



## 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
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#### 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

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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;

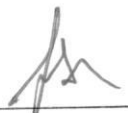
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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

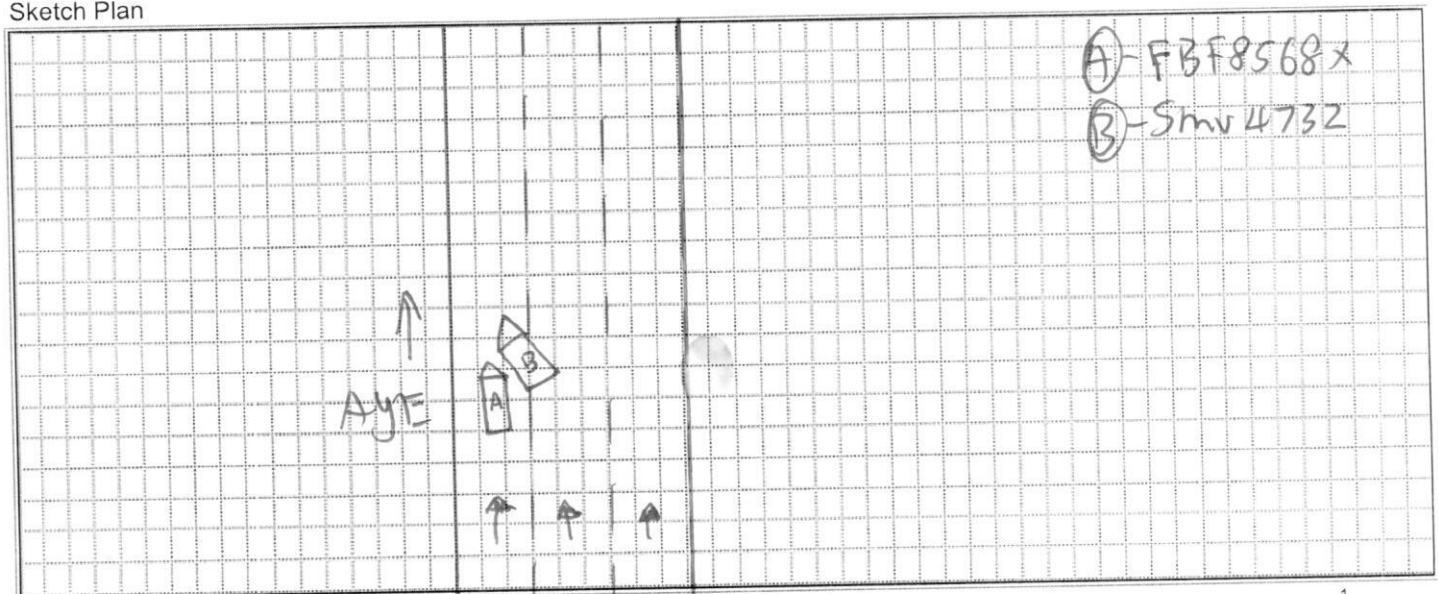
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
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

I/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



T/20230110/2085

1 of 3

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

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

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

Report No. T/20230110/2085

**CONTINUATION OF REPORT**

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

Details of Person Involved				
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA		
No. of Pedestrians Injured: NIL				
Rider		ID No.	S1268399E	
Name	LIM CHENG MENG	Contact No.	90729227	
Related Vehicle	FBF8568X (Motorcycle)	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL	
Hospital/Clinic	LIFELINE NEIGHBOURHOOD MEDICAL CLINIC	Date Treatment	10/01/2023	Date Discharge
		No. of Days granted Medical Leave	04	Degree of Injury
				Slight
Driver		ID No.	S7806474I	
Name	Seah koon heng, Alvin	Contact No.	86083499	
Related Vehicle	SMV473Z (Car)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Hospital/Clinic	NIL	Date Treatment	NIL	Date Discharge
		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**



T/20230110/2085

3 of 3

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

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 Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SR STAFF SGT MUHAMMAD NOOR BIN  
ABDUL RAHMAN  
Contact No.: 65476219

