

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 Authorised 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 ability.
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 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 Report	04/12/2017 14:20
Date Of Accident	29/11/2017 21:15
Exact Location Of Accident	PASIR PANJANG ROAD / KEPPEL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH3641P
Insured/Policyholder	
Name Of Registered Owner	CHEW SI YAN
NRIC No	S9519996H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92213272
Alternative Phone No	OFFICE-92213272

Vehicle Particulars

Manufacturer	YAMAHA
Model	TTX
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5085867399-01 TP
Cover Note Number	

Driver

Name of Driver	CHEW SI YAN
NRIC No	S9519996H
Date Of Birth	10/06/1995
Occupation	INDOOR
Date Of Driving Pass	18/06/2014
Driving Experience	3 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92213272
Fax Number	
Contact Number	OFFICE-92213272
Email Address	NOEMAIL

Address	BLK 76 #07-268 TELOK BLANGAH DRIVE
Postcode	100076
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TELOK BLANGAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 51 TELOK BLANGAH DRIVE , POSTCODE: 100051 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2729999 - FAX NO: 63772526
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED. ATTENDED BY AINI

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA9180D
Vehicle Make/Model/Colour	MERCEDES BENZ E 220 (TAXI)
Details Of Properties	
Name of Driver	LIM SIEW CHIEW
NRIC/Passport Number	S1519218F
Contact Number	98595666
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	

Email Address

DETAILS OF INJURED PERSON 1

Name	CHEW SI YAN
Approximate Age	22
Injuries Sustain	ABRASIONS ON RIGHT ARM, LEFT HAND, RIGHT LEG, PAIN ON SPINAL CORD
Injured person in which vehicle?	FDI13041P
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	YES
Address	BLK 76 #07-268 TELOK BLANGAH DRIVE
Postcode	100076

Sketch Plan Pg. 1

SKETCH PLAN

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6. The 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 lodgment 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:

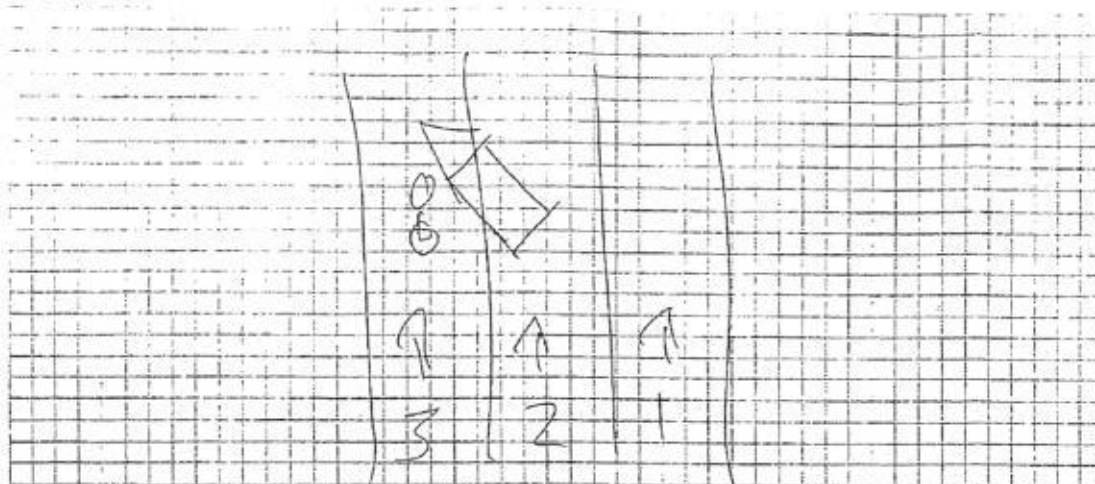
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time: 1/12/20

Driver's Signature
(If driver is not the policyholder)
Date & Time:

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@singnet.com.sg
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

police report

[Large handwritten mark resembling a stylized '7' or a large checkmark]

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

- 4 [20] 2017

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time:

IDAG KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@singnet.com.sg

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20171130/2151

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

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Report No: T/20171130/2151

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/11/2017 19:47		Vide Report No.: D/20171129/0120		Station Diary No.: 31	
Informant's Particulars					
Name of Informant: CHEW SI YAN			Address: APT BLK 76 TELOK BLANGAH DRIVE #07-268 SINGAPORE 100076		
ID Type / ID No.: NRIC NO / S9519996H			Contact No.: Home/Office: Mobile: 92213272		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 22	Date of Birth: 10/06/1995	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: ADMIN			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/11/2017 21:15	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 PASIR PANJANG ROAD KEPPEL ROAD PASIR PANJANG ROAD TOWARDS KEPPEL ROAD, BESIDE MAPLE TREE BUILDING				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH3641P	Motorcycle	YAMAHA	TTX	Black	Slightly Damaged	0
SHA9180D	Car	MERCEDES BENZ	E 220 CDI BLUEEFFICIENCY	White		1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



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Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

Report No. T/20171130/2151

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBH3641P	NTUC Income Insurance Co-Operative Limited	5085867399-01	20/11/2017	19/11/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHEW SI YAN	ID No.	S9519996H
Related Vehicle	FBH3641P (Motorcycle)	Contact No.	92213272
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	29/11/2017	Date Discharge	30/11/2017
No. of Days granted Medical Leave	14	Degree of Injury	Slight
Driver			
Name	LIM SIEW CHIEW	ID No.	S1519218F
Related Vehicle	NIL	Contact No.	98595666
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	NIL	Degree of Injury	NIL

Brief Details.

On 29/11/2017 at about 2110 hrs, I was riding my motorcycle FBH3641P along Pasir Panjang Road towards Keppel Road. It was a three lane road and I was travelling on the first lane from the left. I was riding my bike below 60 KM/H. At about 2115 hrs, a white colored Mercedes Benz taxi SHA9180D suddenly cut into my lane from the middle lane which it was travelling on abruptly. The left side mirror of the taxi hit onto my bike and I toppled and skidded to my right side. The motorcycle then landed onto me after the collision.

I blacked out from the collision for a short while, after which I came to. I then removed my helmet after I felt giddy. The taxi driver had stopped his vehicle and called for an ambulance for me. The traffic police came as well, and I was subsequently conveyed to National University Hospital for treatment. My vehicle was handed over to my father at scene.

I suffered abrasions on my right arm, left hand and right leg. I also feel pain on my spinal cord, and the hospital has arranged for me to have my spinal cord checked out. The officer in charge is TP IO



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Report No. T/20171130/2151

CONTINUATION OF REPORT

NORAMEERA (65476236)



**SINGAPORE
POLICE FORCE**



T/20171130/2151

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Report No. T/20171130/2151

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

D /

Sgt 2 CHUA JUN QIAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED SUFIAN BIN SUDIN

Contact No.: 65476367

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

30/11/2017 19:47

Classification Of Case:

Singapore Police