

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 27/07/2022 13:27 (SGT)
Reported by Both
Date of Accident 02/06/2022 20:00 (SGT)
Exact Location of Accident Bedok North Ave 1, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBN8385P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM CHIA SENG
NRIC No S0454070J
Email Address cyrus.sy@hotmail.com
Mobile Phone No (Phone) +65-90085002
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Sym
Model VF3I
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 Manual
CC 0

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number 5120270961-01

DRIVER

Name of Driver LIM CHIA SENG
NRIC No S0454070J
Date Of Birth 02/07/1948
Occupation Indoor

Date Of Driving Pass	17/03/1976
Driving experience	46 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90085002
Alt. Phone Number	-
Email Address	cyrus.sy@hotmail.com
Address	APT BLK 631 BEDOK RESERVOIR ROAD #03-910
Address complement	-
Postcode	470631
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT

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	SHC8583X
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 CHIA SENG
Gender	Male
Phone No	(Phone) +65-90085002
Address	APT BLK 631 BEDOK RESERVOIR ROAD #03-910
Address Complement	-
Post Code	470631
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBN8385P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A: FBN 8385P
B: SHC 8583X

Describe Circumstances of the Accident

Refer to police report.

Declaration

We declare the foregoing particulars are true in every respect.



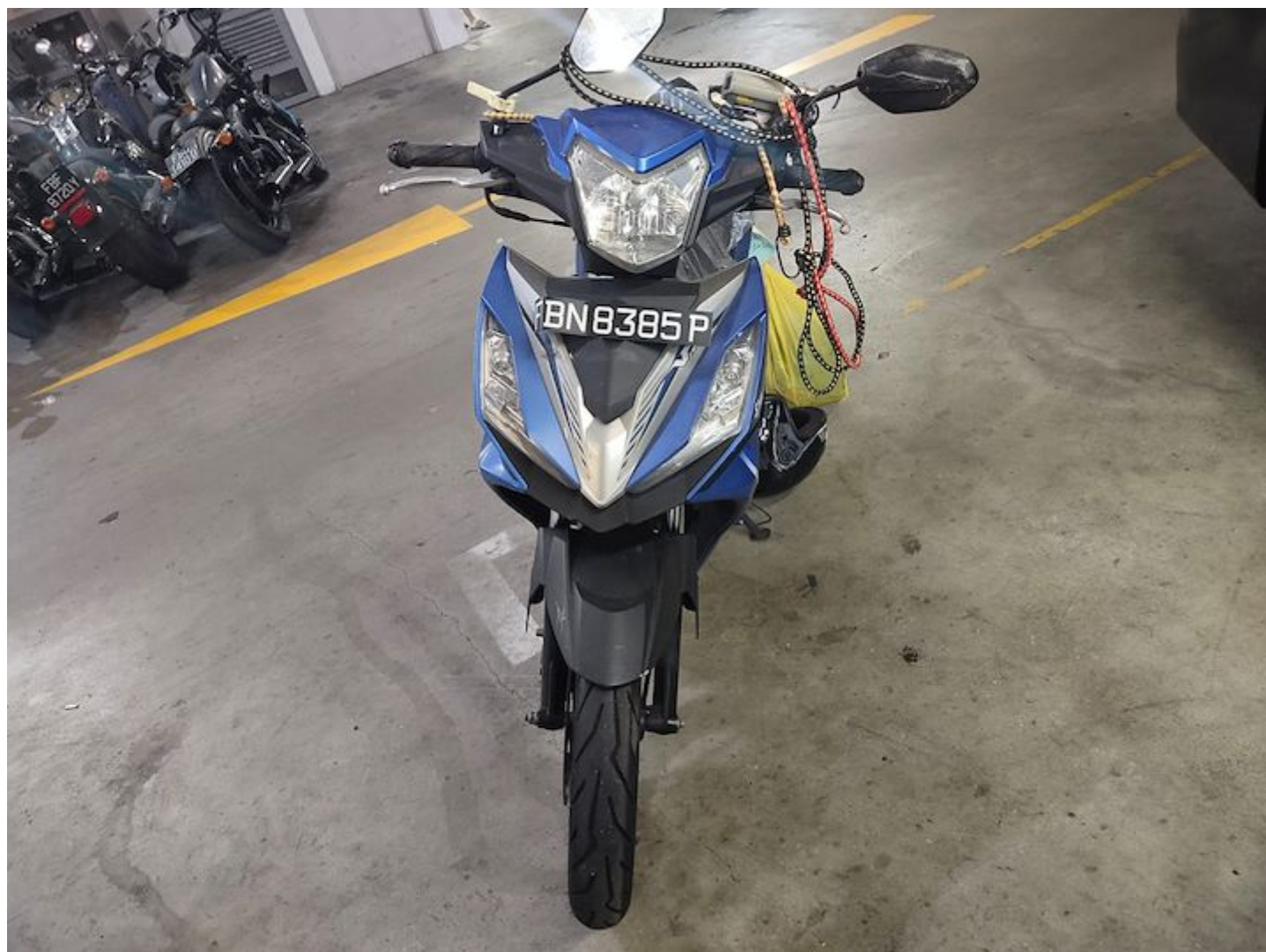
Policyholder's Signature / Date &
Time

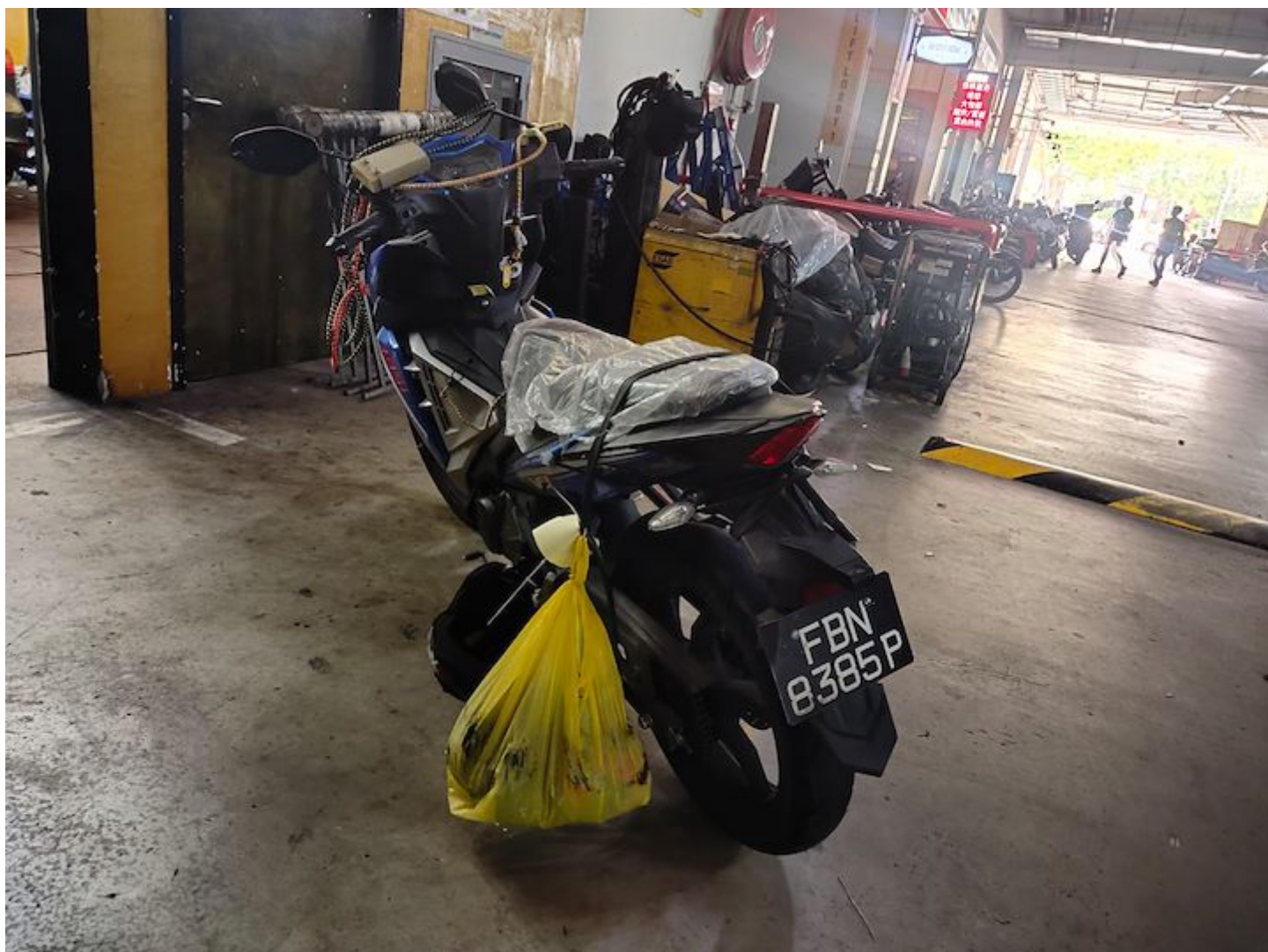


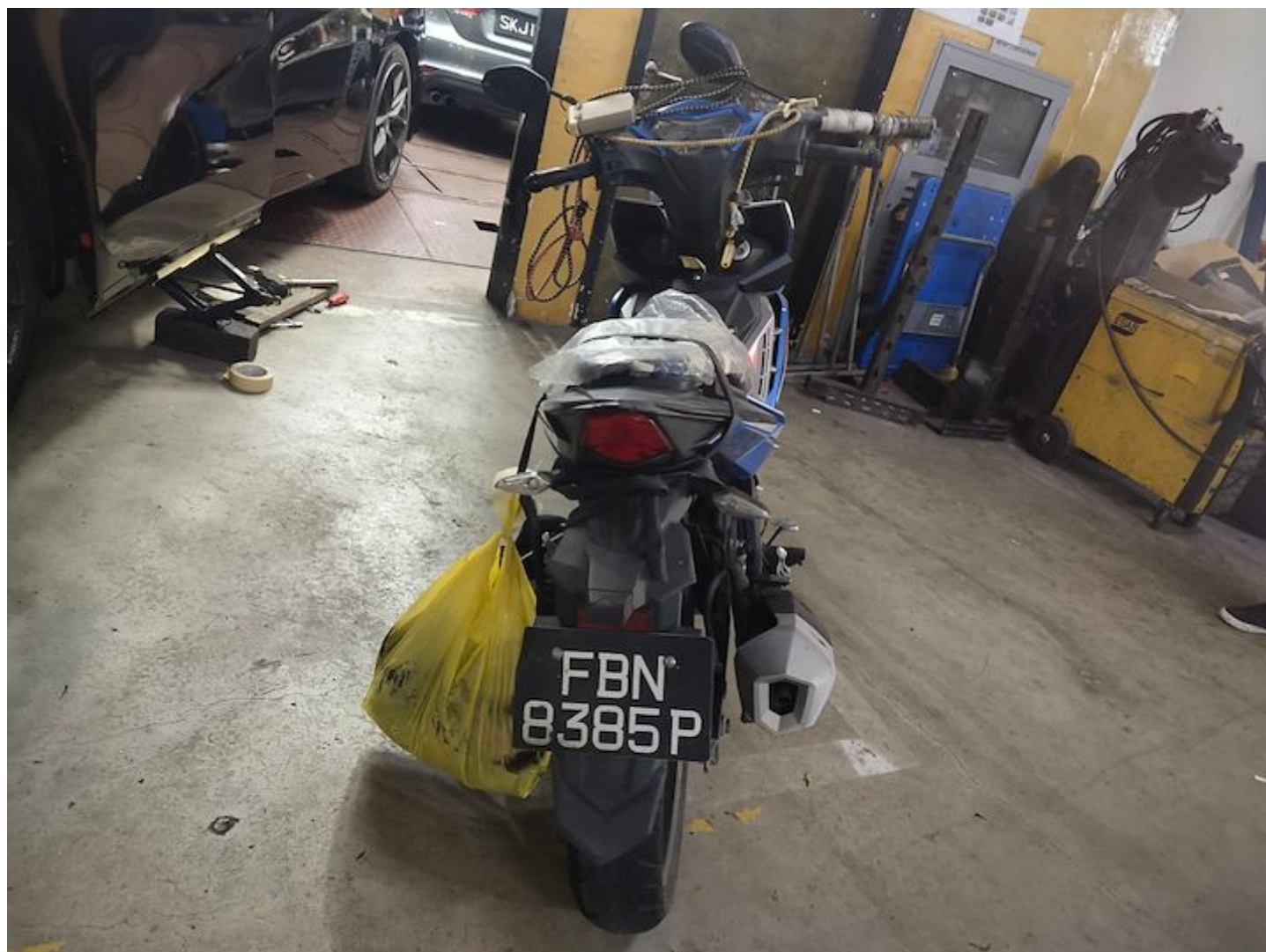
Driver's Signature (If driver is not the policyholder) / Date
& Time



Witnessed by Reporting Centre
Personnel















**SINGAPORE
POLICE FORCE**



T/20220617/7028

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20220617/7028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/06/2022 15:34		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM CHIA SENG			Address: 631 BEDOK RESERVOIR ROAD #03-910 SINGAPORE 470631		
ID Type / ID No.: NRIC NO / S0454070J			Contact No.: Home/Office: Mobile: 90085002		
Nationality: SINGAPORE CITIZEN			Email: cyrus.sy@hotmail.com		
Sex: Male	Age: 73	Date of Birth: 02/07/1948	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Salesman			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/06/2022 20:00	Type of Location: Straight Road
Location: BEDOK NORTH AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 70 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBN8385P	Motorcycle	SYM	VF3I	Blue		0
SHC8583X	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20220617/7028

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220617/7028

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN8385P	NTUC Income Insurance Co-Operative Limited	5120270961-01	19/12/2021	18/12/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LIM CHIA SENG		ID No. S0454070J
Related Vehicle	FBN8385P (Motorcycle)		Contact No. 90085002
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	03/06/2022		Date 08/06/2022
No. of Days granted Medical Leave	22	Degree of	Serious

Brief Details.

On 02/06/2022 at about 2000hrs

I was riding my bike bearing plate FBN8385P along Bedok north ave 1 outside masjid al-ansar. I was going straight, suddenly I felt a great impact from my rear. After the accident, I was badly injured and unconscious that caused me did not take down the scene photo and taxi particulars. Luckily have a passerby wrote down the car plate for me (SHC8583X). Then I realized is a taxi collided onto me. I was conveyed to cgh and was discharged 1 week later with 22 days mc



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20220617/7028

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Report No. T/20220617/7028

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ABDUL RAHIM BIN SALIM
Contact No.: 65476433

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
17/06/2022 15:34

Classification Of Case: