

## 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 Actual 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 ..... 15/11/2022 08:45 (SGT)  
Reported by ..... Both  
Date of Accident ..... 25/10/2022 15:45 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... UBI AVE 3 B4 EUNOS LINK  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBG7812S

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LIM CHIEW KEE  
NRIC No ..... SXXXX769F  
Email Address ..... xiongliu@hotmail.com  
Mobile Phone No ..... (Phone) +65-97925361  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... JUPITER 135 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 ..... 134

#### INSURANCE COMPANY

Name of Insurance Company ..... MSIG Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... A 300493092 VMP

#### DRIVER

Name of Driver ..... LIM CHIEW KEE  
NRIC No ..... SXXXX769F  
Date Of Birth ..... 21/05/1953  
Occupation ..... Outdoor

Date Of Driving Pass .....	22/09/1975
Driving experience .....	47 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-97925361
Alt. Phone Number .....	-
Email Address .....	xionglim@hotmail.com
Address .....	BLK 139 LORONG AH SOO
Address complement .....	#13-195
Postcode .....	530139
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 .....	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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### 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

PLS REFER TO THE POLICE REPORT:T/20221025/7078

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBJ5882L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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 CHIEW KEE
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	FBG7812S
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

SKETCH PLAN

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6. This report will be forwarded by the insurers to 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.

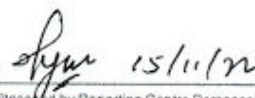
**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

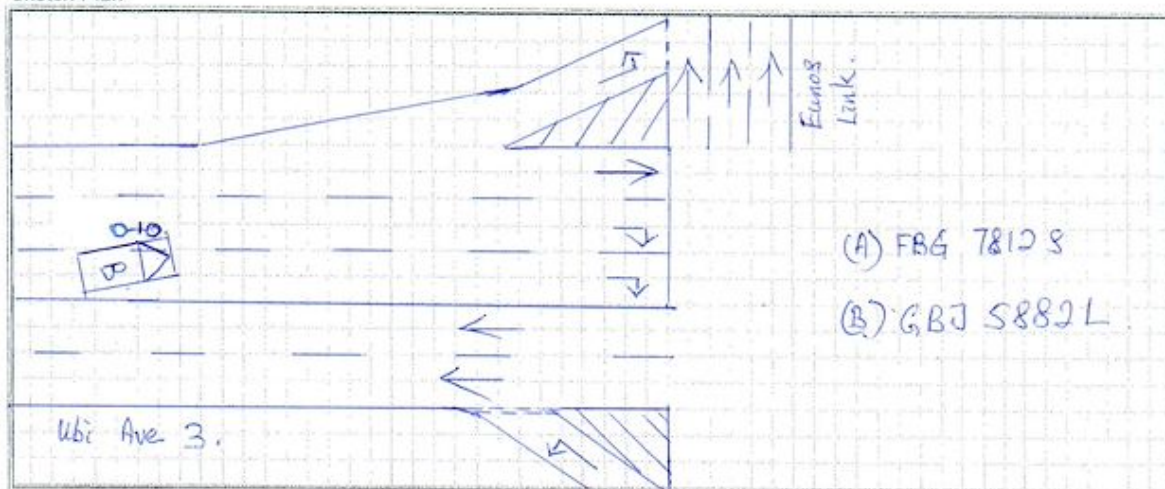
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

 15/11/22  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

**Sketch Plan**



Describe Circumstance of the Accident

P/s refer to Police Report No:

T/20221025/7078 .

