

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	07/12/2024 12:26 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/12/2024 16:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BARTLEY ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBW6035R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN YONG SIA
NRIC No	SXXXX275E
Email Address	tanyongsia@gmail.com
Mobile Phone No	(Phone) +65-90496576
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	CT125 ABS MANUAL
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	124
Vehicle Fuel	Petrol
First Registration Date	08/07/2024
Chassis no	MLHJA6578P5001157
Effective Date/Time of Ownership	11/07/2024 03:07 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Etiga Insurance Pte Ltd
Policy Number / Cover Note Number	MX118261

DRIVER

Name of Driver	TAN YONG SIA
NRIC No	SXXXX275E
Date Of Birth	02/06/1958
Occupation	Outdoor
Driving Pass Date	30/08/1980
Driving License Pass Class	2B
Driving License Validity	Valid
Driving experience	44 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90496576
Alt. Phone Number	-
Email Address	tanyongsia@gmail.com
Address	BLK 102 JALAN RAJAH 06-11 SINGAPORE 321102
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 - Major/Minor Rd
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 WITH ATTACHED.

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	GBG8044K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	TAN YONG SIA
Gender	Male
Phone No	(Phone) +65-90496576
Address	BLK 102 JALAN RAJAH 06-11 SINGAPORE 321102
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	CHANGI GENERAL HOSPITAL
Injured person in which vehicle?	FBW6035R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLANIMPORTANT 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)

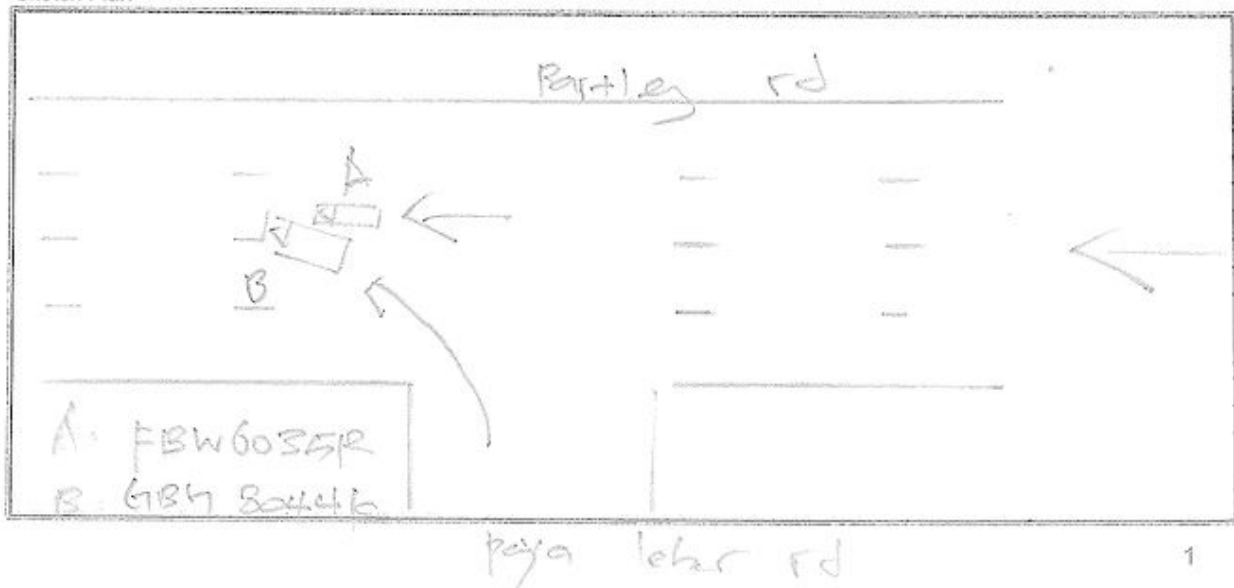
I understand, acknowledge, agree and consent that:

- (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.

tan
Policyholder's Signature / Date & Time

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

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

Sketch Plan

Describe Circumstance of the Accident

I ride my motorbike along heavily rd on 2nd lane moving straight.

Suddenly, a vehicle ~~fish boat~~ ^{fish boat} took out from minor road without checking and stop. As a result, his vehicle had hit onto my motorbike. After the incident, I fell down together with motorbike.

I was conveyed to Changi Hospital by ambulance.

Note: Please note that your insurer may have 14 days time frame for you to submit an own damage claim under your own policy, please check your policy for more information.

Declaration

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

tan
Policyholder's Signature / Date & Time

tan 7-12-24
12-05
Driver's Signature (if driver is not the policyholder) / Date & Time

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

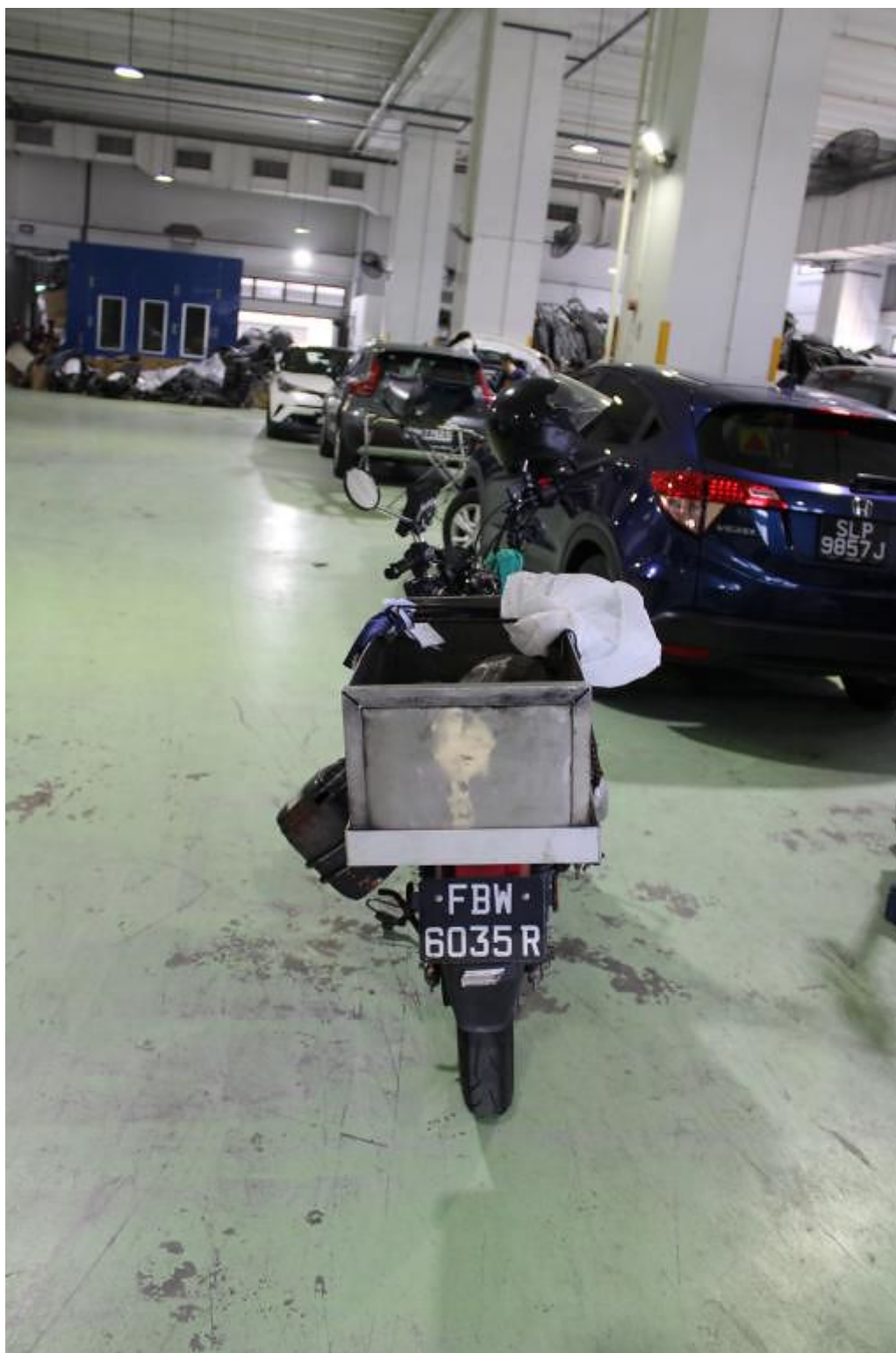































**SINGAPORE
POLICE FORCE**

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



T/20241206/7058

1 of 3

Report No. T/20241206/7058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/12/2024 13:19	Vide Report No.: F/20241205/0090	Station Diary No.:
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Informant's Particulars

