

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 07/12/2022 17:35 (SGT)
Reported by Both
Date of Accident 06/12/2022 15:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information JURONG WEST AVENUE 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBT6693G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LOW BOON LING
NRIC No S7069929Z
Email Address BLOW9929@GMAIL.COM
Mobile Phone No (Phone) +65-97872038
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Yamaha
Model Xmax
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 Auto
CC 300

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5127094147

DRIVER

Name of Driver LOW BOON LING
NRIC No S7069929Z
Date Of Birth 20/01/1970
Occupation Outdoor

Date Of Driving Pass	03/08/2010
Driving experience	12 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97872038
Alt. Phone Number	-
Email Address	BLLOW9929@GMAIL.COM
Address	BLK 211 #10-131 BOON LAY PLACE
Address complement	-
Postcode	640211
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 - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

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?	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
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	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT FOR ACCIDENT STATEMENT

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	SHA8493H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	LIM KOK HUA
NRIC No	S0023663B
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LOW BOON LING
Gender	Male
Phone No	(Phone) +65-97872038
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	52
Injuries Sustained	MEDICAL LEAVE FROM 06122022 TO 08122022 SUFFERED INJURIES TO BACK AND LEFT LEG
Injured person in which vehicle?	FBT6693G
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstance of the Accident

REFER TO POLICE REPORT FOR ACCIDENT
STATEMENT

Declaration

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

07/12/2022
1730HRS

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date
& TimeSUMAN SUKUMAR
S990968Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

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.



07/12/2022
1730HRS

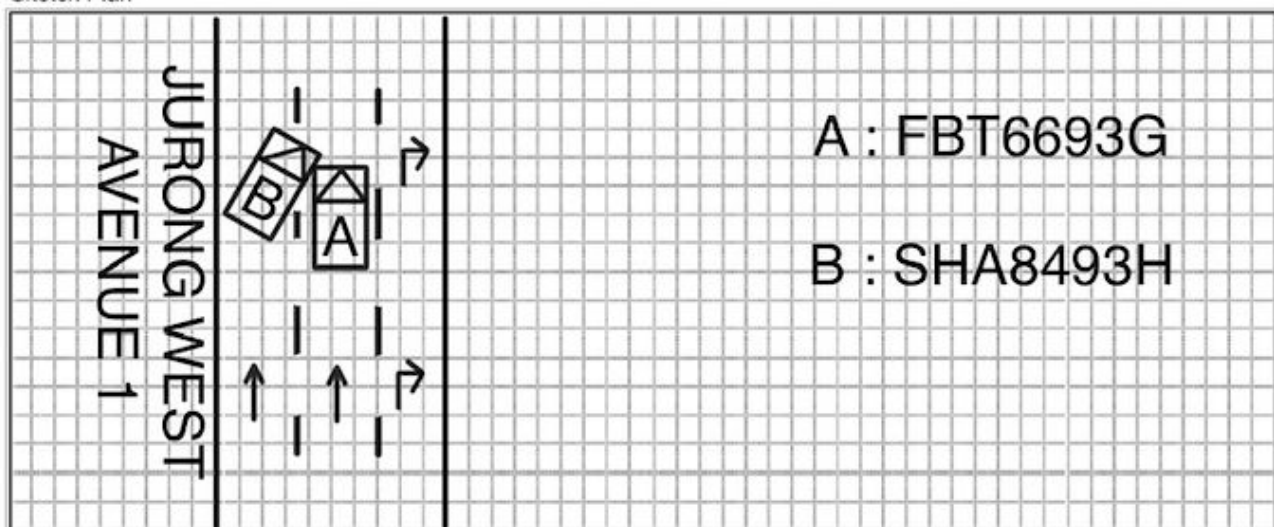
Policyholder's Signature / Date & Time

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



SUMAN SUKUMAR
S990968

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

Sketch Plan



















**SINGAPORE
POLICE FORCE**



T/20221206/2096

2 of 3

Report No. T/20221206/2096

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LOW BOON LING	ID No.	S7069929Z
Related Vehicle	FBT6693G (Motorcycle)	Contact No.	97872038
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	LIM KOK HUA	ID No.	S0023663B
Related Vehicle	SHA8493H (TAXI)	Contact No.	NIL
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 06/12/2022 at about 1500hrs, I was riding my motorcycle bearing plate number FBT6693G along Jurong West Ave 1 towards Jurong East Ave 1 on the middle lane. While I was riding straight, a taxi bearing plate number SHA8493H suddenly changed lane from the most left lane to the middle lane without checking blind spot causing his taxi to collide into the front left side of my motorcycle. The front left side of my motorcycle broken and has dents and scratches. The taxi's front bumper came off. We then exchanged particulars and left.

I then felt pain on my left leg area and back and went to see the doctor. I was given 3 days of MC from 06/12/2022 till 08/12/2022.

No ambulance or police were at scene. I am not sure if there is any in-car camera in the taxi.



**SINGAPORE
POLICE FORCE**



T/20221206/2096

2 of 3

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Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	LIM KOK HUA	ID No.	S0023663B
Related Vehicle	SHA8493H (TAXI)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
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SINGAPORE POLICE FORCE



T/20221206/2096

1 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20221206/2096

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/12/2022 18:29	Vide Report No.:	Station Diary No.: 143
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Informant's Particulars

Name of Informant: LOW BOON LING	Address: APT BLK 211 BOON LAY PLACE #10-131 SINGAPORE 640211		
ID Type / ID No.: NRIC NO / S7069929Z	Contact No.:	Mobile: 97872038	
Nationality: MALAYSIAN	Home/Office:	Email:	
Sex: Male	Age: 52	Date of Birth: 20/01/1970	Type of Informant: Rider
Race: Chinese	Language:	Institution / School Name:	
Occupation: GRAB FOOD RIDER	Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/12/2022 15:00	Type of Location: X-Junction
Location: JURONG WEST AVENUE 1				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBT6693G	Motorcycle	YAMAHA	XMAX 300 ABS CVT	Red	Slightly Damaged	0
SHA8493H	TAXI	HYUNDAI		Yellow	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBT6693G	NTUC Income Insurance Co-Operative Limited	5127094147	22/04/2022	21/04/2023