

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	21/11/2022 15:04 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	18/11/2022 19:05 (SGT)
Exact Location of Accident	Strathmore Ave, Singapore
Additional Location Information	STRATHMORE AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR4224B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM HONG CHUAN
NRIC No	S7631665A
Email Address	CHUAN76A@GMAIL.COM
Mobile Phone No	(Phone) +65-90881976
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Aerox
Variant	GDR155A CVT ABS
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	155

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5117791488-02

DRIVER

Name of Driver	LIM HONG CHUAN
NRIC No	S7631665A
Date Of Birth	02/10/1976
Occupation	Indoor

Date Of Driving Pass	18/01/2006
Driving experience	16 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90881976
Alt. Phone Number	-
Email Address	CHUAN76A@GMAIL.COM
Address	BLK 684A EDGEDALE PLAINS #04-603
Address complement	-
Postcode	821684
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?	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	Punggol Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006049999
Alt. Police Station Phone No	(Fax) +65-64468015
Police Station Address	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

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	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WONG YAM WEI
NRIC No	S8542263D
Contact Number	(Phone) +65-90609742
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 HONG CHUAN
Gender	Male
Phone No	(Phone) +65-90881976
Address	BLK 684A EDGEDALE PLAINS #04-603
Address Complement	-
Post Code	821684
Approximate Age Years Old	-
Injuries Sustained	5 DAYS MC
Injured person in which vehicle?	FBR4224B
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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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"**)

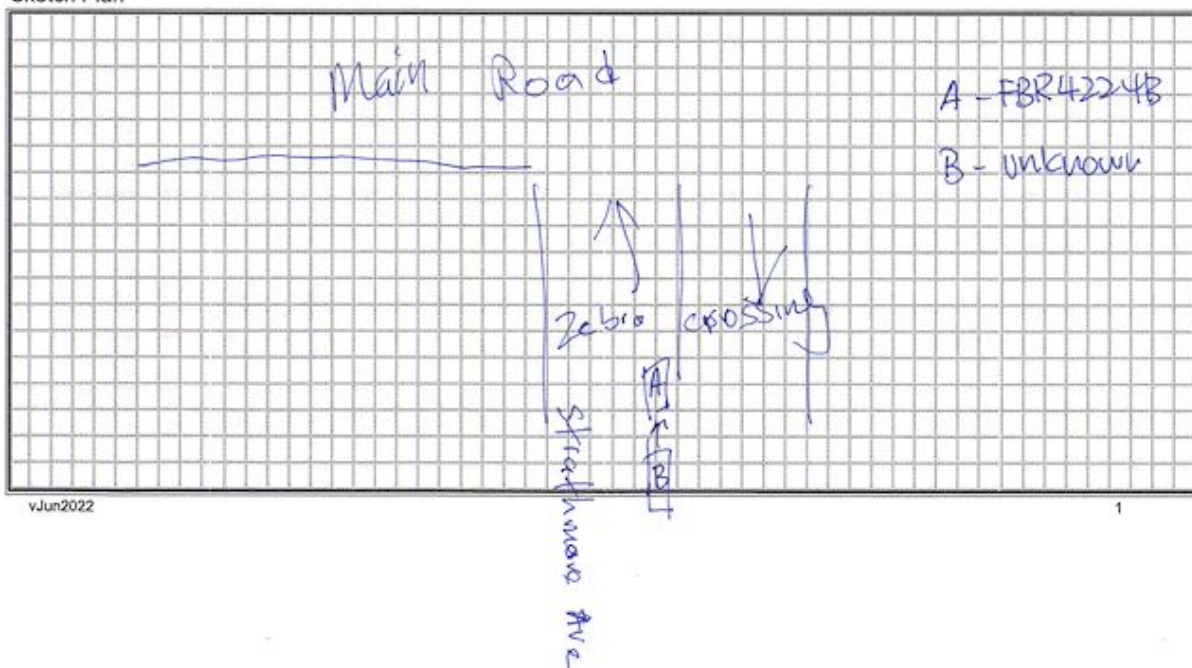
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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

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

Sketch Plan

Describe Circumstance of the Accident

Refer to Police Report

Declaration

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

[Signature]

Policyholder's Signature / Date & Time

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

[Signature]



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























**SINGAPORE
POLICE FORCE**



T/20221119/2013

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

1 of 3

Report No. T/20221119/2013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/11/2022 10:00	Vide Report No.: D/20221118/0077	Station Diary No.: 22
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Informant's Particulars

Name of Informant: LIM HONG CHUAN			Address: APT BLK 684A EDGEDALE PLAINS #04-603 SINGAPORE 821684	
ID Type / ID No.: NRIC NO / S7631665A			Contact No.: Home/Office: Mobile: 90881976	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 46	Date of Birth: 02/10/1976	Type of Informant: Cyclist	
Race: Chinese			Language: English	Institution / School Name:
Occupation: MECHANIC			Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/11/2022 19:00	Type of Location: Straight Road
Location: STRATHMORE AVENUE				
Lamp Post Number: 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR4224B	Motorcycle	YAMAHA		Red	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE
POLICE FORCE



T/20221119/2013

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

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Report No. T/20221119/2013

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:
F /
SGT 2 MUHAMMAD YUSRI BIN
JOHARI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMED FEROUZ BIN HUSSEIN
Contact No.: 65476206

NP168

Signature Of Informant:

Date/Time:
19/11/2022 10:00

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20221119/2013

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

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Report No. T/20221119/2013

CONTINUATION OF REPORT

Rider			
Name	LIM HONG CHUAN		ID No. S7631665A
Related Vehicle	FBR4224B (Motorcycle)		Contact No. 90881976
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	WONG YAM WEI		ID No. S8542263D
Related Vehicle	NIL		Contact No. 90609742
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 18/11/2022 at around 7pm, I was travelling along Strathmore Avenue when I observed that there was heavy traffic. Thus, I was stationary waiting for the vehicle in front of me to move off. After which, I felt an impact from behind me. I fell to the ground with my motorcycle. After which, I tried to stand up quickly and took some photos of the accident. I informed the other driver that she can park her car at the nearby carpark before attending to me. She acknowledged. The other driver is one Ms Wong Yam Wei HP: 90609742.

Afterwards, I contacted the ambulance, as I felt some pain along my back and right leg. I exchanged particulars with Ms Wong. Paramedics arrived on scene and assessed me. After which, the paramedics informed me that I would be conveyed to NUH for further check-up on my injuries. The doctor assessed me and given me MC of 3 days.