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# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Mobile Number Fax Number

Contact Number

**EMail Address** 

- 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 witholding 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 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

	ACCIDENT STATEMENT
Date Of Report	19/01/2018 10:33
Date Of Accident	16/01/2018 19:15
Exact Location Of Accident	BUKIT PANJANG RING RD INFRONT MASJID AI-IMANMOSQUE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FS5284T
Insured/Policyholder	
Name Of Registered Owner	TAN YI XIANG (CHEN YIXIANG)
NRIC No	S8904402B
Email Address	YIXIANG_10@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-86668664
Alternative Phone No	OTHERS-86668664
Vehicle Particulars	
Manufacturer	HONDA
Model	CB400SFYJ
Exact Purpose for which vehicle was being us time of accident	ed at PRIVATE USE
Are you claiming under your own insurance po for repair to your vehicle?	olicy 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	5052933299-05
Cover Note Number	
Driver	
Name of Driver	TAN YI XIANG (CHEN YIXIANG)
NRIC No	S8904402B
Date Of Birth	01/02/1989
Occupation	OUTDOOR
Date Of Driving Pass	09/09/2009
Driving Experience	8 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86668664

OTHERS-86668664

YIXIANG\_10@HOTMAIL.COM

BLK 442D FAJAR ROAD Address

#12-36

674442 Postcode

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

SIDE SWIPE Type Of Accident CLEAR Weather Conditions

DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by NO ambulance?

Was any other material or property damaged?

YES I have been approached by unknown person(s) NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

**Details of Police Action** 

YES Was the accident reported to the police?

If Yes, Please state which Police Station

**BUKIT PANJANG** Police Station Name

ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE Police Station Address

TEL NO: 1800-8929999 - FAX NO: Police Station Contact

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180117/2021

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

GW1294H

Vehicle Registration Number Vehicle Make/Model/Colour

**Details Of Properties** 

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

# **DETAILS OF INJURED PERSON 1**

TAN YI XIANG (CHEN YIXIANG) Name

Approximate Age

BODY Injuries Sustain

Injured person in which vehicle? FS5284T

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Page 3 of 20

ACCID	ENTDATE: (6/	01,2018 100	O/MM/YYYY), TIME:(	19.15	.)(HH:MM)		
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6.	WAS ANYBODY	INJURED (YES / NO	Body.	84 53	•	Y.	
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email = Gixiang\_10 @ HOTMAIC COM Jax = Vixiang\_10@hotnail.com/ Violeo Vixiang\_10@hotnail.com/ Wasting for Motorcycle Photos?

#### SKETCH PLAN

## 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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:
  - 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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ECLARATION We declare the foregoing part	iculars are true in every res	pect		\ x (al.)
	ticulars are true in every res  Driver's Signature	pect		Personnel's Signature

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Police Station Of Origin: Bukit Panjang N.P.C

1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

1 of 3 Report No. T/20180117/2021

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/01/2018 10:40		Made:	Vide Report No.:	Station Diary No.: 45			
Informan	t's Partic	ulars		THE RESERVE OF THE PARTY OF THE			
Name of TAN YI X			Address: APT BLK 442D FAJAR ROAL	D #12-36 SINGAPORE 674442			
ID Type / NRIC NO		02B	Contact No.: Home/Office:	Mobile: 86668664			
	Nationality: SINGAPORE CITIZEN		Email:				
Sex: Malc	Age: 28	Date of Birth: 01/02/1989	Type of Informant:				
Race:			Language:	Institution / School Name:			
Occupation: PETROLUEM TERMINAL OPERATOR		MINAL	Driving Licence Information: Class: 2A Date of Expiry:				

Type of Accident:	Convoved Dy Ambulance		Date/Time of Accident: 16/01/2018 19:1	Type of Location: Straight Road	
	ANG RING ROAD sjid Al-Iman Mosque				
11		Road Surface: Dry		Road Speed Limit:	
Trafficæ∃low: One ∖A/ay		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Moderate	
Type of Collis	ion: ing Vehicles - Side Swipe -	Same Direction	14	Anyone conveyed by ambulance:	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
FS5284T	Motorcycle	HONDA	CB400SFYJ	Blue		1
GW1294H	Lorry					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FS5284T	NTUC Income Insurance Co-Operative Limited	5052933299-05	27/01/2017	26/01/2018





