

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	25/03/2022 17:06 (SGT)
Date of Accident	25/03/2022 06:50 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	BKE TO KJE LAMPPOLE 290
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH8719H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM JOO LENG (LIN YULONG)
NRIC No	S8034534H
Email Address	J1980116@GMAIL.COM
Mobile Phone No	(Phone) +65-92202362
Alternative Phone No	+65-92202362

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
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	1193

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2070106565
Cover Note Number	-

DRIVER

Name of Driver	LIM JOO LENG (LIN YULONG)
NRIC No	S8034534H

Date Of Birth	06/11/1980
Occupation	Outdoor
Date Of Driving Pass	16/11/2005
Driving experience	16 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92202362
Alt. Phone Number	+65-92202362
Email Address	J1980116@GMAIL.COM
Address	BLK 650 ANG MO KIO STREET 61 #05-21
Address complement	-
Postcode	560650
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 to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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

FOREIGN VEHICLE 1

Vehicle Registration Number	NDT4881
Vehicle Category	Motorcycle

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 ATTACHMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	NDT4881
Vehicle Manufacturer	Yamaha

Vehicle Model	NVX ABS
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Motorcycle
Name of Driver	PANNIR SELVAM A/L MUNIANDY
Contact Number	(Phone) +65-83075391
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Allianz Insurance Singapore Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	PANNIR SELVAM A/L MUNIANDY
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	LH ARM & LH FEET
Injured person in which vehicle?	NDT4881
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

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")

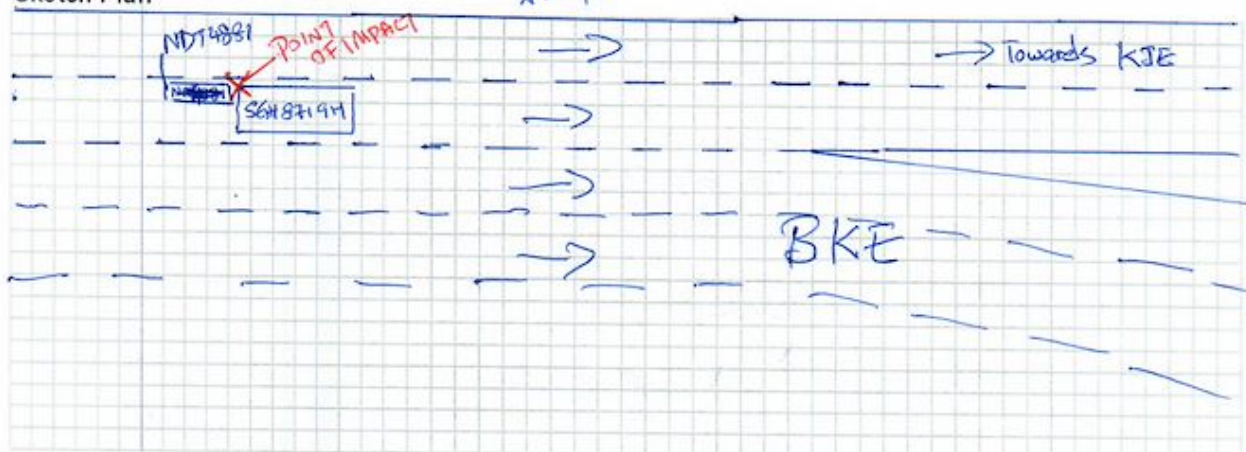
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

Witnessed by Reporting Centre Personnel


Sketch Plan

Describe Circumstances of the Accident


I'm, driver of SGH8719H was exiting BKE 0640hrs 250322 in the morning, observed front car stop. I brake and stop safely, but less than 2 seconds, I felt small impact in my car. From the LH side mirror, I saw a man was on the road with the motorcycle NDT4881 after the impact. I immediately alight and render assistance to help him shift the motorcycle, He admit is his fault and draft a statement for me with his signature.

Declaration

We declare the foregoing particulars are true in every respect.

 250322/42X
Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel







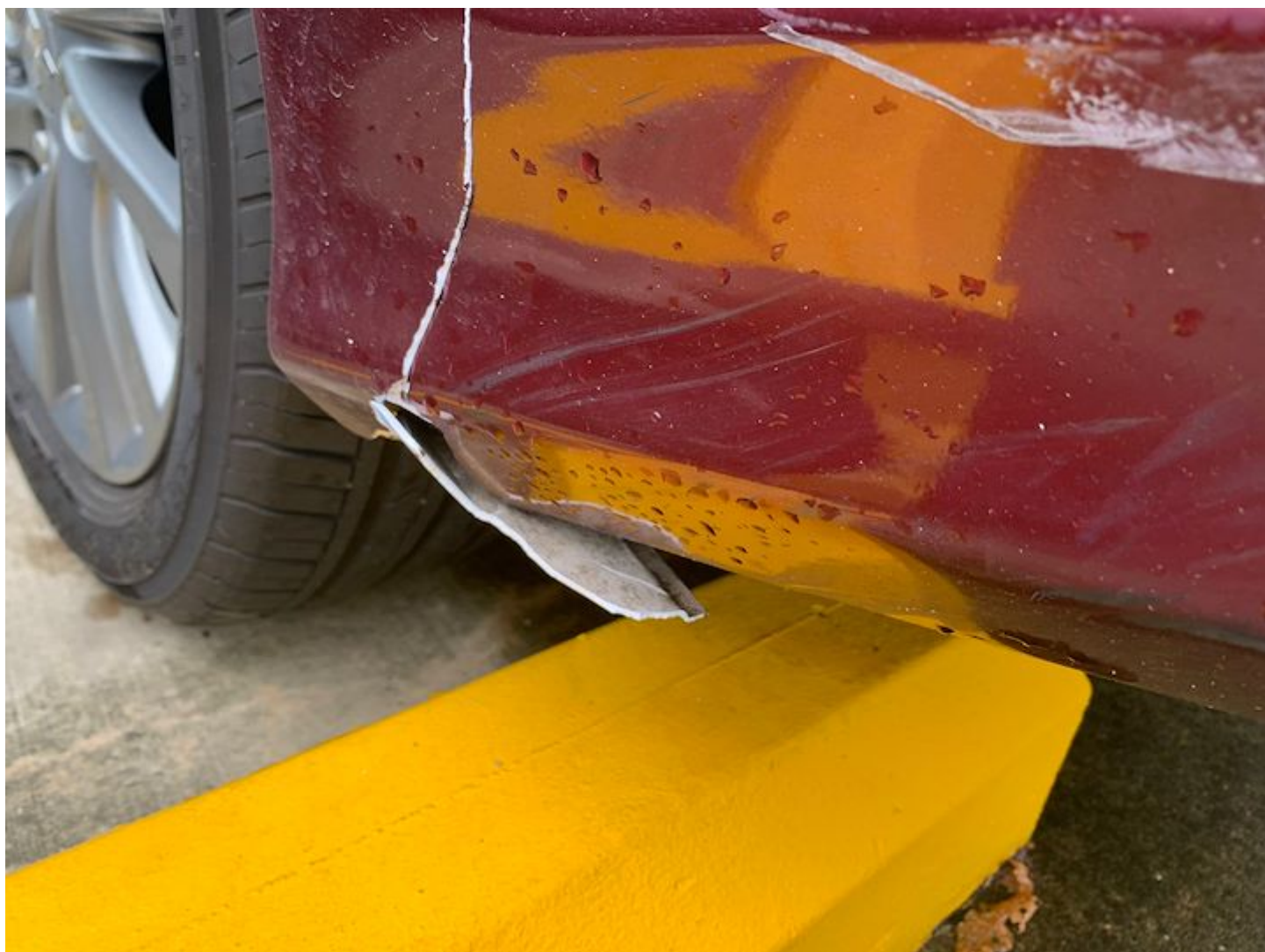


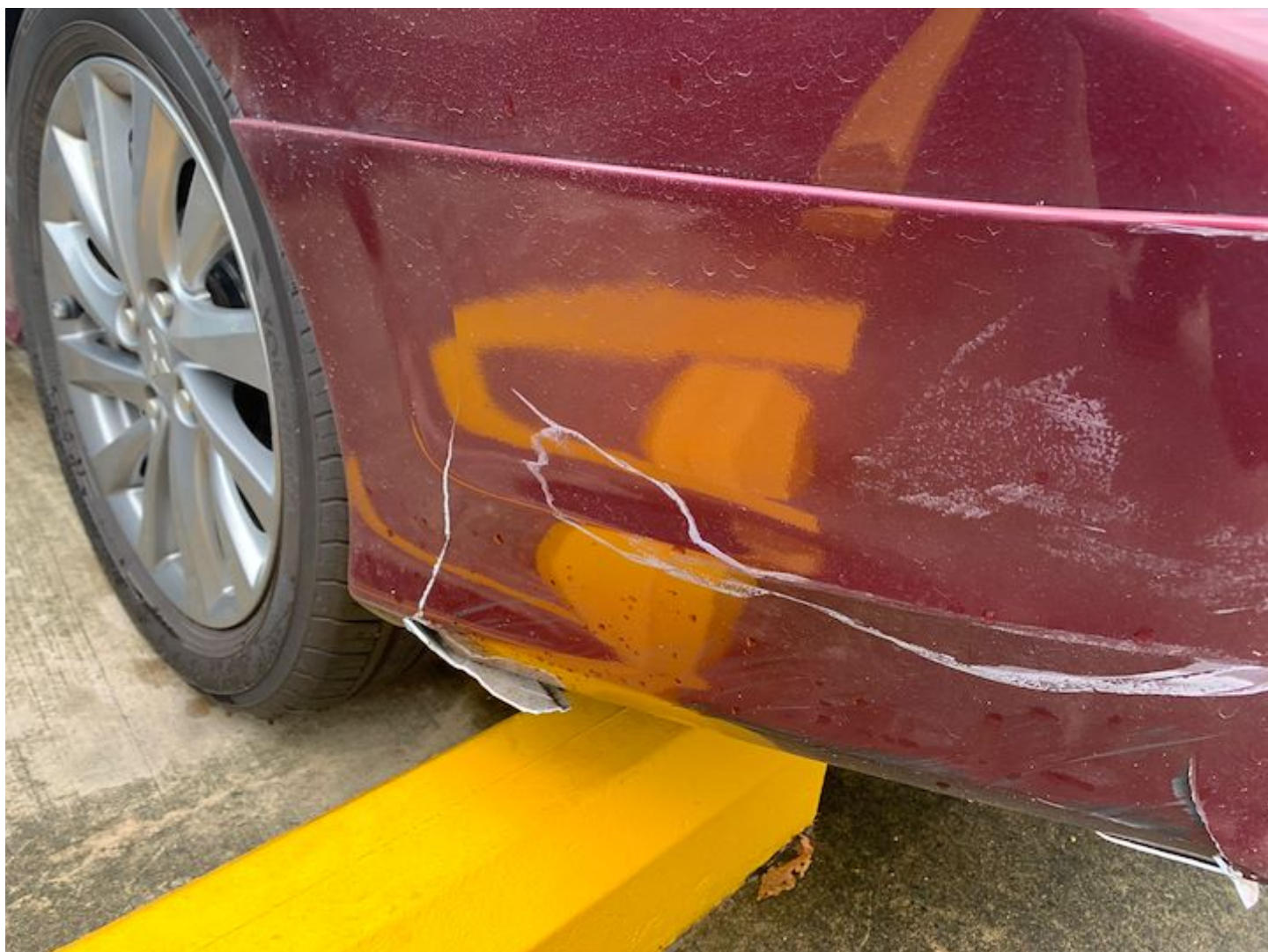


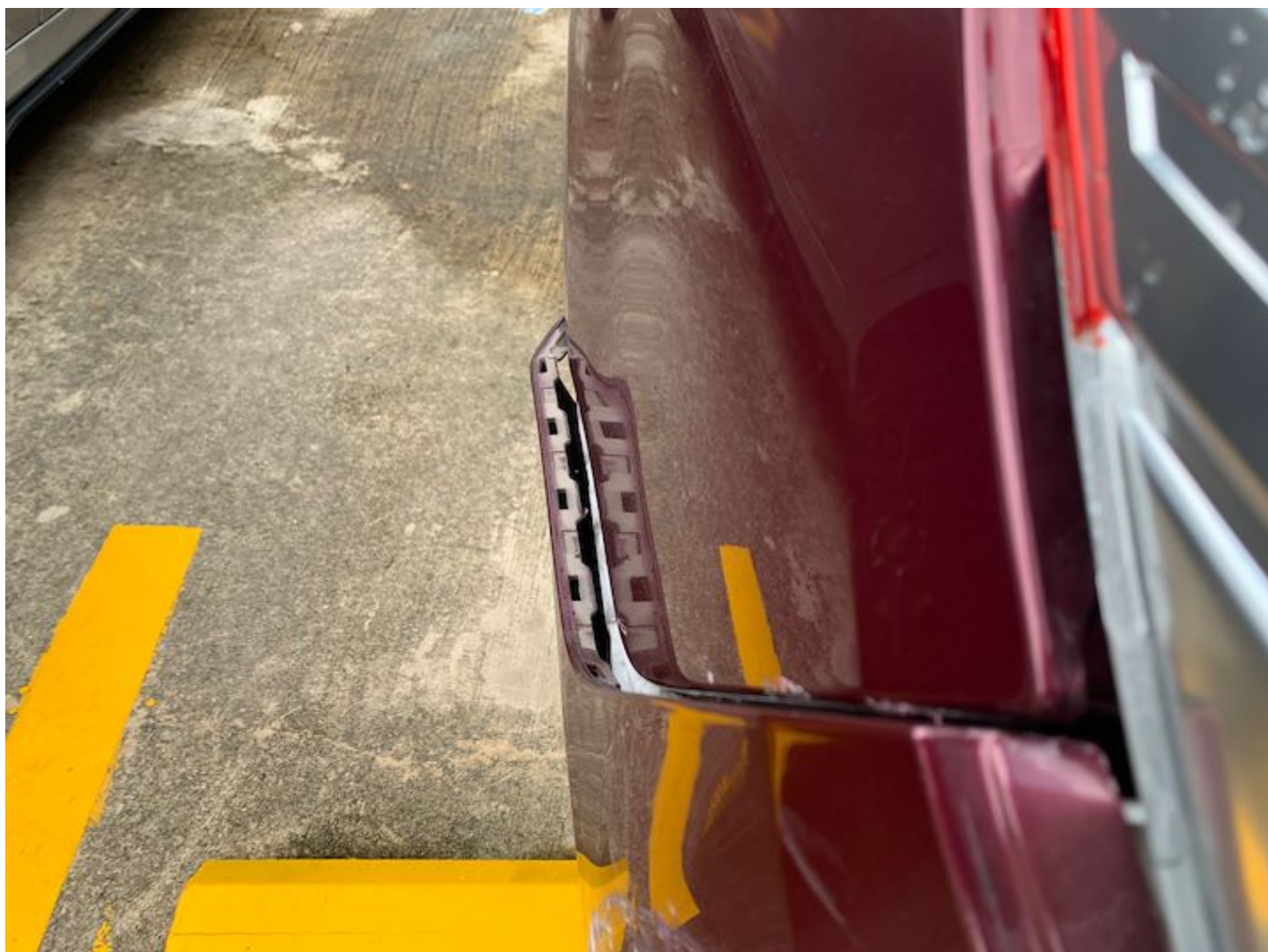


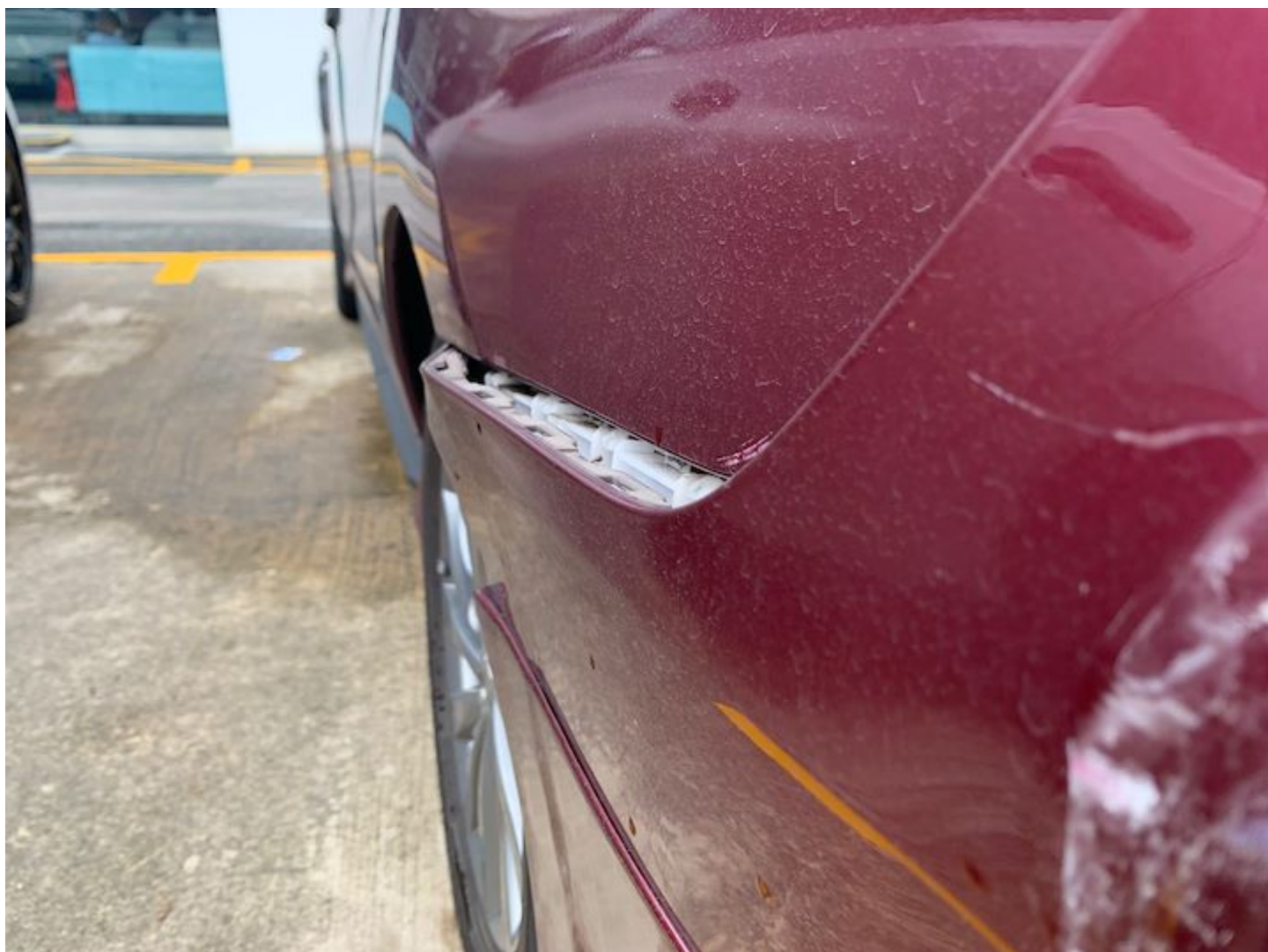


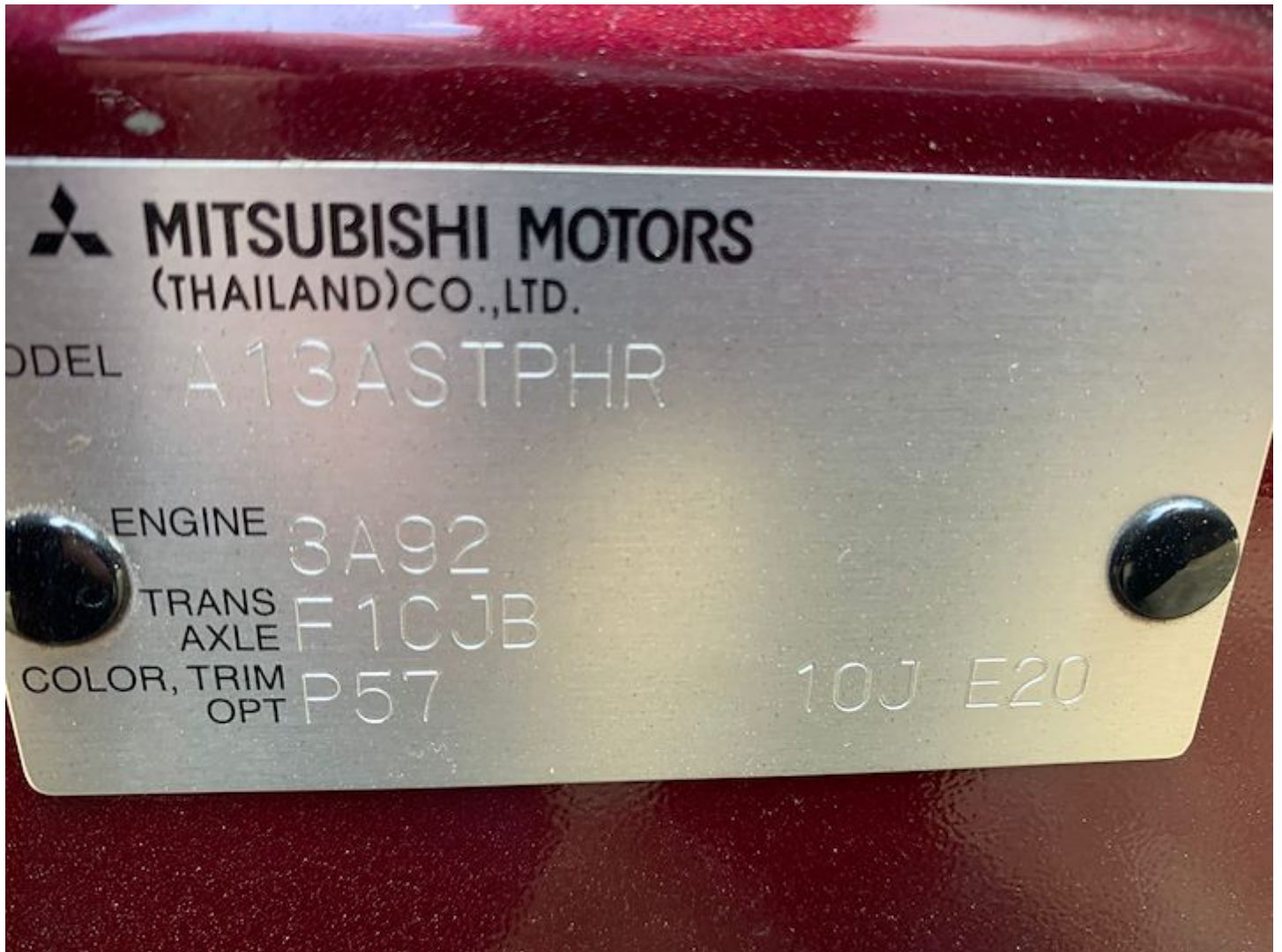
















SINGAPORE POLICE FORCE



T/20220325/7002

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

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Report No. T/20220325/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/03/2022 10:39		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM JOO LENG			Address: 650 ANG MO KIO STREET 61 #05-21 SINGAPORE 560650		
ID Type / ID No.: NRIC NO / S8034534H			Contact No.: Home/Office: Mobile: 92202362		
