

# 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 ..... 09/03/2022 17:45 (SGT)  
Date of Accident ..... 08/03/2022 21:40 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PAN-ISLAND EXPRESSWAY  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBS5001R

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... SIM SHAO'EN TIMOTHY  
NRIC No ..... T0030440E  
Email Address ..... TIMOTHYSIM14@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-94521362  
Alternative Phone No ..... +65-94521362

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... MT15 ABS MANUAL  
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 ..... 160

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... 5122117350  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... SIM SHAO'EN TIMOTHY  
NRIC No ..... T0030440E

Date Of Birth .....	11/09/2000
Occupation .....	Indoor
Date Of Driving Pass .....	04/05/2021
Driving experience .....	10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94521362
Alt. Phone Number .....	+65-94521362
Email Address .....	TIMOTHYSIM14@GMAIL.COM
Address .....	8 OLD UPPER THOMSON ROAD #05-05 ADANA @ THOMSON
Address complement .....	-
Postcode .....	573868
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 - Change/cross lane
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? .....	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 .....	Thomson Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18004529999
Alt. Police Station Phone No .....	(Fax) +65-65535740
Police Station Address .....	Blk 25 Sin Ming Road #01-180 Singapore 570025
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT FOR ACCIDENT STATEMENT

#### 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 .....	SHA5105Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi

Name of Driver .....	QUAH CHAN LYE
NRIC No .....	S1320171D
Contact Number .....	(Phone) +65-98004618
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 .....	SIM SHAO'EN TIMOTHY
Gender .....	Male
Phone No .....	(Phone) +65-94521362
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	22
Injuries Sustained .....	MEDICAL LEAVE FROM 09/03/2022 TO 15/03/2022
Injured person in which vehicle? .....	FBS5001R
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	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 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.



Policyholder's Signature

Date & Time: **09/03/2022**  
**1700HRS**

Driver's Signature

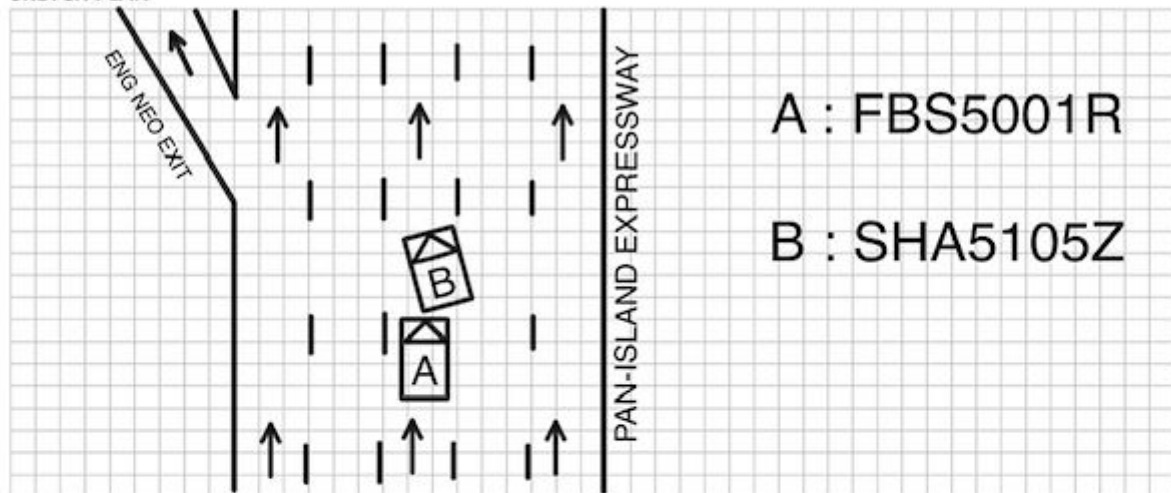
(If driver is not the policyholder)  
Date & Time:



Reporting Centre Personnel's Signature

Name: **SUMAN SUKUMAR**  
NRIC/FIN No.: **S990968**

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT FOR STATEMENT OF ACCIDENT

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 09/03/2022  
1700HRS

GIARMC SketchPlanForm\_v3

Driver's Signature \_\_\_\_\_

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name: SUMAN SUKUMAR  
NRIC/FIN No.: S990968



























T/20220309/2056

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Report No. T/20220309/2056

Continuation of CSF For NP168

**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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / AEIT / TAN JEOK LENG
Classification of Case	1) INJURY / OTHERS

THOMSON NPP  
BLK 25 SIN MING ROAD  
#01-80  
SINGAPORE 570021  
TEL: 1800-4599000

SAT(3) T18010E  
Muhammad Taufiq  
*Taufiq*

Sim Shao'en, Timothy  
T0030490E  
*Sim*



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Report No. T/20220309/2056

Continuation of CSF For NP168

<b>Rider</b>			
Name	SIM SHAO'EN, TIMOTHY	ID No.	T0030440E
Related Vehicle	FBS5001R (Motorcycle)	Contact No.	94521362
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/03/2022	Date Discharge	09/03/2022
No. of Days granted Medical Leave	07	Degree of Injury	NIL
<b>Driver</b>			
Name	QUAH CHAN LYE	ID No.	S1320171D
Related Vehicle	SHA5105Z (Car)	Contact No.	98004618
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Facts.**

I would like to amend the sentence "I wanted to overtake the taxi so I change lane to the fourth lane" from the report T/20220309/2039 to "I wanted to exit to Lornie Road to go home as such I changed from the third lane to the fourth lane." I also would like to add that I have the footage of the accident captured on my motorcycle camera. The rest of the details remain unchanged. That is all.



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Report No. T/20220309/2056

## Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No 0

Report Number T/20220309/2056

Vide Report Number T/20220309/2039

Date/Time of Report Made 09/03/2022 15:52

Place Report Lodged Traffic Police

Type of Informant Rider

Name of Informant SIM SHAO'EN, TIMOTHY

ID Type / ID No. NRIC NO / T0030440E

Home/Office

Mobile 94521362

Email

Type of Accident Injury / Others

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 08/03/2022 21:40

Accident Location PAN-ISLAND EXPRESSWAY

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS5001R	Motorcycle	YAMAHA	MT15 MANUAL	Grey	Slightly Damaged	0
SHA5105Z	Car					0

## Details of Person Involved

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





**SINGAPORE  
POLICE FORCE**



T/20220309/2039

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Report No. T/20220309/2039

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

**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:  
E / SGT 3 MUHAMMAD TAUFIQ  
BIN ISHAK

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
09/03/2022 13:03

Officer In Charge Of Case:  
TP / AEIT /  
SI TAN JEOK LENG  
Contact No.: 65476151

Classification Of Case:



SINGAPORE  
POLICE FORCE

SN 070

NP168

  
SIGNATURE





**SINGAPORE  
POLICE FORCE**



T/20220309/2039

3 of 4

Report No. T/20220309/2039

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999



T/20220309/2039

2 of 4

Report No. T/20220309/2039

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SIM SHAO'EN, TIMOTHY	ID No.	T0030440E
Related Vehicle	FBS5001R (Motorcycle)	Contact No.	94521362
Hospital/Clinic	RAFFLESMEDICAL	Class of Driving Licence & Expiry Date	Class: 2B,3A Date of Expiry: NIL
Date Treatment	09/03/2022	Date Discharge	09/03/2022
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Name			
QUAH CHAN LYE	ID No.	S1320171D	
Related Vehicle	SHA5105Z (Car)	Contact No.	98004618
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the above mentioned date and time, I was riding my motorcycle (FBS5001R) at PIE just before Exit 22.

I was riding my motorcycle on the third lane. There was a taxi in front of me (SHA5105Z). I wanted to overtake the taxi so I change lane to the fourth lane. While I was changing lane, the taxi signaled and change to the fourth lane at the same time. I did not manage to stop in time and collided to the rear of the taxi. I fell off my motorcycle and the taxi driver stopped and checked on me. I suffered abrasions on my arms and legs and my knees are swollen. We then went to the chevron markings to make a check on our vehicles. EMAS then passed by and escorted us to a safer place to exchange particulars. I made a check on my motorcycle and there were damages on my motorcycle but does not need to be towed away. I managed to exchanged particulars with the other party and we both left. I wish to note that the taxi driver admitted to me that it was his fault.

On the 09/03/2022 at about 0030hrs, I went to RafflesMedical to make a check on my injuries. I received 7 days MC from 09/03/2022 to 15/03/2022 and is being referred to a specialist to check on my injuries.





# SINGAPORE POLICE FORCE



T/20220309/2039

1 of 4

Report No. T/20220309/2039

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/03/2022 13:03	Vide Report No.:	Station Diary No.: 16
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### Informant's Particulars

Name of Informant: SIM SHAO'EN, TIMOTHY	Address: 8 OLD UPPER THOMSON ROAD #05-05 SINGAPORE 573868		
ID Type / ID No.: NRIC NO / T0030440E	Contact No.:	Mobile: 94521362	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 21	Date of Birth: 11/09/2000	Type of Informant: Rider
Race: Chinese	Language:	Institution / School Name:	
Occupation: NSF	Driving Licence Information: Class: 2B,3A		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: 08/03/2022 21:40	Type of Location: Straight Road
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS5001R	Motorcycle	YAMAHA	MT15 MANUAL	Grey	Slightly Damaged	0
SHA5105Z	Car					0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS5001R	NTUC Income Insurance Co-Operative Limited	5122117350	10/05/2021	09/05/2022