

# 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 ..... 27/04/2022 14:56 (SGT)  
Date of Accident ..... 22/04/2022 16:15 (SGT)  
Exact Location of Accident ..... Bukit Timah Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SBT6699R

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LIM AH LEE  
NRIC No ..... SXXXX667G  
Email Address ..... allim6699@gmail.com  
Mobile Phone No ..... (Phone) +65-92371138  
Alternative Phone No ..... +65-98383911

### VEHICLE PARTICULARS

Manufacturer ..... BMW  
Model ..... X4  
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 - Reporting only  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1997

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... D18MPC0000319\_03  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NG TECK HIOW  
NRIC No ..... SXXXX454B

Date Of Birth .....	07/02/1955
Occupation .....	Indoor
Date Of Driving Pass .....	24/10/1986
Driving experience .....	35 YEARS AND 6 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-98383911
Alt. Phone Number .....	-
Email Address .....	amy.ng2968@gmail.com
Address .....	BLK 352 CHOA CHU KANG CENTRAL #12-335
Address complement .....	-
Postcode .....	680352
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	Side Swipe
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? .....	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 .....	Hong Kah North Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18005679999
Alt. Police Station Phone No .....	(Fax) +65-65652508
Police Station Address .....	Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20220423/2065

#### 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 .....	FBQ1232C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle

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 .....	UNKNOWN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	FBQ1232C
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

## SKETCH PLAN

## IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time


Sketch Plan

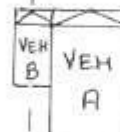
VEH A: SBT6699R

VEH B: FBQ1232C

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

BUKIT TIMAH ROAD

  
Witnessed by Reporting Centre Personnel




**Describe Circumstances of the Accident**


On the stated time and date, I was driving along Bukit Timah Road when suddenly Veh B hit onto my front left and fell upon the impact on my car. I moved towards the left lane to stop and assist. The driver of Veh B was injured and ambulance is called. That's all


+ Refer to police report : T/2022 0423 /2065

**Declaration**

We declare the foregoing particulars are true in every respect.

  
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/20220423/2065

1 of 1

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

Report No: T/20220423/2065

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/04/2022 15:03	Video Report No.: D/20220422/0085	Station Diary No.: 20
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**Informant's Particulars**

Name of Informant: NG TECK HIOW		Address: APT BLK 352 CHOA CHU KANG CENTRAL #12-335 SINGAPORE 680352	
ID Type / ID No.: NRIC NO / S1134549B		Contact No.: Home/Office: Mobile: 98383911	
Nationality: SINGAPORE CITIZEN		Email: amy.ng2968@gmail.com	
Sex: Female	Age: 67	Date of Birth: 07/02/1955	Type of Informant: Driver
Race: Chinese	Language: English		Institution / School Name:
Occupation: Housewife	Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 22/04/2022 16:05	Type of Location: Straight Road
Location: BUKIT TIMAH ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume:		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ1232C	Motorcycle					0
SBT6699R	Car				Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SBT6699R	INDIA INTERNATIONAL INSURANCE PTE LTD	D18MPC0000319_03	25/06/2021	24/06/2022




**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999



T/20220423/2065

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Report No. T/20220423/2065





**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	NG TECK HIOW	ID No.	S1134549B
Related Vehicle	SBT6699R (Car)	Contact No.	98383911
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 22/04/2022 at about 1615hrs I was driving my car registration no: SBT6699R along Bukit Timah Road when suddenly a motorcycle registration no: FBQ1232C hit onto the front left of car before it fell to the ground. Upon the impact on my car, I moved towards the left lane to stop and render assistance to the rider. The male rider was injured and ambulance conveyed him to the hospital in conscious state.

Traffic Police officer interviewed me at scene and advise me to lodge a Traffic Accident report reference, D/20220422/0085 under In-Charge case TP IO Ghazali, HP: 96192037.

 <b>SINGAPORE POLICE FORCE</b>	 T/20220423/2065
Police Station Of Origin: Hong Kah North NPP 370 Bukit Batok Street 31 #01-201 SINGAPORE 650370 Tel No: 1800-5679999	3 of 3 Report No. T/20220423/2065
<b>CONTINUATION OF REPORT</b>	
<b>Sketch Plan</b> 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 <u>report number</u> as reference.	
Signature Of Officer Recording The Report: J7 Other SHANIZA BINTE SITAL 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 23/04/2022 15:03
Officer In Charge Of Case: TP / GIT / STAFF SGT MOHAMED SUFIAN BIN MOHAMED JUNID Contact No.: 65476247	Classification Of Case:
NP168	