2 of 3

Report No. T/20180117/2021

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

CONTINUATION OF REPORT

Any Pedestrian I	nvolved: No					42 E
No. of Pedestrian			Use of Pe	dostria	- Cr	1 1119
Rider	Application of the		OSE OF FE	uestria	Cross	sing: NA
Name	TAN YI XIANG			ID No	).	S8904402B
Related Vehicle	NIL			Conta	act No.	86668664
Hospital/Clinic	NIL		Class Drivin Licent Expire	g	Class: 2A Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

## Brief Details.

On 16/01/2018 at about 1915hrs, I was riding my motorcycle, FS5284T, along Bukit Panjang Ring Road in front of the Masjid Al-Iman Mosque. I was traveiling along the left lane of the road and the vehicle, GW1294H was travelling on the lane beside me on the right. Suddenly, the said vehicle made an abrupt lane change towards my lane and hit onto me which causes me to lost my balance and fell off my bike.

Upon collision, the driver of the other vehicle did stop for a moment but did not alight to check on my injuries, subsequently he fled and made a left turn towards the direction of Bukit Panjang Road. In the midst of this accident I fractured my left wrist and some abrasions on my right elbow, right hips and right ankle. I would wish to state that there was a witness to this incident and she provided me with the information of the other vehicle. I do not have her particulars as she only given me her contact number, 84018843.

I would wish to state that Traffic Police was at scene and I was conveyed to Ng Teng Fong General Hospital and was given two weeks medical certificate, 16/01/2018 to 30/01/2018.





Police Station Of Origin: Bukit Franjang N.P.C

1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

CONTINUATION OF REPORT

3 of 3

Report No. T/20180117/2021

# Sketch Plan

1927 T.F

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:  J /  Sgt 2 ANG THIAM HWEE	Signature Of Informant:	
Signature Of Interpreter: Not applicable	Date/Time: 17/01/2018 10:40	
200	8	
Officer in Charge Of Case: TP / GIT /	Classification Of Case:	
Staff Sgt LEE GUANG HUI Contact No.: 65476138	SN 117	
Authentication Stamp	Ave	
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Report No. D/20180118/2027

# POLICE REPORT (NP322)

Police Station Of Origin Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

Date/Time Report Made 18/01/2018 12:14	Vide R	eport No.	ti i	Station Diary No 24
Name Of Informant TAN YI XIANG .	Addres APT BL 674442	K 442D FA	JAR ROAD #12-36	
ID Type / ID No. NRIC NO / S8904402B	A100 - 110 A100 -		Mobile 86668664	•
Nationality SINGAPORE CITIZEN	Email Address			
Occupation PETROLEUM TERMINAL OFFICER	Sex Male	Age 28	Date of Birth 01/02/1989	Race Chinese
Institution/School Name	Language			
Date/Time Of Incident 18/01/2018 11:30	Location Of Incident 442D FAJAR ROAD #12-36 FAJAR HILLS SINGAPORE			

# Brief details.

Property Information

On the above date, time and location. I discovered I had lost the following items.

19 gr	•
Signature Of Officer Recording The Report:	Signature Of Informant:
D / Sgt 2 TIO JUN LONG	100
Signature Of Interpreter: Not applicable	Date/Time: 18/01/2018 12:14
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Sr Staff Sgt LIM CHEW BOON Contact No.: 67740000	Classification Of Case:
Authentication Stamp	FUPO hotline number: 68429645





D/20180118/2027

2 of 2

Report No. D/20180118/2027

# POLICE REPORT (NP322)

# CONTINUATION OF REPORT

S/N	Item	Туре	Property/ Security-	Bank/ Address/	Serial No,/ IMEI/ Acct No.	Quantity	Value	Description
1	Identity Card	Lost	SINGAP ORE NRIC	Counter		1		One NRIC belonging to
2	Licence	Lost	Qualified Driving Licence			1		TAN YI XIANG One Singapor Driving licence belonging to TAN YI XIANG