Nationality: SINGAPORE CITIZEN			Email: j1980116@gmail.com		
Sex: Male	Age: 41	Date of Birth: 06/11/1980	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Singapore Armed Forces personnel			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 25/03/2022 06:50	Type of Location: Lamp post 290
Location: BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
NDT4881	Motorcycle	YAMAHA	NVX ABS	Blue	Slightly Damaged	0
SGH8719H	Car	MITSUBISHI	ATTRAGE 1.2 CVT	Red	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220325/7002

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

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Report No. T/20220325/7002

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
NDT4881	ALLIANZ GENERAL INSURANCE COMPANY (MALAYSIA) BERHAD	AEJ80537102	19/01/2022	18/01/2023
SGH8719H	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2070106565	16/07/2020	15/07/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	PANNIR SELVAM MUNIANDY		ID No.	403931926
Related Vehicle	NDT4881 (Motorcycle)		Contact No.	830753091
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL
Driver				
Name	LIM JOO LENG		ID No.	S8034534H
Related Vehicle	SGH8719H (Car)		Contact No.	92202362
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL

Brief Details.

I, Lim Joo Leng S8034534H was travelling from BKE to KJE. Just after i exit KJE somewhere around Lamppost 290, i noticed 2 to 3 vehicles jam brakes, i immediately perform an ebrake able to stop safely, but around 2 seconds later, there's a malaysian NDT 4881 Blue/black yamaha make motor bike hit my car from behind. I immediately alight my vehicle to attend to the malaysian rider. His bike flip to the left and pressed against his leg. I help him push up his bike. He checked and confirm minor scratch on his left arm and feel some pain on his left toe. I help him stop the traffic and he push the bike to one side. After helping him direct the traffic, i shift my car to the side and go take down his particulars and assess both vehicles.



**SINGAPORE
POLICE FORCE**



T/20220325/7002

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

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Report No. T/20220325/7002

CONTINUATION OF REPORT

**SINGAPORE
POLICE FORCE**

T/20220325/7002

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

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Report No. T/20220325/7002

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAY CHUN KEEN
Contact No.: 65476436

Signature Of Informant:

The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
25/03/2022 10:39

Classification Of Case:

NP168

ON 250322, 0645 Hrs, PANNIR SELVAM
G6956232P, I was following ~~SGH~~ SGH8719H
with a following distance around 3 car length.
But when in front a few vehicles brake,
Suddenly when I try to do a brake, the
bike both brake not effective. I unable to
stop immediately and ~~am~~ hit SGH8719H from
the left rear. I sustain scratches on left arm
and L^r feet ~~the~~ toe pain.

Location Lampole 290

Ri M.

25/03/2022

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