

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	29/08/2022 18:08 (SGT)
Reported by	Both
Date of Accident	27/08/2022 20:20 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	TWDS WOODLANDS (AFTER MANDAI EXIT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FW7432Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM CHEE KEONG
Passport No/FIN	F8255086X
Email Address	adrian@hwhpl.com
Mobile Phone No	(Phone) +65-87873966
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Wave
Variant	125S
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	125

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MC/00643762/03

DRIVER

Name of Driver	LIM CHEE KEONG
Passport No/FIN	F8255086X
Date Of Birth	27/12/1978
Occupation	Outdoor

Date Of Driving Pass	26/07/1999
Driving experience	23 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-87873966
Alt. Phone Number	-
Email Address	adrian@hwhpl.com
Address	1009 TAI SENG AVE #01-2652
Address complement	-
Postcode	534418
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	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	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO.T/20220828/2039.

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	SH7480J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	(Phone) +65-91130618
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 CHEE KEONG
Gender	-
Phone No	(Phone) +65-87873966
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FW7432Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	UNKNOWN
Phone	(Phone) +65-92417010
Email	-

SKETCH PLAN

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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")

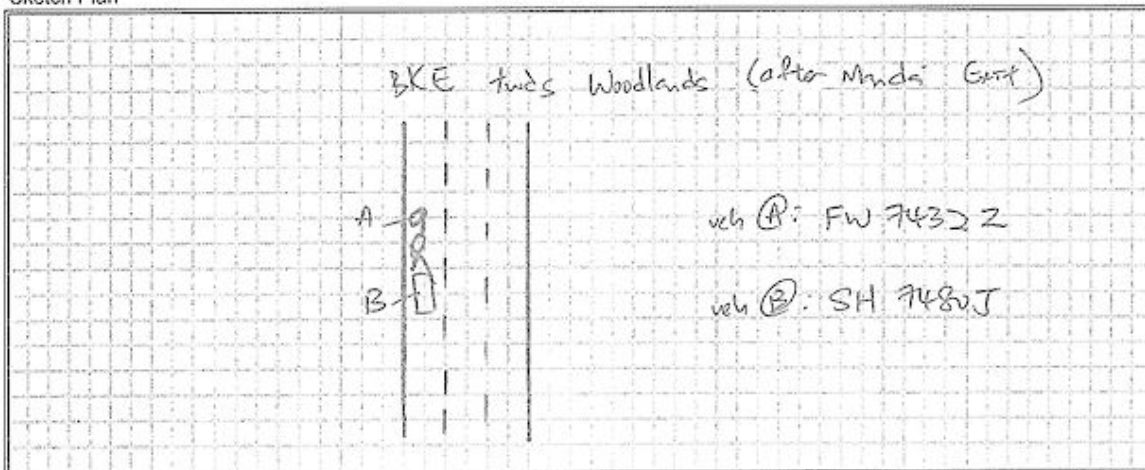
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the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


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

Sketch Plan



vJun2022

1

Describe Circumstance of the Accident

As per police report no. T/20220828/2039.

☐ Claim own policy
☐ Claim third party
☒ Claim OD (TP) At other workshop motocraft
☐ For record purpose

Policy No. MC100643762103
Insurer Direct Asia Veh.No. FW7432 Z

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT MY OWN DAMAGE CLAIM UNDER MY POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Declaration

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



Policyholder's Signature / Date & Time

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


SNG AH TEE MOTOR & PANEL SVC PTE LTD
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)























**SINGAPORE
POLICE FORCE**



T/20220828/2039

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

1 of 4
Report No. T/20220828/2039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/08/2022 13:55	Vide Report No.:	Station Diary No.: 45
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Informant's Particulars

Name of Informant: LIM CHEE KEONG	Address: 1009 TAI SENG AVENUE #01-2652 SINGAPORE 534418		
ID Type / ID No.: FIN NO / F8255086X	Contact No.: Home/Office: Mobile: 87873966		
Nationality: MALAYSIAN	Email: kykychuihong1984@gmail.com		
Sex: Male	Age: 43	Date of Birth: 27/12/1978	Type of Informant: Rider
Race: Chinese	Language:		Institution / School Name:
Occupation: Lorry driver	Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/08/2022 20:20	Type of Location:
Location: BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FW7432Z	Motorcycle	HONDA	WAVE125S	Blue		0
SH7480J	Car					3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FW7432Z	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/00643762/03	28/05/2019	27/05/2023



**SINGAPORE
POLICE FORCE**



T/20220828/2039

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Police Station Of Origin:
Nanyang N.P.C
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649482
Tel No: 1800-7929999

Report No. T/20220828/2039

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LIM CHEE KEONG	ID No.	F8255086X
Related Vehicle	FW7432Z (Motorcycle)	Contact No.	87873966
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/08/2022	Date Discharge	28/08/2022
No. of Days granted Medical Leave	07	Degree of Injury	NIL
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SH7480J (Car)	Contact No.	91130618
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
Witness			
Name	Unknown Witness	ID No.	NIL
Related Vehicle	NIL	Contact No.	92417010
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.

V1: FW7432Z

V2: SH7480J

On 27/08/2022 at about 2020hrs, I was riding V1 in lane 3 along Bukit Timah Expressway (towards Mandai). Out of a sudden after the Dairy Farm Exit, I felt an impact from the rear which pushed me off V1, causing me to fall to my right and skidding forward for about 5 metres.

After sitting myself up, I saw V1 which had fell to its right side. I could also see V2 parking at the roadside



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T/20220828/2039

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Report No. T/20220828/2039

CONTINUATION OF REPORT

ahead of V1. Another rider (Male Chinese Malaysian in his 50s) stopped to assist me and said that he witnessed the accident. It was told to me that V2 was travelling along lane 2, diagonally behind V1 when it changed lanes and colliding into V1.

I felt immediate pain on my left shoulder and there were abrasions on both my right forearm and my lower left leg. The abrasions were bleeding as well. As I was in shock, I could not get a good look at the current state of V1 or V2. For V2, I was told by the witness, that the damages were on the front portion of its left side.

I recalled seeing LTA enforcement officer, towing crew, and paramedics at scene. The driver of V2 (Male Chinese local in his 50s) had offered to send me to hospital. Hence, not conveyed to hospital by ambulance. V1 was towed to the nearby heavy vehicle carpark at Dairy Farm and I was then sent to Ng Teng Fong General Hospital.

There were no fractures observed through X-Ray scans. I was granted with 7 days of Medical Leave.



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T/20220828/2039

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Report No. T/20220828/2039

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 /
STAFF SGT MUSHAWWIR BIN
ADRUS

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/08/2022 13:55

Officer In Charge Of Case:

TP / AEIT /
SR STAFF SGT FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

Classification Of Case:

NP168