

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 First Submission	07/05/2024 14:35 (SGT)
Reported by	Actual Driver
Date of Accident	06/05/2024 08:33 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE NEAR EXIT 29 (CHANGI)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU3479T
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JUNE BERNADETTE LOW AI SHIM
NRIC No	S7417720D
Email Address	songandre.23@gmail.com
Mobile Phone No	(Phone) +65-96942218
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mini
Model	Cooper
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	Private car
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P11067124R00

DRIVER

Name of Driver	TAN YOUYI
NRIC No	G5693672L
Date Of Birth	16/06/2002
Occupation	Indoor

Driving Pass Date	16/06/2022
Driving experience	1 YEAR AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-86575945
Alt. Phone Number	-
Email Address	youyitan616@outlook.com
Address	36 NANYANG CRESCENT #04-1426 BLOCK 69
Address complement	-
Postcode	637635
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	Side Swipe
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?	No
Was any injured conveyed to hospital by ambulance?	-
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 SKETCH AND POLICE REPORT ATTACHED T/20240506/7146

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	FBT8089M
Vehicle Manufacturer	Yamaha
Vehicle Model	Xmax
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	FHAMY ESMETH BIN SHUKOR
Contact Number	(Phone) +65-98416789
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

VEHICLE NO: SMU 3479T
 DATE OF ACCIDENT: 6/5/24

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 the policy liability on the part of 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 shall be collectively referred to as the "Insurer", 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")

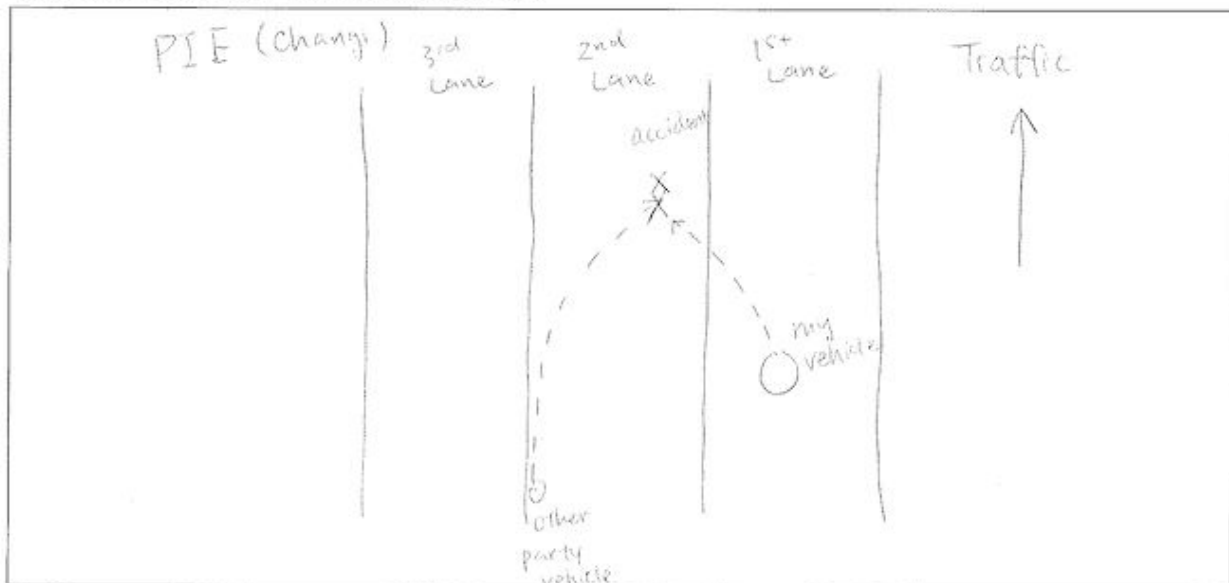
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/ law firms, may/ are permitted to collect, use, disclose and/ or process my Personal Information for one or more of the above Purposes; and

(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 (Name as in NRIC/ ID card)
CHARN'S CUSTOMCRAFT

Sketch Plan (DRAWING- SCENE OF ACCIDENT)

VEHICLE NO: SMU3479T

DATE OF ACCIDENT: 6 May 2024

Describe Circumstances of the Accident

I was driving to work along PIE (towards Changi) approaching Exit 29 at 0833 am on 6 May 2024. The traffic was heavy.

