

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 04/06/2022 14:47 (SGT)
Date of Accident 03/06/2022 19:00 (SGT)
Exact Location of Accident Tampines Central 5, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBT15D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM CHEN KAI
NRIC No S8847179B
Email Address KAI23V@HOTMAIL.COM
Mobile Phone No (Phone) +65-96641416
Alternative Phone No +65-96641416

VEHICLE PARTICULARS

Manufacturer Yamaha
Model T155
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 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 5125657753
Cover Note Number -

DRIVER

Name of Driver LIM CHEN KAI
NRIC No S8847179B

Date Of Birth	27/11/1988
Occupation	Outdoor
Date Of Driving Pass	28/10/2015
Driving experience	6 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96641416
Alt. Phone Number	+65-96641416
Email Address	KAI23V@HOTMAIL.COM
Address	BLK 601B #12-818
Address complement	TAMPINES AVENUE 9
Postcode	522601
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?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
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	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: G/20220604/7031

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	SHA7969J
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)	-

SKETCH PLAN**IMPORTANT NOTICE**

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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: 04/06/2022 & 1500HRS(if driver is not the policyholder)

Driver's Signature

Date & Time:

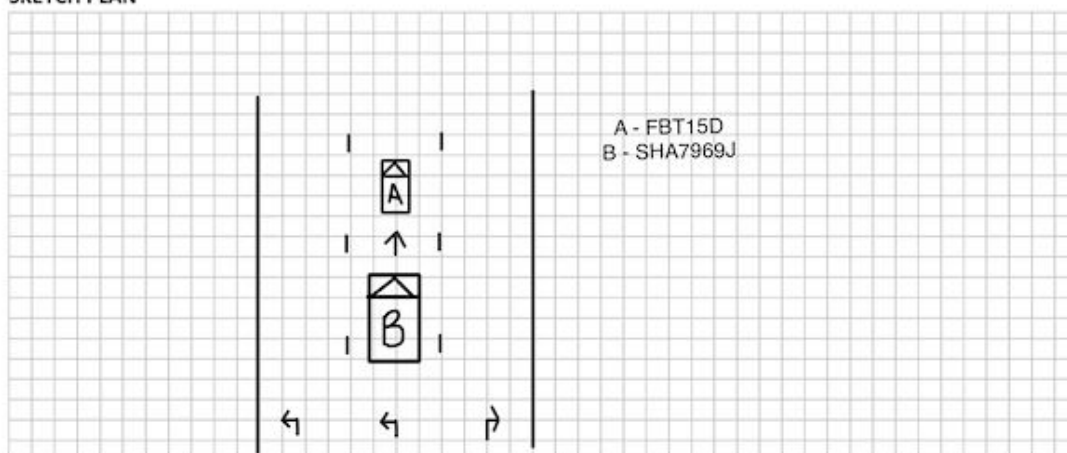


Reporting Centre Personnel's Signature

Name: Md Ikhsan

NRIC/FIN No.: S098395

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten description of the accident circumstances, including a large diagonal line across the text area.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 04062022 & 1500HRS

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature]

Reporting Centre Personnel's Signature

Name: Md Ikhsan

NRIC/FIN No.: S098395












**SINGAPORE
POLICE FORCE**
POLICE REPORT (NP299)

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000



G/20220604/7031

1 of 2

Report No. G/20220604/7031

Date/Time Report Made 04/06/2022 12:53	Vide Report No.	Station Diary No.
Name Of Informant LIM CHEN KAI	Address 601B TAMPINES AVENUE 9 #12-818 SINGAPORE 522601	
ID Type / ID No. NRIC NO / S8847179B	Contact No. Home/Office:	Mobile: 96641416
Nationality SINGAPORE CITIZEN	Email Address KAI23V@HOTMAIL.COM	
Occupation Delivery man using motorised personal mobility aids/devices	Sex Male	Age 33
Institution/School Name	Date of Birth 27/11/1988	Race Chinese
Date/Time Of Incident 03/06/2022 19:00 - 03/06/2022 19:05	Location Of Incident 601B TAMPINES AVENUE 9 #12-818 SINGAPORE 522601	

Brief details.

I was riding along tampines mall and century square. when i change lane then there was the red light in front and 1 car was coming out of the carpark so i had to stop for my own safety. but unfortunately i was hit behind by a car. i proceed to make my delivery till i complete the delivery then i know i was hit behind by that car

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:
04/06/2022 12:53

Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20220604/7031

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220604/7031

Subjects Involved			
Suspect			
Person Name	Unknown		
Gender	Unknown	Occupation	Taxi driver
Victim			
Person Name	LIM CHEN KAI		
ID Type	NRIC NO	ID No	S8847179B
Gender	Male	Age	33
Race	Chinese	Language	English
Occupation	Delivery man using motorised personal mobility aids/devices	Address	601B TAMPINES AVENUE 9 #12-818 SINGAPORE 522601
Mobile No	96641416	Is Informant A Victim?	Yes
Person Name	LIM CHEN KAI (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:
04/06/2022 12:53

Classification Of Case: