

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	12/07/2024 16:45 (SGT)
Reported by	Actual Driver
Date of Accident	09/06/2024 12:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	FRANKEL AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	AQ88X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN YONG MIN
NRIC No	S7206161F
Email Address	DTYM77@HOTMAIL.COM
Mobile Phone No	(Phone) +65-90700168
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Wave
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	110

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5001161114-19

DRIVER

Name of Driver	TAN LAY LEK
NRIC No	S0990234A
Date Of Birth	05/09/1948
Occupation	Indoor

Driving Pass Date	18/05/1977
Driving experience	47 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-88038018
Alt. Phone Number	-
Email Address	DTYM77@HOTMAIL.COM
Address	41 ST. PATRICK'S ROAD #01-01 S424164
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	Marine Parade Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004428999
Alt. Police Station Phone No	(Fax) +65-62447678
Police Station Address	300 Marine Parade Road Singapore 449296
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT 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	SND4667M
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 LAY LEK
Gender	Male
Phone No	(Phone) +65-88038018
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	AQ88X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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

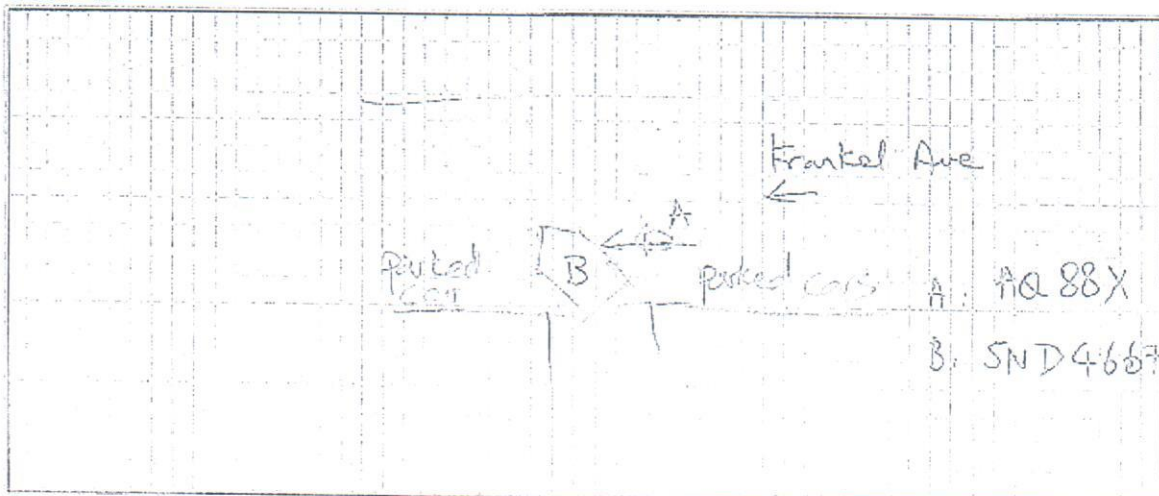
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

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

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 KR/CID card)



SINGAPORE POLICE FORCE



T/20240617/2037

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

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Report No. T/20240617/2037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/06/2024 14:36	Vide Report No.:	Station Diary No.: 27
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Informant's Particulars

Name of Informant: TAN LAY LEK			Address: 41 ST. PATRICK'S ROAD #01-01 SINGAPORE 424164		
ID Type / ID No.: NRIC NO / S0990234A			Contact No.: Home/Office: Mobile: 88038018		
Nationality:			Email:		
Sex: Male	Age: 75	Date of Birth: 05/09/1948	Type of Informant: Rider		
Race: Chinese			Language:		
Occupation: Retiree			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 09/06/2024 12:00	Type of Location: Straight Road
Location: FRANKEL AVENUE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
AQ88X	Motorcycle					0
	Motor car			Black		0

Details of Person Involved

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



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T/20240617/2037

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Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

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Report No. T/20240617/2037

CONTINUATION OF REPORT

Rider				
Name	TAN LAY LEK		ID No.	S0990234A
Related Vehicle	AQ88X (Motorcycle)		Contact No.	88038018
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	09/06/2024		Date Discharge	11/06/2024
No. of Days granted Medical Leave	NIL		Degree of	Serious
Name				
Unknown		ID No.	NIL	
Related Vehicle		(Motor car)		
Contact No.		NIL		
Hospital/Clinic		NIL		
Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL		
Date Treatment		NIL		
Date Discharge		NIL		
No. of Days granted Medical Leave		NIL		
Degree of		NIL		

Brief Details.

On 09/06/2024 at about 1200hrs, I was riding my bike AQ88X along Frankel Ave towards the general direction of East Coast Road to head home. I remembered that as I was riding, a dark coloured car drove onto my way from the left side, I could not brake in time and collided onto the car. I was thrown off the bike as a result of the collision. I remembered that I was in a lot of pain, and I was conveyed by ambulance to Changi General Hospital, where I was warded for 2 days. My doctor had informed that three of my left ribs had cracked. I was not given any medical leave as I am a retiree.

I understand that my bike had been towed away by Traffic Police. The Investigator can contact me through my son, Raymond Tan 91830009.



**SINGAPORE
POLICE FORCE**



T/20240617/2037

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Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

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Report No. T/20240617/2037

CONTINUATION OF REPORT

Signature of Officer Recording The
G /
SGT 3 LIEW JIA MING

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT MOHAMED SUFIAN BIN
MOHAMED JUNID
Contact No.: 65476247

Signature Of Informant:

Date/Time:
17/06/2024 14:36

Classification Of Case:

NP168