

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	06/11/2024 17:39 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	01/11/2024 12:30 (SGT)
Exact Location of Accident	Tg Pagar Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBU2053A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN TEIK HOOI
NRIC No	SXXXX032D
Email Address	ALANJAYDENTAN@GMAIL.COM
Mobile Phone No	(Phone) +65-90061829
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Aerox
Variant	-
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	Auto
CC	155
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5130104956-02

DRIVER

Name of Driver	TAN TEIK HOOI
NRIC No	SXXXX032D
Date Of Birth	07/12/1971
Occupation	Outdoor
Driving Pass Date	08/09/1997
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	27 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90061829
Alt. Phone Number	-
Email Address	ALANJAYDENTAN@GMAIL.COM
Address	BLK 406 PANDAN GARDENS
Address complement	#08-37
Postcode	600406
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	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?	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 ATTACH

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	SLG561T
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	TAN TEIK HOOI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	8 DAYS MC
Injured person in which vehicle?	FBU2053A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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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

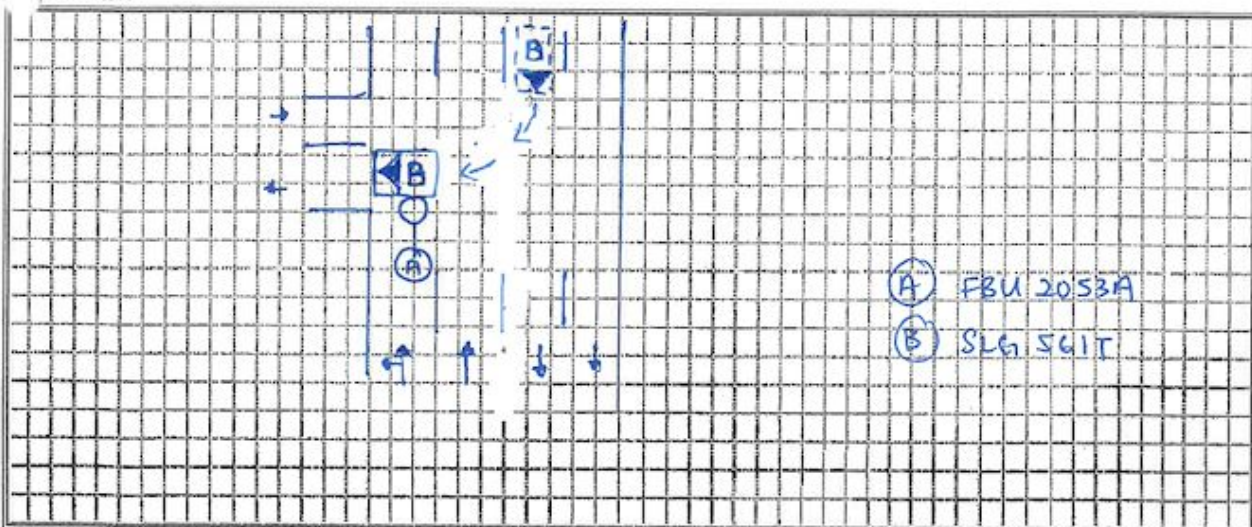
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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 T/20241104/7052

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



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



















**SINGAPORE
POLICE FORCE**



T/20241104/7052

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

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Report No. T/20241104/7052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/11/2024 13:31		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: TAN TEIK HOOI		Address: 406 PANDAN GARDENS #08-37 SINGAPORE 600406		
ID Type / ID No.: NRIC NO / S7176032D		Contact No.: Home/Office: Mobile: 90061829		
Nationality: MALAYSIAN		Email: ALANJAYDENTAN@GMAIL.COM		
Sex: Male	Age: 52	Date of Birth: 07/12/1971	Type of Informant: Rider	
Race: Chinese		Language: English		
Occupation: FOOD PANDA		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: 01/11/2024 12:30	Type of Location: TANJONG PAGAR ROAD
Location: TANJONG PAGAR PLAZA				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		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 Passenger
FBU2053A	Motorcycle	YAMAHA	AEROX155 ABS CVT	Black		0
SLG561T	Motor car					0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date	
FBU2053A	NTUC Income Insurance Co-Operative Limited	5130104956-02	06/09/2024	05/09/2025	



**SINGAPORE
POLICE FORCE**



T/20241104/7052

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

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Report No. T/20241104/7052

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	TAN TEIK HOOI	ID No.	S7176032D
Related Vehicle	FBU2053A (Motorcycle)	Contact No.	90061829
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	08	Degree of Injury	Serious

Brief Details.

ON 01.11.2024 AROUND 12.30PM , I WAS RIDING MY MOTORBIKE (FBU2053A) ALONG TANJONG PAGAR ROAD TO 100AM SHOPPING MALL TO PICK UP MY FOOD ORDER. AS I WAS TRAVELLING STRAIGHT ALONG THE ROAD, VEHICLE B (SLG561T) SUDDENLY TURN RIGHT FROM THE OPPOSITE LANE AND E-BRAKE IN THE MIDDLE OF THE ROAD. I COULD NOT STOPPED IN TIME DUE TO THE SUDDEN BRAKE AND COLLIDED ONTO HIS CAR. I WANT TO STATE THAT VEHICLE B SHOULD NOT TURN RIGHT ABRUPTLY AND STOPPED IN THE MIDDLE OF THE ROAD, HE SHOULD MAKE SURE THE TRAFFIC IS CLEAR BEFORE HE TURN RIGHT . I FELL DOWN FROM MY BIKE AND WAS INJURED AND BLEEDING. THEY CALLED FOR AMBULANCE AND TP , I WAS CONVEY TO SGH . AND WAS GIVEN 8 DAYS OF MC.



**SINGAPORE
POLICE FORCE**

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



T/20241104/7052

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Report No. T/20241104/7052

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD GHAZALI BIN ABDUL RAZAK
Contact No.: 65476367

NP168

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

Date/Time:
04/11/2024 13:31

Classification Of Case: