

# 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 .....	11/01/2023 17:08 (SGT)
Reported by .....	Both
Date of Accident .....	10/01/2023 10:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	AYE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBF8568X
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LIM CHENG MENG
NRIC No .....	SXXXX399E
Email Address .....	HUACHINMOTOR@SINGNET.COM.SG
Mobile Phone No .....	(Phone) +65-90729227
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Daelim
Model .....	Daystar
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 .....	125

### INSURANCE COMPANY

Name of Insurance Company .....	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	D22MTMC01003169

### DRIVER

Name of Driver .....	LIM CHENG MENG
NRIC No .....	SXXXX399E
Date Of Birth .....	19/07/1956
Occupation .....	Outdoor

Date Of Driving Pass .....	07/11/1977
Driving experience .....	45 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90729227
Alt. Phone Number .....	-
Email Address .....	HUACHINMOTOR@SINGNET.COM.SG
Address .....	646A SENJA CLOSE #08-203
Address complement .....	-
Postcode .....	617646
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 .....	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 .....	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

#### 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 .....	SMV473Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
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 CHENG MENG
Gender .....	Male
Phone No .....	(Phone) +65-90729227
Address .....	646A SENJA CLOSE #08-203
Address Complement .....	-
Post Code .....	617646
Approximate Age Years Old .....	66
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	FBF8568X
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 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 Traffic Police Department for investigation.**
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

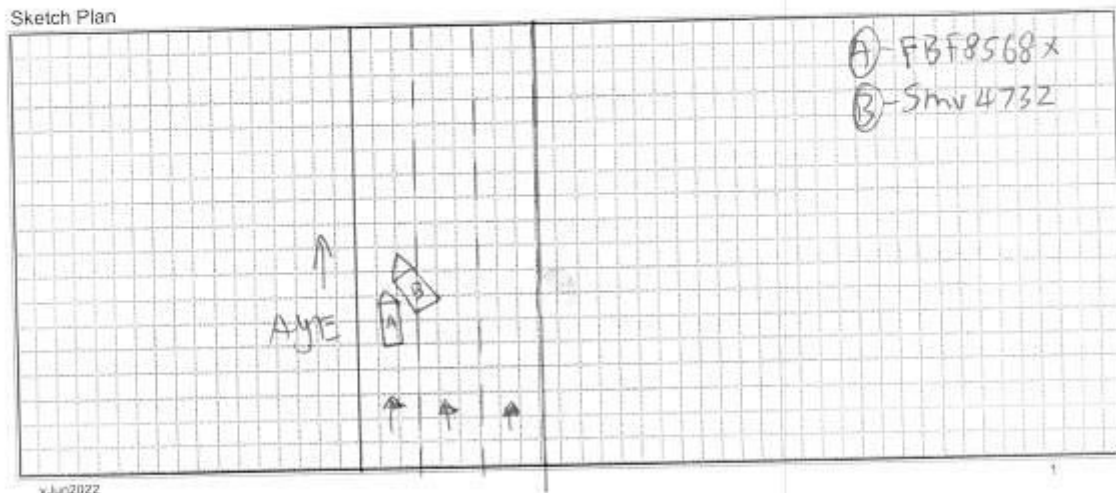
(c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

 11/11/23  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

**Sketch Plan**



Describe Circumstance of the Accident

Refer to police Report  
T/20230110/2085

Declaration

(We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

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

 11/1/23  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



































# SINGAPORE POLICE FORCE

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



T/20230110/2085

1 of 3

Report No. T/20230110/2085

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/01/2023 16:21		Vide Report No.:		Station Diary No.: 156
<b>Informant's Particulars</b>				
Name of Informant: LIM CHENG MENG		Address: APT BLK 646A SENJA CLOSE #08-203 SINGAPORE 671646		
ID Type / ID No.: NRIC NO / S1268399E		Contact No.: Home/Office:		Mobile: 90729227
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 66	Date of Birth: 19/07/1956	Type of Informant: Rider	
Race: Chinese		Language:		Institution / School Name:
Occupation: ESSO PUMP ATTENDANT		Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/01/2023 11:45	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
FBF8568X	Motorcycle	DAELIM	DAYSTAR 125 MANUAL	Black	Slightly Damaged	0
SMV473Z	Car	TOYOTA	PRADO 2.7TX AT AIRBAG 4WD 5DR SR		Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20230110/2085

2 of 3

Report No. T/20230110/2085

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

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF8568X	TENET SOMPO INSURANCE PTE. LTD.	D22MTMC01003169	03/08/2022	02/08/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	LIM CHENG MENG		ID No.	S1268399E
Related Vehicle	FBF8568X (Motorcycle)		Contact No.	90729227
Hospital/Clinic	LIFELINE NEIGHBOURHOOD MEDICAL CLINIC		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	10/01/2023		Date Discharge	10/01/2023
No. of Days granted Medical Leave	04		Degree of Injury	Slight
Driver				
Name	Seah koon heng, Alvin		ID No.	S7806474I
Related Vehicle	SMV473Z (Car)		Contact No.	86083499
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 10 January 2023 at about 1145hrs, I was riding my motorcycle (FBF8568X) along AYE towards MCE. I was at lane 3 when suddenly a car (SMV473Z) driving at lane 2 filter to lane 3 from behind. It happened very fast. There is a big scratch at the right front side door of his car. My motorcycle front area was damage, and it cannot be move.

We exchanged our particulars and decided to settle it with insurance. Thereafter, LTA arrived and advised us to lodge a police report. I went to visit the doctor and given 4 days MC. There is not government property damage. The driver give me S\$100/- for transport fee.

**SINGAPORE  
POLICE FORCE**

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



T/20230110/2085

3 of 3

Report No. T/20230110/2085

**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:

J /

SGT 3 LOH JIAN HONG, DAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/01/2023 16:21

Officer In Charge Of Case:

TP / AEIT /

SR STAFF SGT MUHAMMAD NOOR BIN

ABDUL RAHMAN

Contact No.: 65476219

Classification Of Case:

NP168