

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	12/10/2024 10:54 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/10/2024 16:15 (SGT)
Exact Location of Accident	Teo Hong Rd, Singapore
Additional Location Information	TEO HONG ROAD SINGAPORE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBT5129B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MAN SOON TIM
NRIC No	S9401893E
Email Address	MANSOONTIM@HOTMAIL.COM
Mobile Phone No	(Phone) +65-96999445
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	B.M.W.
Model	R NINET
Variant	BMW R NINET
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	1170
Vehicle Fuel	Petrol
First Registration Date	11/03/2022
Chassis no	WB10L5109N6F31012
Effective Date/Time of Ownership	05/10/2024 03:10 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MC/01729552

DRIVER

Name of Driver	MAN SOON TIM
NRIC No	S9401893E
Date Of Birth	14/01/1994
Occupation	Indoor
Driving Pass Date	08/08/2023
Driving License Pass Class	2
Driving License Validity	Valid
Driving experience	1 YEAR AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96999445
Alt. Phone Number	-
Email Address	MANSOONTIM@HOTMAIL.COM
Address	BLK 475 PASIR RIS DRIVE 6 11-554 SINGAPORE 510475
Address complement	-
Postcode	510475
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 - U-Turn
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	Central Division Headquarters
Police Station Phone No	(Phone) +65-18002240000
Alt. Police Station Phone No	(Fax) +65-62200877
Police Station Address	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED
STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD
TEL 67415336

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB2434M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	CHIA YANG MENG
Contact Number	(Phone) +65-96797981
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.