Signature Of Officer Recording The Report:

D / Sgt 2 TIO JUN LONG

Signature Of Interpreter: Not applicable

Officer In-Charge Of Case:
D / Clementi Police Divisional Investigation Branch /
Sr Staff Sgt LIM CHEW BOON
Contact No.: 67740000

Authentication Stamp

Signature Of Informant:

Date/Time: / 18/01/2018 12:14

Classification Of Case:

FUPO hotline number: 68429645



THIS PASSPORT IS VALID FOR ALL COUNTRIES EXCEPT THE FOLLOWING:







Type Country Code PA SGP £6598988A Name TAN YI XIANG (CHEN YIXIANG)

SINGAPORE CITIZEN Oute of birth O1 FEB 1989 Date of loose 09 MAR 2017 SEE PAGE 2 58904402B

Fisce of birth SINGAPORE 26 APR 2022 MINISTRY OF HOME AFFAIRS

PASGPTAN<<YI<XIANG<<<<<<<<<<<< E6598988A7SGP8902018M2204260S8904402B<<<<22



	Certifica	te of insurance
MOTOR VEHICLES (THIRD PARTY RISKS		
MOTOR VEHICLES (THIRD PARTY RISKS		ON) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYS MOTOR VEHICLES (THIRD PARTY RISKS	7100	(AVEIA)
		Cover : Third Party
Certificate Number : 5052933299-0		
<ol> <li>Index mark and Registration Numb</li> </ol>	er of Vehicle	: F55284T
Chassis Number		: NC391012436 : TAN YI XIANG (CHEN YIXIANG)
Name of Policyholder     Effective Date of Insurance		: 27 Jan 2017
		: 26 Jan 2018
<ol> <li>Expiry Date of Insurance</li> <li>Persons or Classes of Persons entit</li> </ol>	led to drivell	. 2030112010
(a) Named Driver(s) Only.	iled to driver	
Provided that the person drivi	so permitted and is	ccordance with the licensing or other laws or regulations to drive s not disqualified by order of a Court of Law or by reason of any ng the Motor Vehicle.
6. Limitations as to Use#		
	easure purposes and	d in connection with the Policyholder's business or profession.
This Policy does not cover		
(a) Use for hire or reward.		
(b) Use for racing, pace-making, re		
		i) in connection with any trade or business.
(d) Use for any purpose in connec	tion with the Motor	r Trade.
headings.		ort Act, 1987 (Malaysia), are not to be included under these
EXCESS (SECTION 1)	: N/A	
EXCESS (SECTION 2)	: N/A	
INSURE WITH COE	: N/A : TAN YI XIA	NG
NAMED DRIVER (1) NAMED DRIVER (2)	: TAN YI XIA : N/A	NG
HIRE PURCHASE COMPANY	: N/A	
SUM INSURED	: N/A	
Vehicles (Third Party Risks and Competed Agency : ABWIN PT Date of Issue : 26 Jan 20	which this Certificat ensation) Act (Chapt TE LTD (0000061423 17 15:30 hrs 17 15:31 hrs	te relates is issued in accordance with the provisions of the Motor (er 189) and Part IV of the Road Transport Act, 1987 (Malaysia)  34)  For NTUC INCOME INSURANCE CO-OPERATIVE LIMIT
Zonz	A	Om.
Countersigned By:	A	<u>Ju</u>

eBaoTech				G					Gene	eneralClaim	
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My Desktop	Poli	cy Query								,	
Notice of Loss	Policy f	No.				Date of Acr	cident	16/0	1/2018 19:15	Í	
	Vehicle No. (For Motor)		F55284T								
					1	Search					
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5052933299-05	TAN YI XIANG (CHEN YIXIANG)	58904402B	GMC	Third Party	FS5284T	FS5284T	27/01/2017	26/01/2018	
			randon /			Continue					

Sequen	ce Date of Endorsement	Endorse	ement Type Endorseme	ent Status	Endorsement Content
	sements				
<b>♦</b> Insure	ed Object: FS5284T				
Unit No.		Related Policy Number	5052933299-06		
Address 4	2	Address Type	Singapore address	Post Code	670409
Address 1	BLK 409 #02-122	Address 2	SAUJANA ROAD	Address 3	SINGAPORE 670409
Policyl	nolder Mailing Address				
Certificate Info					
Open Policy Info					
Co- Insurance Flag	No				
Agent	ABWIN PTE LTD	Agent Tel.	68423301	GST Flag	Y
Outside Singapore OD Excess		Outside Singapore TP Excess			
Additional Excess		OS Premium	0		
Third Party Excess	0.0	Own damage Excess	0.0	Windscreen Excess	
Policy ssue Date	26/01/2017	Effective Date	27/01/2017 00:00	Expiry Date	26/01/2018 23:59
Product Name	MOTORCYCLE INSURANCE	Plan		Group Policy Flag	N
ddress	BLK 409 #02-122 SAUJANA RO	AD SINGAPORI	E 670409		
Policy No.	5052933299-05	Policyholder Name	TAN YI XIANG (CHEN YIXIANG)	Policyholder NRIC	S8904402B

#### **Claim Handling**

ccident MT/0978819		7100000000000		COT BUILDING NO	_
olicy No.	5052933299-05	Vehicle No.	F\$5284T	GST Registration No.	500
olicyholder Name	TAN YI XIANG (CHEN YIXIANG)			Policyholder NRIC	589
roduct Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
ontact No.(Mobile)	86668664	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	No
FK	■ No ⊃ Yes	TCA	No Yes	eCode Reason	
ICD Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					-
eport Date	22/01/2018 14:32	Accident Report Within 24 hrs	Yes	Accident Type	Sid
ate of Accident	16/01/2018	Time of Accident hh:mm	19;15	Country of Accident	Sin
eporting Centre		Orange Force		ICM No.	
ocident Location	BUKIT PANJANG RING RD INFRO	ONT MASJID AI-IMANMOSQUE			
♥ Benefits					
♥ Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Innamed Driver Excess	5565	Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
GST Registered Inform					
ST Registered Inform	No		GST Registration Date		
ST Registration No.	217.7		GST Status Verified	Yes	
Addification History					
	idress				200
Address 1	BLK 409 #02-122	Address 2	SAUJANA ROAD	Address 3	SI
Address 4		Address Type	Singapore address	Post Code	6
Unit No.		Related Policy Number	5052933299-06		
♥ OI Driver Info					
Driver Name	TAN YI XIANG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	58904402B	Driver DOB	0
Register Date of Driver License	09/09/2009	Driver Age	28	Driving Experience	8
Contact No.(Mobile)	86668664	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 442D	Address 2	FAJAR ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	6
Unit No.	#12-36				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration		country transferan	No. AND CONTRACTOR OF THE PARTY		_
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		
Modification History					
Claim 001 OD-MX					
Claim 001 OD-MX					
Claim Type *	OD-MX	Insured Name	TAN YI XIANG (CHEN YIXIANG)	Insured NRIC	L M
Contact No.(Mobile)	91800801	Contact No.(Home)	67644097	Contact No.(Office)	L
Email Address	yixiang_10@hotmail.com	OI Vehicle Number	FS5284T	TP Vehicle Number	0
Claim Description	FS5284T / GW1294H ON 16 Ja	an 2018		Name of Preferred Workshop	L
Preferred Workshop Contact		Insured Liability *	Partially at Fault ▼		175
	Yes	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	
No.	160	Claim Close Date		Date Received	2
Require Finalisation	22/01/2019 14:40				
Require Finalisation Date Registered	22/01/2018 14:49			Total Loss but Repaired	
Require Finalisation	22/01/2018 14:49 KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

Accident No.

MT/0978819

Claim No.

001

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Yes No

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22/01/2018 14:40

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Confidential

\* NO

\* NO

\* NO

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