

## 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 .....	27/02/2024 13:19 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	20/02/2024 11:58 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	Along Handy Road
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBS8440L
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	RUBANN
NRIC No .....	
Email Address .....	
Mobile Phone No .....	
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Yamaha
Model .....	T155
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 .....	160

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5137916132

#### DRIVER

Name of Driver .....	RUBANN
NRIC No .....	
Date Of Birth .....	04/02/2002
Occupation .....	Indoor

Driving Pass Date .....	29/03/2021
Driving experience .....	2 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	[REDACTED]
Alt. Phone Number .....	-
Email Address .....	[REDACTED]
Address .....	[REDACTED]
Address complement .....	[REDACTED]
Postcode .....	S730171
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 on collision
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 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 .....	SHD4749G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Taxi
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) .....	1

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	RUBANN
Gender .....	Male
Phone No .....	
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBS8440L
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

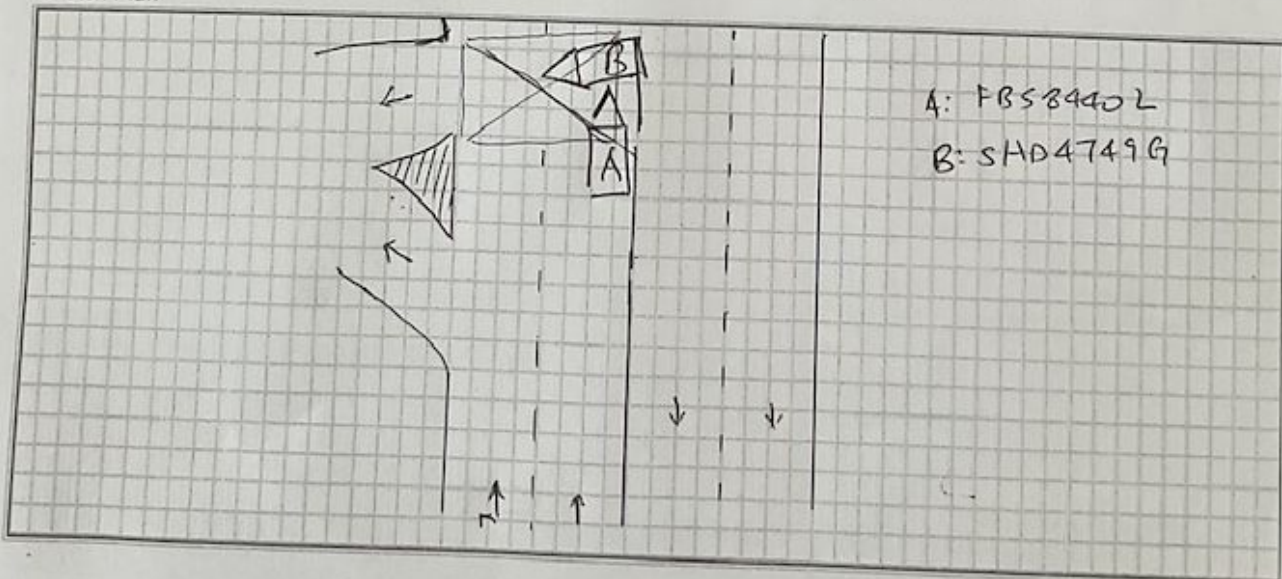
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

*[Signature]*

Policyholder's Signature / Date & Time  
17/01/2024 13:00 hr  
Sketch Plan

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

*[Signature]*  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)




Describe Circumstance of the Accident


refer to police report: T/20240210/7096

Declaration

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

  
 Policyholder's Signature / Date & Time  
 27/02/2024 12:00 PM

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

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























**SINGAPORE  
POLICE FORCE**



T/20240220/7096

1 of 4

Report No. T/20240220/7096

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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/02/2024 21:00	Vide Report No.: E/20240220/0048	Station Diary No.:
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**Informant's Particulars**

Name of Informant: RUBANN		Address: [REDACTED]	
ID Type / ID No.: NRIC NO / [REDACTED]		Contact No.:	
		Home/Office:	Mobile: [REDACTED]
Nationality: SINGAPORE CITIZEN		Email: [REDACTED]	
Sex: Male	Age: 22	Date of Birth: 04/07/2002	Type of Informant: Rider
Race: Indian		Language: English	
Occupation: National Service Full Time		Driving Licence Information: Class: 2B Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/02/2024 11:55	Type of Location: Y-Junction
Location: ORCHARD ROAD				
Weather: Sunny		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of
FBS8440L	Motorcycle	YAMAHA	T155	Black		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS8440L	NTUC Income Insurance Co-Operative Limited	5137916132	17/07/2023	16/07/2024





**SINGAPORE  
POLICE FORCE**



1/20240220/7096

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

Report No. 1/20240220/7096

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	RUBANN	ID No.	[REDACTED]
Related Vehicle	FB58440L (Motorcycle)	Contact No.	[REDACTED]
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	20/02/2024	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Serious

**Brief Details:**

Accident Report: Bike Collision with Taxi

Date and Time:

Tuesday morning, 11:58 AM.

Location:

Alongside a condominium, on the way to Plaza Singapura.

Vehicles Involved:

Motorbike: FB58440L

Blue Taxi: SHD4749G

Description of Incident:

While travelling straight on my motorbike (FB58440L) towards Plaza Singapura, alongside a condominium, a blue taxi with license plate SHD4749G made a reckless right turn without noticing me. As I was moving, the taxi collided with my motorbike while I was already within the yellow box. I, as a person, did not sustain any injuries during the collision.

Actions Taken:

After the collision, I dismounted from the motorbike.

The taxi driver walked me to sit at the nearby curb.

The taxi driver offered me an umbrella.

The taxi driver called for an ambulance.

The taxi driver waited with me until the ambulance and traffic police arrived.

Additional Notes:

Although no injuries were initially reported, it was later discovered that I sustained a broken ankle as a result of the accident.

Witnesses: I do have photos

Injuries/Damages:

(Describe any damages to the vehicles)

Conclusion:

Based on the events described above, it is evident that the blue taxi with license plate SHD4749G was at fault for making a reckless right turn, resulting in a collision with my moving motorbike.





**SINGAPORE  
POLICE FORCE**



T/20240220/7098

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

Report No. 1/20240220/7098

**CONTINUATION OF REPORT**

**Recommendations:**

It is recommended that appropriate actions be taken by the authorities to address the negligence of the taxi driver and to ensure the safety of all road users in the future.

Rubann  
80216945





**SINGAPORE  
POLICE FORCE**



T/20240220/7096

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Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20240220/7096

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
GOH SEOW PING SHAYE  
Contact No.: 65476310

Signature Of Informant:

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

Date/Time:

20/02/2024 21:00

Classification Of Case:

NP168