I was in the right lane (lane 1) and signalled to show my intention to filter to Lane 2. The BMM XI next to me slowed to let me move into lane 2. I checked my blind spot and left wing mirror and made sure there were no other vehicles and motorcycles before cautiously making my way into lane 2.

As my car entered lane 2, a motorcycle, which had been lane-splitting between lanes 2 and 3 swerved in and hit the left side of the car near the front wheel.

The rider continued to ride after the sideswipe, but looked back at me. After about 100m, he stopped at the road shoulder and I stopped behind him.

I asked if he was okay and he confirmed he was uninjured. We noted that there were scratches on his bike, and also on my car. We exchanged our driving license details and took photos of the damage on both vehicles. We agreed that since there was no injury and the damages were minor, we would try to settle the matter privately i.e. without claiming insurance.

REPORTING ONLY ()

OWN DAMAGE ()

THIRD PARTY ()

OWN WORKSHOP ()

Declaration

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

NOTE: DO NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. KINDLY REFER TO YOUR POLICY FOR MORE INFORMATION.

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)
CHARN'S CUSTOMCRAFT

























**SINGAPORE
POLICE FORCE**



T/20240506/7146

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

1 of 4
Report No. T/20240506/7146

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/05/2024 21:58		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN YOUYI			Address: 36 NANYANG CRESCENT #04-1426 BLOCK 69 SINGAPORE 637635		
ID Type / ID No.: FIN NO / G5693672L			Contact No.: Home/Office: Mobile: 86575945		
Nationality: CHINESE			Email: YOUYITAN616@OUTLOOK.COM		
Sex: Female	Age: 21	Date of Birth: 16/06/2002	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Student			Driving Licence Information: Class: 3 Date of Expiry: 15/06/2027		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 06/05/2024 08:30	Type of Location: Straight Road
Location: BUKIT BATOK CRESCENT				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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	Conditio	No of
FBT8089M	Motorcycle	YAMAHA	XMAX	Grey	Slightly Damaged	0
SMU3479T	Motor car	MINI	cooper 1.6A	Black	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20240506/7146

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

2 of 4

Report No. T/20240506/7146

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMU3479T	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED	P11067124R00	21/04/2024	31/12/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	PHAMY ESMETH BIN SHUKOR	ID No.	725I
Related Vehicle	FBT8089M (Motorcycle)	Contact No.	98416789
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	TAN YOUYI	ID No.	G5693672L
Related Vehicle	SMU3479T (Motor car)	Contact No.	86575945
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: 15/06/2027
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I was driving to work along PIE (towards Changi) approaching exit 29 at 0833am this morning. The traffic was heavy.

I was in the right lane (lane 1) and signaled to show my intention to filter to lane 2. The BMW X1 next to me slowed to let me move into lane 2. I checked my blind spot and left wing mirror and made sure there were no other vehicles and motorcycles before cautiously making my way into lane 2.

As my car entered lane 2, a motorcycle, which had been lane splitting between lanes 2 and 3 swerved in and hit the left side of the car near the front wheel.

The rider continued to ride after the sideswipe, but looked back at me. After about 100m, he stopped at the road shoulder and I stopped behind him.

I asked if he was ok and he confirmed he was uninjured. We noted that there were



**SINGAPORE
POLICE FORCE**



T/20240506/7146

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

3 of 4

Report No. T/20240506/7146

CONTINUATION OF REPORT

scratches on his bike, and also on my car. We exchanged our driving license details and took photos of the damage on both vehicles. We agreed that since there was no injury and the damages were minor, we would try to settle the matter privately i.e. without claiming insurance.



**SINGAPORE
POLICE FORCE**

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



T/20240506/7146

4 of 4

Report No. T/20240506/7146

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
NORA BTE BACHOK
Contact No.: 65476172

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

Date/Time:
06/05/2024 21:58

Classification Of Case:

NP166



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: _____ Vehicle Registration No: SMU 3479 T

Name (as shown in NRIC): _____ NRIC/FIN/Passport No: _____

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: _____

Email Address: _____

Date of Accident: 6/5/2024 Time of Accident: 8.33AM

Place of Accident: PIE NEAR EXIT 29 (CHANGI)

Insurance Company: AUTO & GENERAL

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

AMEND PLACE OF ACCIDENT

2 Yip 07 May 2024

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:
CHARN'S CUSTOMCRAFT