TIME & LOCATION.

I HAD JUST ILLEGALLY PARKED MY MOTORCYCLE OUTSIDE A COFFEE SHOP AT 1012 UPPER SERANGOON ROAD.

I WANTED TO PICK UP MY CUSTOMER'S FOOD ORDER AT THE COFFEE SHOP.

AFTER I PICKED IT UP I THEN SAW MY MOTORCYCLE LAYING DOWN ON THE FLOOR.

PASSERBYS TOLD ME THAT A CAR (SNA2992C) COLLIDED ONTO MY MOTORCYCLE AND RESULTED IN MY BIKE FALLING DOWN ON THE ROAD.

THE CAR DRIVER LEFT THE SCENE WITHOUT LEAVING ANY CONTACT DETAILS.

THE PASSERBYS GAVE ME THE PHOTO OF THE CAR (SNA2992C) THAT COLLIDED ONTO MY MOTORCYCLE.

MY MOTORCYCLE WAS DAMAGED.

NOBODY WAS INJURED.

POLICE & AMBULANCE WAS NOT AT SCENE.

I ONLY HAVE PICTURES OF THE ACCIDENT.

THAT IS ALL.







**SINGAPORE  
POLICE FORCE**



T/20211222/2029

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

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Report No. T/20211222/2029

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHIN KOK LIM	ID No.	S8582958J
Related Vehicle	FBR1712D (Motorcycle)	Contact No.	83386761
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

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T/20211222/2029

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

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Report No. T/20211222/2029

CONTINUATION OF REPORT



SINGAPORE  
POLICE FORCE



T/20211222/2029

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

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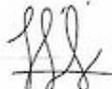
Report No. T/20211222/2029

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 TP / SC2 HAKAN SIDDIQ ONDEK 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 22/12/2021 12:29
Officer In Charge Of Case: TP / HRT / SSI KASMAWATI BTE SAMIAN Contact No.: 65476368	Classification Of Case:

NP168