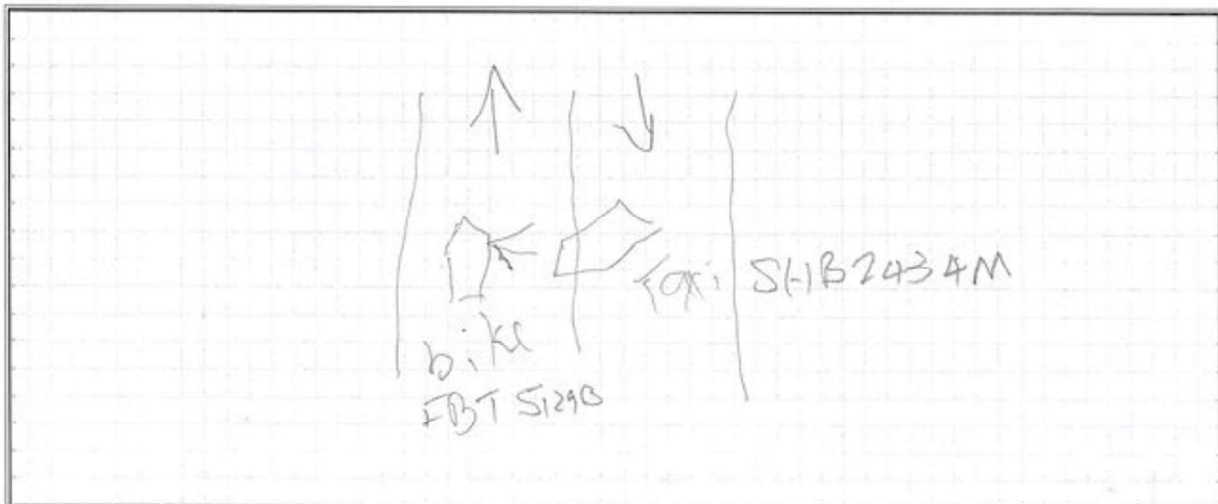
Policyholder's Signature / Date & Time

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



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

Sketch Plan




Describe Circumstance of the Accident

Refer to Police Report

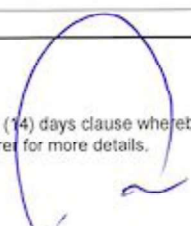
Declaration

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

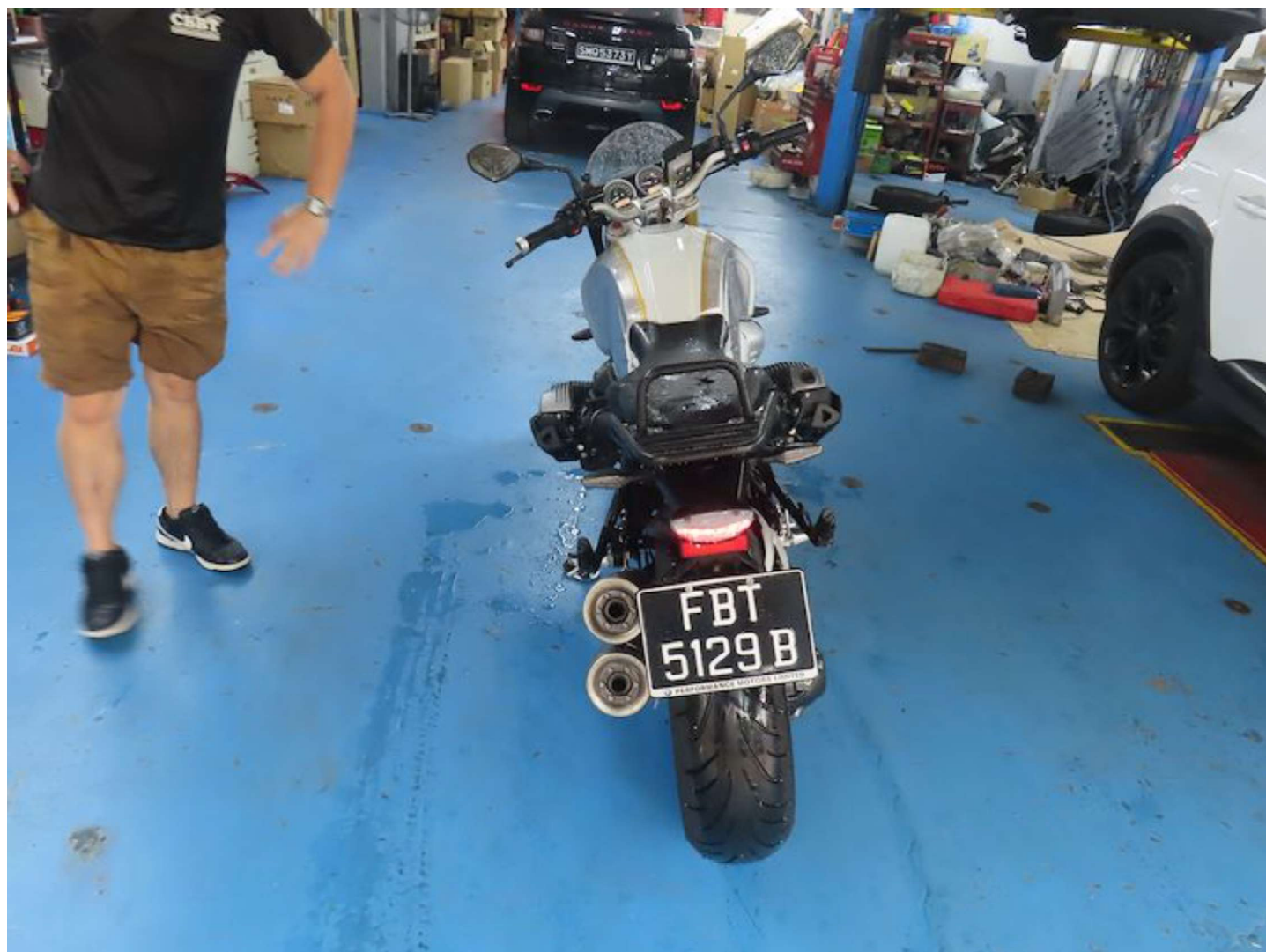
If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

 12/10/2024 10:52 AM
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)





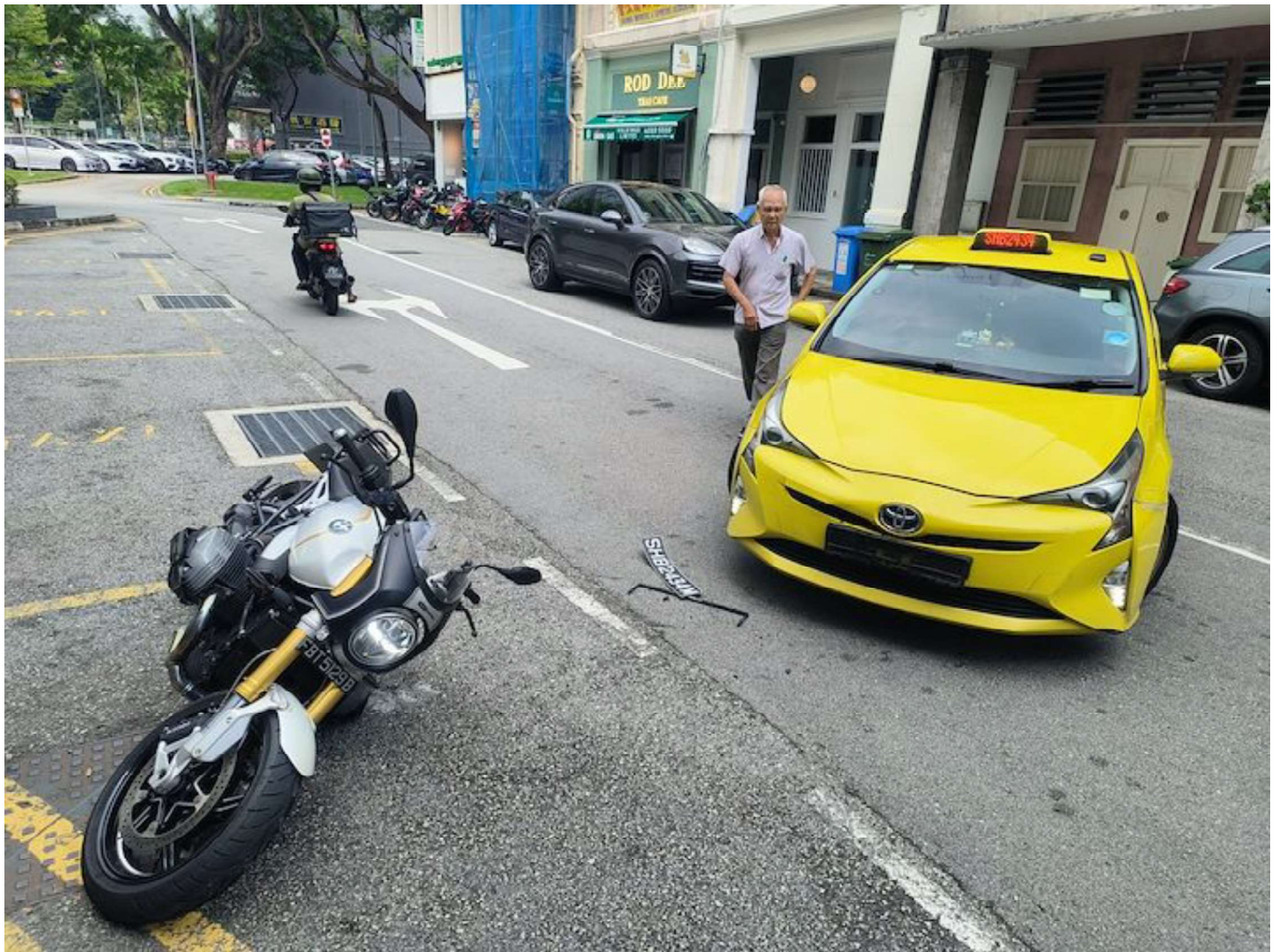






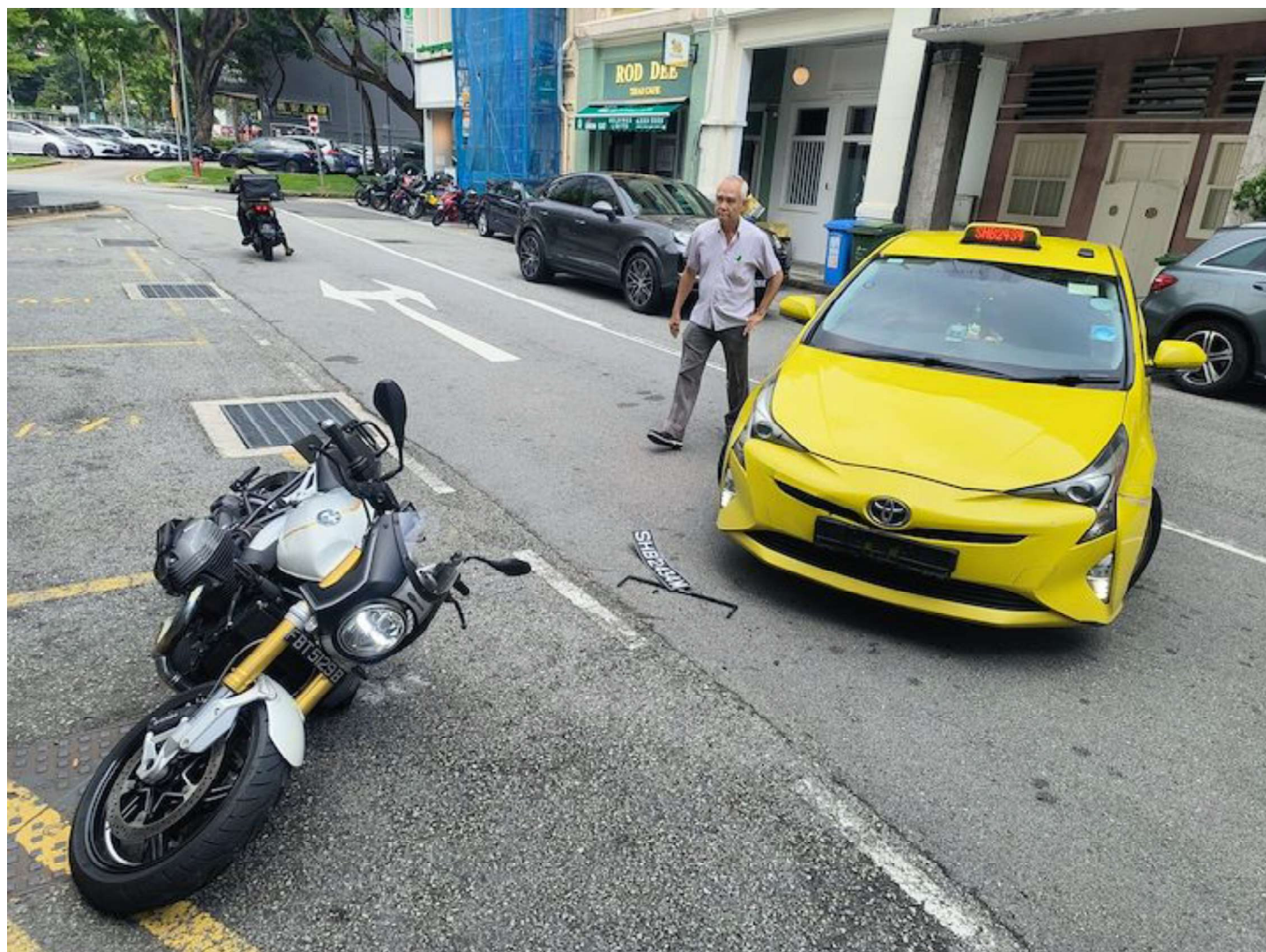
















**SINGAPORE
POLICE FORCE**



A/20241011/7080

1 of 2

POLICE REPORT (NP299)

Report No. A/20241011/7080

Police Station Of Origin
Central Division HQ
391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 11/10/2024 18:59		Vide Report No.		Station Diary No.	
Name Of Informant Man Soon Tim		Address 475 Pasir Ris Drive 6 #11-554 SINGAPORE 510475			
ID Type / ID No. NRIC NO / S9401893E		Contact No. Home/Office: Mobile: 96999445			
Nationality SINGAPORE CITIZEN		Email Address mansoontim@hotmail.com			
Occupation Narcotics officer		Sex Male	Age 30	Date of Birth 14/01/1994	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 11/10/2024 16:15 - 11/10/2024 16:30		Location Of Incident 7 TEO HONG ROAD NIL SINGAPORE 088324			

Brief details:

At around 1615H on the 11th of October 2024, I was going straight along Teo Hong Road towards New Bridge Road beside the Taxi Stand when a yellow taxi bearing plate number SHB2434M made an illegal U turn and hit my bike bearing plate number FBT5129B on the right side causing my bike to fall. The driver of the said taxi, a Chinese uncle alighted the taxi to render assistance to me. He agreed that it was his fault that he made the illegal U turn and would like to proceed with the insurance claim. We have exchanged details and the uncle was agreeable. My bike sustained scratches to both sides of my engine and engine guards. The taxi's number plate got dislodged from its holder and fell onto the road. I will be sending my bike into the workshop to assess for any other further damages.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/10/2024 18:59
Officer In-Charge Of Case:	Classification Of Case:
Contact No.:	



**SINGAPORE
POLICE FORCE**



A/20241011/7080

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20241011/7080

Subjects Involved			
Victim			
Person Name	Man Soon Tim		
ID Type	NRIC NO	ID No	S9401893E
Gender	Male	Age	30
Nationality	SINGAPORE CITIZEN	Race	Chinese
Language	English	Occupation	Narcotics officer
Address	475 Pasir Ris Drive 6 #11-554 SINGAPORE 510475		Mobile No
			96999445
Email Address	mansoontim@hotmail.com		Is Informant A Victim?
			Yes
Person Name	Man Soon Tim (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/10/2024 18:59
Officer In-Charge Of Case:	Classification Of Case:
Contact No.:	