&

F/20221114/2031

Declaration

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

*[Signature]*

Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]* 15/11/22

Witness by Reporting Centre Personnel  
(Name as in NRIC/ID card)





**SINGAPORE  
POLICE FORCE**



T/20221025/7078

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

2 of 3

Report No. T/20221025/7078

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG7812S	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300493092	20/11/2021	19/11/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LIM CHIEW KEE	ID No.	S0203769F
Related Vehicle	FBG7812S (Motorcycle)	Contact No.	97925361
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	25/10/2022	Date	25/10/2022
No. of Days granted Medical Leave	14	Degree of	Slight

**Brief Details.**

Riding along Ubi Ave 3 towards Eunos link. Lorry (GBL5882) cut to the left from outer lane to middle lane without checking and collided into me. LTA officer and ambulance arrived on scene around 1610H



# SINGAPORE POLICE FORCE

## POLICE REPORT (NP299)

Police Station Of Origin  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999



F/20221114/2031

1 of 1

Report No. F/20221114/2031

Date/Time Report Made 14/11/2022 12:59		Vide Report No. T/20221025/7078		Station Diary No. 5	
Name Of Informant LIM CHIEW KEE		Address APT BLK 139 LORONG AH SOO #13-195 SINGAPORE 530139			
ID Type / ID No. NRIC NO / S0203769F		Contact No. Home/Office		Mobile 97925361	
Nationality SINGAPORE CITIZEN		Email Address			
Occupation DELIVERY DRIVER		Sex Male	Age 69	Date of Birth 21/05/1953	Race Chinese
Institution/School Name		Language			
Date/Time Of Incident 25/10/2022 15:45		Location Of Incident UBI ROAD 4 SINGAPORE			

### Brief details.

With reference to T/20221025/7078, I am lodging this report to state that the correct vehicle registration plate number for the other party's vehicle is GBJ5882L. This report is lodged for my insurance claim purposes. That is all.

Signature Of Officer Recording The Report: F / SGT 1 Tay Yong Kiat 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 14/11/2022 12:59
Officer In-Charge Of Case: F / Hougang N.P.C / SI MUHAMMAD HELMI BIN MOHD KHALID Contact No.: 62180000	Classification Of Case:























**SINGAPORE  
POLICE FORCE**



T/20221025/7078

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

1 of 3

Report No. T/20221025/7078

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/10/2022 21:29		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LIM CHIEW KEE			Address: 139 LORONG AH SOO #13-195 SINGAPORE 530139		
ID Type / ID No.: NRIC NO / S0203769F			Contact No.: Home/Office: Mobile: 97925361		
Nationality: SINGAPORE CITIZEN			Email: xionglim@hotmail.com		
Sex: Male	Age: 69	Date of Birth: 21/05/1953	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			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: 25/10/2022 15:45	Type of Location: T-Junction
Location:  UBI ROAD 4				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
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	Conditio	No of
FBG7812S	Motorcycle	YAMAHA	JUPITER 135 MANUAL	Red		0
GBL5882	Lorry			Beige		2

**Details of Vehicle Insurance**

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



T/20221025/7078

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
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2 of 3

Report No. T/20221025/7078

**CONTINUATION OF REPORT**

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FBG7812S	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300493092	20/11/2021	19/11/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LIM CHIEW KEE	ID No.	S0203769F
Related Vehicle	FBG7812S (Motorcycle)	Contact No.	97925361
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	25/10/2022	Date	25/10/2022
No. of Days granted Medical Leave	14	Degree of	Slight

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**SINGAPORE  
POLICE FORCE**



T/20221025/7078

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

3 of 3

Report No. T/20221025/7078

**CONTINUATION OF REPORT**Sketch 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 /  
MOHAMMED FEROUZ BIN HUSSEIN  
Contact No.: 65476206

NP168

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

Date/Time:  
25/10/2022 21:29

Classification Of Case:



# SINGAPORE POLICE FORCE

## POLICE REPORT (NP299)

Police Station Of Origin  
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Institution/School Name		Language			
Date/Time Of Incident 25/10/2022 15:45		Location Of Incident UBI ROAD 4 SINGAPORE			

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F / SGT 1 Tay Yong Kiat

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

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Officer In-Charge Of Case:  
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SI MUHAMMAD HELMI BIN MOHD KHALID  
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