Name of Informant: TAN YONG SIA			Address: 102 JALAN RAJAH #6-11 RAJAH COURT SINGAPORE 321102		
ID Type / ID No.: NRIC NO / S1302275E			Contact No.: Home/Office: Mobile: 81739340		
Nationality: SINGAPORE CITIZEN			Email: hengheng96mobile9999@gmail.com		
Sex: Male	Age: 66	Date of Birth: 02/06/1958	Type of Informant: Rider		
Race: Chinese			Language: English		
Occupation: Delivery man using motorised personal mobility aids/devices			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: 05/12/2024 16:20	Type of Location:
Location: PAYA LEBAR ROAD TOWARDS GUILLEMARD ROAD ROAD AFTER AIRPORT ROAD LP 4				
Lamp Post Number: 4				
Weather: Sunny		Road Surface: Wet		
Traffic Flow:		Traffic Control:		Traffic Volume: Light
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	Condition	No of Passenger
FBW6035R	Motorcycle	HONDA		Red	Seriously Damaged	0
GBG8044K	Lorry	TOYOTA		White	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**

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



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Report No. T/20241206/7058

CONTINUATION OF REPORT

Rider			
Name	TAN YONG SIA	ID No.	S1302275E
Related Vehicle	FBW6035R (Motorcycle)	Contact No.	81739340
Hospital/Clinic	NIL	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)	NIL	Degree of Injury	NIL
Rider			
Name	TAN YONG SIA	ID No.	S1302275E
Related Vehicle	NIL	Contact No.	81739340
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/12/2024	Date Discharge	05/12/2024
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	Slight

Brief Details.

ON THAT DAY, I WAS DRIVING AT THE MAIN ROAD AT PAYA LEBER ROAD, SUDDENLY, THERE IS ONE LORRY COME OUT FROM THE SMALL PATH, THEN I UNABLE TO STOP, AS IT APPEAR TOO SUDDENLY ALREADY, THEN MY VEHICLE COLLISION WITH THE LORRY, THEN I FALL DOWN FROM MY MOTORBIKE.

**SINGAPORE
POLICE FORCE**

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



T/20241206/7058

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Report No: T/20241206/7058

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD NORSIDDIQ BIN IBRAHIM
Contact No.: 65476138

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

Date/Time:
06/12/2024 13:19

Classification Of Case:

This report is lodged at Traffic Police Kiosk 1
NP168



INTERVIEW FORM

Name (Driver) : Tan Yong Sim

Policy No : EN 118561

Vehicle No : FBW 6035P

Place of Accident : batik rd

Insured Driver's relationship with Insured : Insured

Drink Driving of Insured and/or Insured Driver : NO

No of passenger(s) in Insured vehicle : Nil

Injury to Insured and/or Insured driver, please indicate which hospital:
Yes conveyed to hospital by ambulance

Third Party Vehicle No (if any) : F136 804412

No of passenger(s) in Third Party Vehicle : Nil

Injury to Third Party driver and/or passenger(s), please indicate which hospital:
NO

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:
Major / minor rd

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):
NO

Traffic Police report (enclosed) : Yes / No

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

Tan
 Driver (Name & Signature) / Date
 I, affirmed the above information is given to
 my best knowledge

Tan
 Attended by (Name & Signature) / Date
 Workshop Name: _____

Etiqa Insurance Pte Ltd
 One Raffles Quay
 #22-01 North Tower
 Singapore 048583

T +65 63360477
 F +65 63392109

www.etiqa.com.sg
 Company Reg. No. 201130255K

Member of Maybank Group



Arranged by:
ANDA INSURANCE AGENCIES PTE LTD
 1 King George's Avenue #06-00 Rehau Building Singapore 208557
 Tel: 6534 2288 Email: motor@anda.com.sg
 Co. Reg. No.: 197903504K

UNDERWRITTEN BY:
eTiqa

CERTIFICATE OF INSURANCE

* MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) * MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 * ROAD TRANSPORT ACT, 1987 (MALAYSIA) * MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

CERTIFICATE No. MX118261			
1. Index Mark and Registration Number of Vehicle	FBWG035R		
2. Name of Policyholder	TAN YONG SIA		
3. Effective Date of Commencement of Insurance for the purposes of the Act	08-07-2024	THIRD PARTY, FIRE & THEFT	Excess: As Per Policy Excess
4. Date of Expiry of Insurance	07-07-2025		
5. Persons or Classes of Persons entitled to drive	Engine Number : JA6SE10Q1157 Chassis No : MLHJA6S78P5001157 Hire Purchase : N/A		
THE POLICYHOLDER TAN YONG SIA Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle.			
6. Limitations as to Use: USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS OR PROFESSION. THE POLICY DOES NOT COVER: (i) USE FOR HIRE OR REWARD. (ii) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING. (iii) USE FOR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS. (iv) FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.			
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these bindings.			
Policy Owner's Protection Scheme This policy is protected under the Policy Owner's Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdlic.org.sg).			
I/WE HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).			

For and on behalf of Etiqa Insurance Pte. Ltd.
 Approved Insurer

Authorised Signature