

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 28/12/2022 10:21 (SGT)
Reported by Both
Date of Accident 26/12/2022 11:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information PASIR PANJANG ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBT1316D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM TECK SENG
NRIC No S8265721E
Email Address jasonlim6996@gmail.com
Mobile Phone No (Phone) +65-92374564
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model ADV150 ABS CVT
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 Auto
CC 150

INSURANCE COMPANY

Name of Insurance Company Etiqa Insurance Pte Ltd
Policy Number / Cover Note Number MA023971

DRIVER

Name of Driver LIM TECK SENG
NRIC No S8265721E
Date Of Birth 18/09/1982
Occupation Indoor

Date Of Driving Pass	10/05/2013
Driving experience	9 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92374564
Alt. Phone Number	-
Email Address	jasonlim6996@gmail.com
Address	APT BLK 21 TELOK BLANGAH CRESCENT #07-60
Address complement	-
Postcode	S090021
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?	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	Telok Blangah Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002729999
Alt. Police Station Phone No	(Fax) +65-63776526
Police Station Address	Blk 51 Telok Blangah Drive #01-116/ 118 Singapore 100051
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT.

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	GBJ2664U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Goods 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 TECK SENG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBT1316D
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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 willful misrepresentation or withholding of material facts may allow insurance companies to repeal 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. The 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.

6. 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 firms/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 firms/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 firms/firms), which may be sited outside of Singapore, for one or more of the above Purposes.



[Handwritten signature]



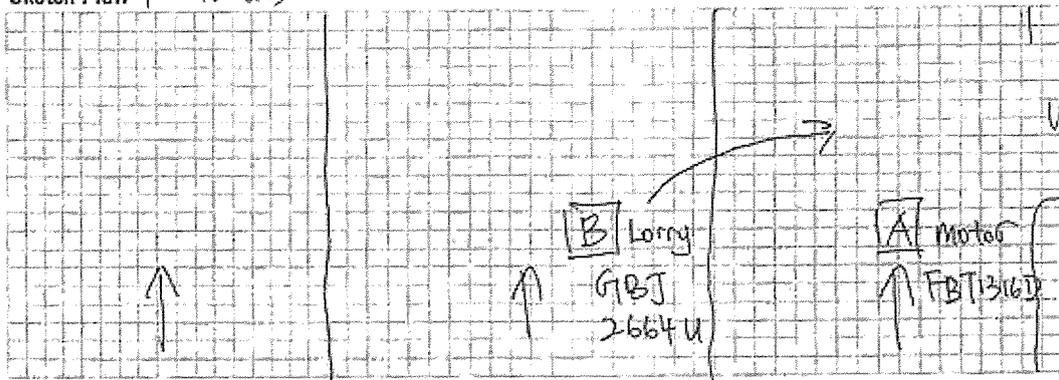
[Handwritten signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan *28/12/22 woods*



7 TIRE

Describe Circumstances of the Accident

Please refer to police report.

Declaration

We declare the foregoing particulars are true in every respect.



EP



Policyholder's Signature / Date & Time

28/12/22
1000hrs

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



[Signature]

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20221227/2107

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

2 of 3

Report No. T/20221227/2107

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBT1316D	ETIOA INSURANCE BERHAD	MA023971	19/11/2022	18/11/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LIM TECK SENG	ID No.	S8265721E
Related Vehicle	FBT1316D (Motorcycle)	Contact No.	92374564
Hospital/Clinic	Chung & Ee Medical Clinic	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/12/2022	Date Discharge	27/12/2022
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

On 26/12/2022 at about 1101hrs, I was travelling with my motor vehicle bearing registration plate number of FBT1316D along Pasir Panjang Rd towards Alexandra extreme right lane, suddenly a vehicle bearing registration plate number GBJ2664U turn into my lane hence, I immediately apply e-brake however, before my motor vehicle could come into a complete stop it collided against the said vehicle rear. We then exchanged contact number and agreed to settle privately. I wish to state that there is no pedestrian or government property involved when the accident occurred. On 27/12/2022 at about 1530hrs, I went to Chung & Ee Medical Clinic located at 10 Telok Blangah Crescent #01-151 to consult doctor and was given 05 days of medical certificate.



**SINGAPORE
POLICE FORCE**



T/20221227/2107

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

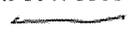
3 of 3
Report No. T/20221227/2107

CONTINUATION OF REPORT

Sketch Plan

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 report number as reference.

Signature of Officer Recording The Report: D / SGT 2 TAN TECK CHYE ALAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 27/12/2022 17:47
Officer In Charge Of Case: TP / AEIT / SR STAFF SGT FAHKRUL RAZI BIN SUHAIME Contact No.: 65470000 	Classification Of Case:

NP168