Signature Of Informant:

Date/Time:  
10/01/2023 16:21

Classification Of Case:

NP168

# ACCIDENT STATEMENT

ACCIDENT DATE: 10 / 1 / 23 (DD/MM/YYYY), TIME: 11:45 (HH:MM)

LOCATION: Aye

## 1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: FBF8 568X  
 b) INSURANCE COMPANY: Sompo  
 c) POLICY NUMBER: 022 MTMCO1003169  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Bae Lim DayStar Auto / MPV  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: going work  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

a) NAME: Lim Cheng men (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 512 683 99E CONTACT: 9072 9227  
 c) ADDRESS: 646A Serangoon close X08-203  
S 671646

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

a) NAME: — (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: — CONTACT: —  
 c) ADDRESS: —

\* a) DATE OF BIRTH: 19 / 07 / 1956 (DD/MM/YYYY)  
 b) OCCUPATION: (INDOOR / OUTDOOR)  
 c) YEARS OF DRIVING EXPERIENCE: 7 Nov 1977

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Jurong West + NPC

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: Smy 4732 MODEL: —  
 b) DRIVER'S NAME: —  
 c) NRIC/FIN/PASSPORT: — CONTACT: —

## 9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: — MODEL: —  
 b) DRIVER'S NAME: —  
 c) NRIC/FIN/PASSPORT: — CONTACT: —

# No. of passengers  
 (including driver)  
(1)

# No. of passengers  
 (including driver)  
(1)

# No. of passengers  
 (including driver)  
(1)

Email = huachinmotor@Singnet.com.sg

fax =

video =

**Certificate of Insurance**

ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
ROAD TRANSPORT ACT 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)

Cert No./Policy No. : D22MTMC01003169  
Insured : LIM CHENG MENG  
Motor Vehicle (Regn No.) : FBF8568X  
Cover : Third Party  
Policy Commencement Date : 03 AUGUST 2022 00:00  
Policy Expiry Date : 02 AUGUST 2023 23:59  
Maximum Liability (Section I) : Third Party  
Excess\* : NIL  
Named Driver 1 : LIM CHENG MENG  
HIRE PURCHASE OWNER : NIL

\* Subject to GST wherever applicable

Persons or Classes of Persons entitled to drive\*  
LIM CHENG MENG

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act (Chapter 276) and its registration under the Road Traffic Act (Chapter 276) has not been cancelled at the time of the accident, loss or damage.

**Limitations As To Use**

Use only for social, domestic and pleasure purposes and  
(a) by the Insured in person in connection with his business or profession or  
(b) in connection with the Insured's business or profession

**The Policy does not cover**

- (i) Use for hire or reward
- (ii) Use for racing pacemaking, reliability trial or speed-testing
- (iii) Use for the carriage of goods (other than samples) in connection with any trade or business
- (iv) Use for any purpose in connection with the Motor Trade

**Accident Reporting**

It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

For list of Accident Reporting Centres, please visit our website at [www.sompo.com.sg](http://www.sompo.com.sg) or call our Emergency Hotline: (65) 6461 6555.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with (1) the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Transport Act, 1987 (Malaysia); and (2) the policy terms, conditions and exceptions of the Motorcycle Policy (Ref:MCY-MTMC.04)

**Sompo Insurance Singapore Pte. Ltd.**



Authorised Signatory

Date/Time of Issue : 01 JUNE 2022 13:16

**IMPORTANT NOTICE**

- o Keep the Certificate in your Motor Vehicle;
- o Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), it shall be unlawful for any person to use or cause to permit any other person to use a motor vehicle without a valid policy of insurance under the Act;
- o On the sale of the Motor Vehicle or if for any reason the Insurance is terminated during its currency, the Insured must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a statutory declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189);
- o This Policy will cease to be valid once the Motor Vehicle has been sold to another person. The Policy is not transferable to the new owner of the Motor Vehicle.

Intermediary Code & Name : 11E07901 & ENSURE PTE. LTD. (MOTORCYCLE) CI Code: MY3 F2DBHO4P4J0LMZAJ