

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 13/12/2021 09:33 (SGT)
Date of Accident 10/12/2021 12:30 (SGT)
Exact Location of Accident Near 22 Bukit Batok Street 52, Singapore 659245
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBL4934S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM TOW XIANG
NRIC No S9370412F
Email Address limdaoxiang01@gmail.com
Mobile Phone No (Phone) +65-84984503
Alternative Phone No +65-84984503

VEHICLE PARTICULARS

Manufacturer Yamaha
Model FZN150
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 Manual
CC 150

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 5117950549-01
Cover Note Number -

DRIVER

Name of Driver LIM TOW XIANG
NRIC No S9370412F

Date Of Birth	09/06/1993
Occupation	Outdoor
Date Of Driving Pass	08/01/2016
Driving experience	5 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84984503
Alt. Phone Number	+65-84984503
Email Address	limdaoxiang01@gmail.com
Address	BLK 208 BOON LAY PLACE
Address complement	#12-187
Postcode	640208
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	Collision - Head on collision
Weather Conditions	Raining
Road Surface	Wet

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?	No
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	Jurong Division Headquarters
Police Station Phone No	(Phone) +65-18007910000
Alt. Police Station Phone No	(Fax) +65-68965647
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT (T/20211212/7027)

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	SHC2785U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM TOW XIANG
Gender	Male
Phone No	(Phone) +65-84984503
Address	BLK 208 BOON LAY PLACE
Address Complement	#12-187
Post Code	640208
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBL4934S
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

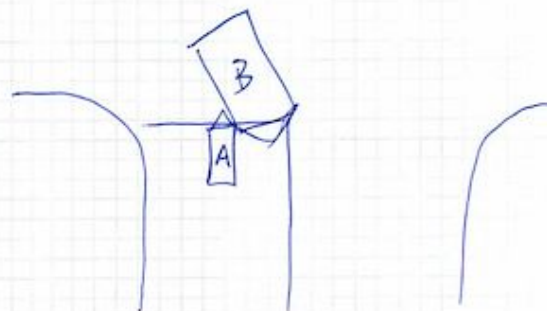
 10/12/2021
 Sketch Plan @ 16:22.

