

# 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 ..... 17/03/2022 17:55 (SGT)  
Date of Accident ..... 16/03/2022 10:00 (SGT)  
Exact Location of Accident ..... Pasir Ris Drive 3, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBN6883G

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LIM GHEE LONG  
NRIC No ..... SXXXX189J  
Email Address ..... justgoogo@gmail.com  
Mobile Phone No ..... (Phone) +65-91399496  
Alternative Phone No ..... +65-91399496

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Cb150r  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 149

### INSURANCE COMPANY

Name of Insurance Company ..... MSIG Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... A 300483024 VMP  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LIM GHEE LONG  
NRIC No ..... SXXXX189J

Date Of Birth .....	28/01/1989
Occupation .....	Outdoor
Date Of Driving Pass .....	13/11/2018
Driving experience .....	3 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91399496
Alt. Phone Number .....	+65-91399496
Email Address .....	justgoogo@gmail.com
Address .....	BLK 467 TAMPINES STREET 44 #08-152
Address complement .....	-
Postcode .....	520467
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 .....	Chain 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 .....	3
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 .....	Tampines North Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18007818999
Alt. Police Station Phone No .....	(Fax) +65-67838603
Police Station Address .....	Blk 461 Tampines Street 44 #01-56 Singapore 520461
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220316/2049

#### 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 .....	SMX2675J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	-
Contact Number .....	(Phone) +65-93212909
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SGP688Z
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) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	LIM GHEE LONG
Gender .....	Male
Phone No .....	(Phone) +65-91399496
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	FBN6883G
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

# 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.

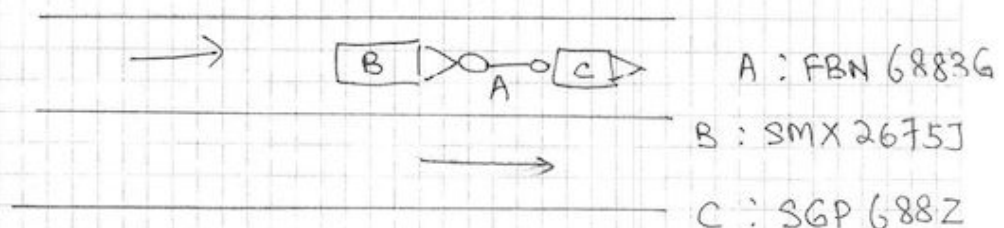
Policyholder's Signature Date  
& Time:

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

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

## SKETCH PLAN

PASIR RIS DRIVE 3



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT T/20220316/2049

DECLARATION

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

X  
Policyholder's Signature Date & Time:

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

17/03/2022  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

GAAPAC SketchPlan V1.0\_V1























**SINGAPORE  
POLICE FORCE**



T/20220316/2049

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

1 of 4

Report No. T/20220316/2049

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/03/2022 15:19	Vide Report No.: G/20220316/0084	Station Diary No.: 15
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**Informant's Particulars**

Name of Informant: LIM GHEE LONG			Address: APT BLK 467 TAMPINES STREET 44 #08-152 SINGAPORE 520467	
ID Type / ID No.: NRIC NO / S8985189J			Contact No.: Home/Office:	Mobile: 91399496
Nationality: MALAYSIAN			Email: justgoogo@gmail.com	
Sex: Male	Age: 33	Date of Birth: 28/01/1989	Type of Informant: Rider	
Race: Chinese			Language:	Institution / School Name:
Occupation: GRAB RIDER			Driving Licence Information: Class:	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/03/2022 10:00	Type of Location: Straight Road
Location:  PASIR RIS DRIVE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN6883G	Motorcycle	HONDA	CB150R MANUAL	Black		0
SGP688Z	Car					1
SMX2675J	Car					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20220316/2049

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Report No. T/20220316/2049

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN6883G	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300483024	24/11/2021	23/11/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	LIM GHEE LONG		ID No.	S8985189J
Related Vehicle	FBN6883G (Motorcycle)		Contact No.	91399496
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	16/03/2022		Date Discharge	16/03/2022
No. of Days granted Medical Leave	05	Degree of Injury	NIL	
Driver				
Name	Unknown Driver		ID No.	NIL
Related Vehicle	SMX2675J (Car)		Contact No.	93212909
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 16/03/2022 at 1000hrs I was performing my duty as a Grab food rider, riding along Pasir ris drive 3 alone and was heading towards drive 12 most left lane of the two lane road behind a BMW car,SGP688Z, which then I noticed the said car was applying its brake thus i too applied my brakes and slowly came to a stop.

At the very next moment, I felt an impact from the rear which sandwiched my motorbike in between the BMW car in front,SGP688Z, and the car behind of me,SMX2675J. Ambulance and police came to the scene which I was being conveyed to Changi General hospital as my arms,legs and chest sustain abrasion and was slightly bleeding which I then received a total of 5 days MC. Traffic police did gave me the IO name and contact number (TPIO BeiFeng 65476845) afterwhich advised me to lodge a report in regards to this accident, my motorbike has been towed by traffic police as well.



**SINGAPORE  
POLICE FORCE**



T/20220316/2049

Police Station Of Origin:  
Tampines North NPP  
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520461  
Tel No: 1800-7818999

CONTINUATION OF REPORT

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Report No. T/20220316/2049

**SINGAPORE  
POLICE FORCE**

T/20220316/2049

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Report No. T/20220316/2049

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

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:  
G / SGT 3 NG JUNJIE, EDWIN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
16/03/2022 15:19

Officer In Charge Of Case:  
TP / GIT /  
Other NG BEIFENG  
Contact No.: 65476845

Classification Of Case:

NP168