



## 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	11/11/2024 12:37 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	30/10/2024 12:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MOUNTBATTEN RD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBT1214P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHIA CHEE KEONG
NRIC No	S0926154J
Email Address	RICKYCHIA51@GMAIL.COM
Mobile Phone No	(Phone) +65-91551066
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	NMAX 155 ABS CONNECTED
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	Manual
CC	155
Vehicle Fuel	Petrol
First Registration Date	17/11/2021
Chassis no	MH3SG5680MK091936
Effective Date/Time of Ownership	17/11/2021 12:11 (SGT)

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5124633277-02

### DRIVER



Name of Driver	CHIA CHEE KEONG
NRIC No	S0926154J
Date Of Birth	15/06/1951
Occupation	Outdoor
Driving Pass Date	25/02/1974
Driving License Pass Class	2B
Driving License Validity	Valid
Driving experience	50 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91551066
Alt. Phone Number	-
Email Address	RICKYCHIA51@GMAIL.COM
Address	BLK 113 LORONG 1 TOA PAYOH 03-460 SINGAPORE 310113
Address complement	-
Postcode	-
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	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED POLICE REPORT

#### 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	SHC1135C
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)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	CHIA CHEE KEONG
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBT1214P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes



**SINGAPORE  
POLICE FORCE**



T/20241101/2022

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

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Report No. T/20241101/2022

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/11/2024 11:47		Vide Report No.: G/20241030/0084		Station Diary No.: 57
<b>Informant's Particulars</b>				
Name of Informant: CHIA CHEE KEONG		Address: 113 LORONG 1 TOA PAYOH #03-460 SINGAPORE 310113		
ID Type / ID No.: NRIC NO / S0926154J		Contact No.: Home/Office: Mobile: 91551066		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 73	Date of Birth: 15/06/1951	Type of Informant: Rider	
Race: Chinese		Language: English		
Occupation: DELIVERY RIDER		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/10/2024 12:55	Type of Location: Straight Road
Location: MOUNTBATTEN ROAD				
Lamp Post Number: 23				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBT1214P	Motorcycle				Slightly Damaged	0
SHC1135C	Motor car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE  
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Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20241101/2022

CONTINUATION OF REPORT

Rider			
Name	CHIA CHEE KEONG	ID No.	S0926154J
Related Vehicle	FBT1214P (Motorcycle)	Contact No.	91551066
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	30/10/2024	Date Discharge	31/10/2024
No. of Days granted Medical Leave	08	Degree of	Slight

#### Brief Details.

On 30/10/2024 at about 1250hrs, I was riding my motorcycle (FBT1214P) along Mountbatten Road towards Sims Avenue. At that time, I was riding along lane 4 of the 4-lane road. While riding, I noticed a lorry at lane 3 which is ahead of me start to encroach into my lane and as such, I slowed down to make way for it.

While I was slowing down, that is when I felt an impact coming from the rear and due to the impact, I lose control of my motorcycle and fell on my left side. I realized that a blue taxi SHC1135C, had hit me from the rear. I felt giddy and unable to stand up after the collision. I felt some pain around my neck, arm and leg area. There are some passersby who helped to call for the police and they also assisted to take photo of the accident scene.

I was conveyed to Raffles Hospital due to my injuries. I stayed there for one night and discharge on 31/10/2024. I was given 8 days of medical leave.

I then received a message from Traffic Police IO Nurhayati that my accident is currently under investigation.



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Tel No: 1800-2519999

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Report No. T/20241101/2022

CONTINUATION OF REPORT

Signature of Officer Recording The E / SGT 3 MUHAMMAD NUR ISKANDAR BIN MUHD NUR GHAZALI LIM	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIT / INSP (1) KOH WEI JIE Contact No.: 65476358	

Signature Of Informant:	
Date/Time: 01/11/2024 11:47	
Classification Of Case:	

NP168