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

Witnessed by Reporting Centre Personnel

 Chang Chee Sing
 17 Nov

A = FBL 4934 S
 B = SHC 2785 U































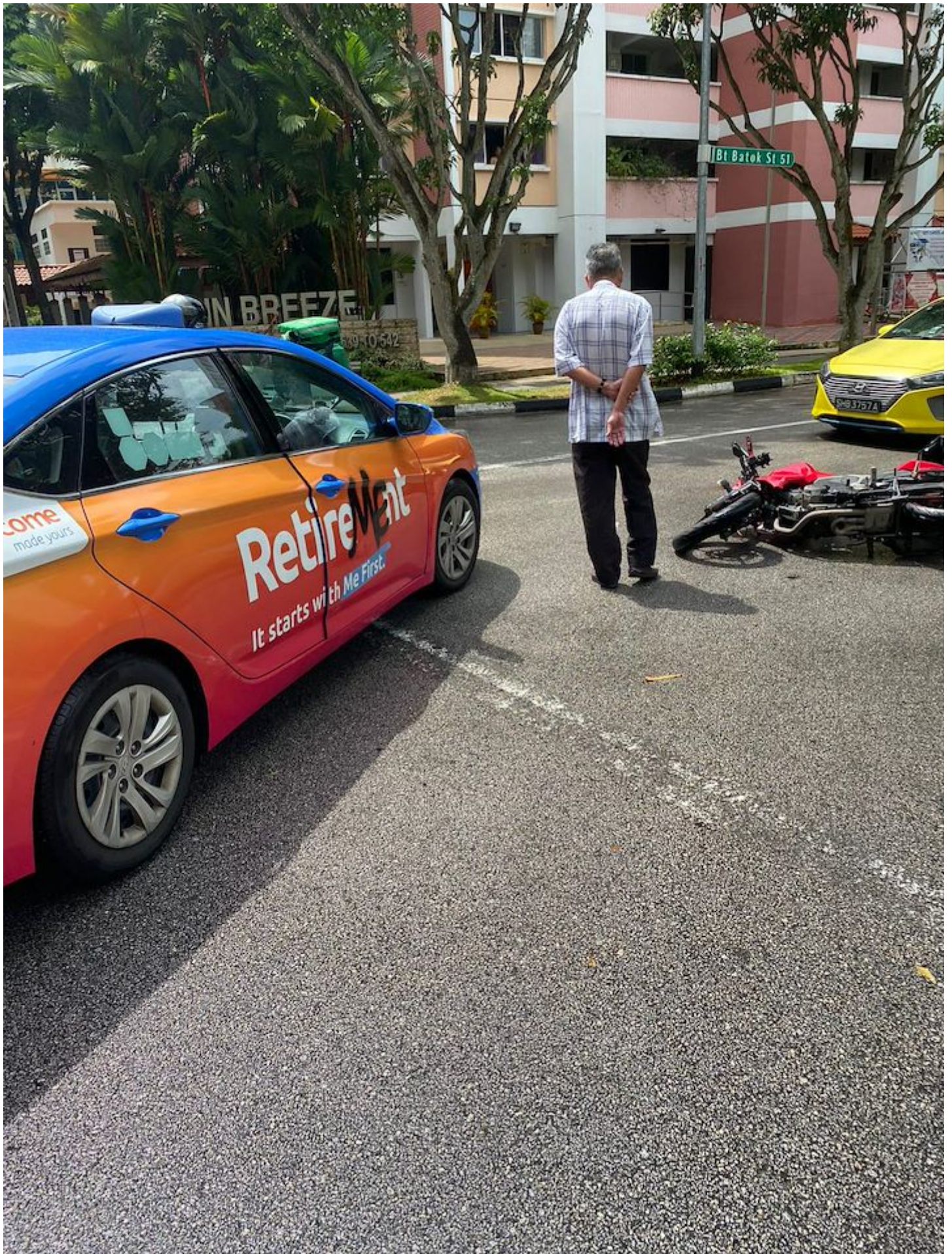






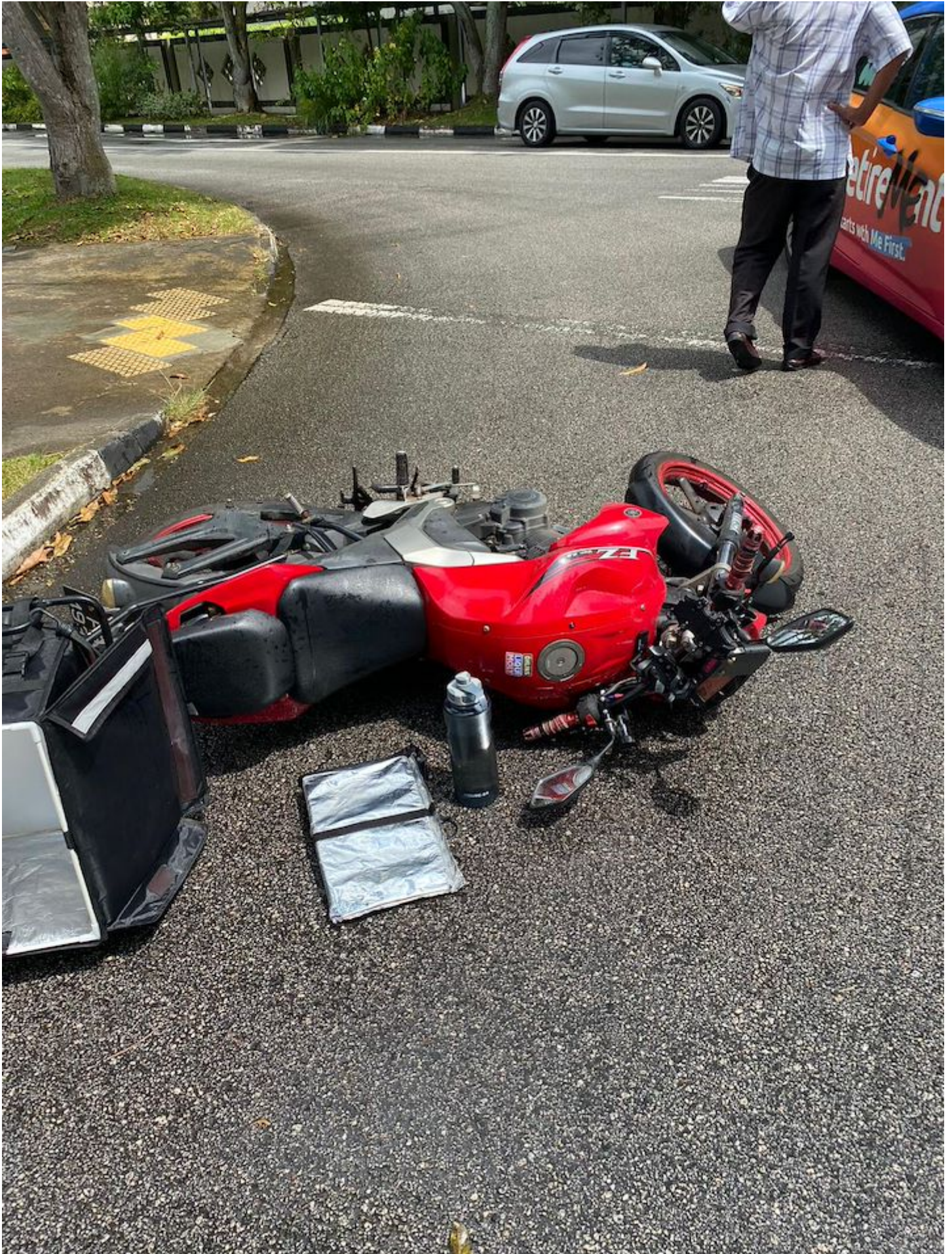














**SINGAPORE
POLICE FORCE**



J/20211212/7027

1 of 2

POLICE REPORT (NP299)

Report No. J/20211212/7027

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 12/12/2021 20:23	Vide Report No.	Station Diary No.
Name Of Informant LIM TOW XIANG	Address 208 BOON LAY PLACE #12-187 SINGAPORE 640208	
ID Type / ID No. NRIC NO / S9370412F	Contact No. Home/Office: Mobile: 84984503	
Nationality SINGAPORE CITIZEN	Email Address limdaoxiang01@gmail.com	
Occupation Delivery rider	Sex Male	Age 28
Institution/School Name	Date of Birth 09/06/1993	Race Chinese
Date/Time Of Incident 10/12/2021 12:30	Location Of Incident BUKIT BATOK STREET 51	

Brief details.

On the above mentioned date and time , I was stationary on my bike bearing carplate number FBL4934S between Junction of Bukit Batok Street 51 and Bukit Batok Street 52 .

I was waiting to Turn Left " onto Bukit Batok Street 52 when suddenly I realised a vehicle bearing carplate number SHC2785U turning right from the opposite junction into Bukit Batok Street 51.

The said vehicle then cut into my lane while turning and collided onto the front portion of my vehicle . The impact caused my vehicle to fall to my right. I was pinned down by my bike. I then push my bike away and stand up. The taxi driver confronted me and said it was my fault.

This is my 1st time encountering an accident and I believed him. He then said he needed to leave and

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: 12/12/2021 20:23
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



J/20211212/7027

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20211212/7027

took out a piece of paper and ask me signed. I hesitate to sign as i was confused and didn't know what it was. He then quickly give me \$350 and told me to settle this matter privately.

As I was inexperienced, I took the money and signed the paper.

Later that afternoon , I started to feel numbness and soreness around my right portion of my body . I then proceeded to my family clinic at 24hour Unihealth Jurong East to seek for medical treatment. I suffered pain on my neck, shoulder, thigh, knee and ankle.

I was then issued with 5 days of MC.

Subsequently I called the taxi company (I don't have the driver contact) to say that I wanted to return the money as I will be proceeding with claims.

Initially I was confused and I did not feel any pain at the scene and thus accepted the money, however, later the pain all surfaces and I realised I need to do an insurance claim against him.

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:
12/12/2021 20:23

Officer In-Charge Of Case:

Classification Of Case: