#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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 <u>truthful and accurate</u> 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 aforesaid.

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	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
D	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 used at time of accident	PRIVATE USE
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	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
Fax Number	

OTHERS-86668664

YIXIANG\_10@HOTMAIL.COM

**BLK 442D FAJAR ROAD** Address

#12-36

Postcode 674442

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 Weather Conditions **CLEAR** 

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

YES

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

Police Station Name **BUKIT PANJANG** 

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

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

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 Was there any video captured by Car Camera? NO Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number GW1294H

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

# **DETAILS OF INJURED PERSON 1**

Name TAN YI XIANG (CHEN YIXIANG)

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? FS5284T

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

#### Sketch Plan

#### 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 insurers) 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.:

# Sketch Plan #2

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atif Panjarg Kine	111				
Road - In front	Mal				
of Massid M.	*////////			A	
I wan Nosque	A ONE			0	FS5281 GW1294
I man word	H 99	1		15 -	GW1294
	1401				
SCRIBE CIRCUMSTANCES O	F THE ACCIDENT				
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			0.	7,00	
			. 4	1	
		On	1700	20	
		X/ra	1	0 -	
	1	2	11-11		
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	Deter	100			
- 1	1	14			
0\5	- (	)			
1					
LARATION					
declare the foregoing particula	rs are true in every res	pecty		1	
/2-1		///		\ .	19/1/201
holder's Signature	Driver's Signature	/ Par		1.	1911 201
& Time:	(If driver is not the Date & Time:	policyholder)	Reporting Ce Name:	ntre Personnel's	Signature

#### Sketch Plan #3





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

2 of 3 Report No. T/20180117/2021

Tel No: 1800-8929999

CONTINUATION OF REPORT

Details of Pers Any Pedestrian	Involved: No		3220	HE PARTIES AND AND
No. of Pedestria Rider	ns Injured: NIL	Use of Pe	edestrian Cros	sina: NA
Name	TAN YI XIANG			
In the second	The Landing		ID No.	S8904402B
Related Vehicle	NIL			1000
	(4)65.6		Contact No.	86668664
Hospital/Clinic	NIL			
			Class of Driving Licence &	Class: 2A Date of Expiry: NIL
Date Treatment	NIL		Expiry Date	
No. of Days grant	ed Medical Leave NIL	Date Disc Degree of	harge NIL Injury 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 travelling 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,

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.

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1 of 2

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

Vide Report No.	- 14	Station Diary No.
Address APT BLK 442D FAJ 674442	AR ROAD #12-3	SINGAPORE
Contact No. Home/Office	Mobile	(6)(\)
Email Address	86668664	
L OFFICER Male 28	Date of Birth 01/02/1989	Race
Language Chinese	101/02/1309	Chinese
Location Of Incident 442D FAJAR ROAD	#12-36 FAJAR HI	LLS SINGAPORE
442D FAJAR 674442	ROAD #	ROAD #12-36 FAJAR HI

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

50 W	
Signature Of Officer Recording The Report:	Signature Of Informant:
D / Sgt 2 TIO JUN LONG	Signature Of Informant:
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	





CONTINUATION OF REPORT

Report No. D/20180118/2027

S/N	Item	Туре	Brand/	Make/	Serial	10	-	enter Analisa (Analisa Analisa
1	Identity O		Security-	Model/ Bank/	No./ IMEI/	Quantity	Value	Description
	Identity Card	Lost	SINGAP	Counter				
			ORE NRIC			1	0	One NRIC belonging to
2	Licence	Lost	Qualified			4		TAN YI XIANG
			Driving			1 9		One Singapore
			Licence	85				Driving licence belonging to
								TAN YI XIANG

Signature Of Officer Recording The Report:  D / Sgt 2 TIO JUN LONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/01/2018 12:14
Officer In-Charge Of Case:	10/01/2018 12:14
D / Clementi Police Divisional Investigation Branch / Sr Staff Sgt LIM CHEW BOON Contact No.: 67740000	Classification Of Case:
Authentication Stamp	
	FUPO hotline number, 68429645



















# Police Report





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

17/01/20	e Report I 18 10:40	Made:	Vide Report No.:	Station Diary No.
Informar	t's Partic	ulars	FIRE CONTRACTOR	
TAN YI X	ACCUPATION OF THE PROPERTY OF		Address: APT BLK 442D FAJAR ROAL	D #12-36 SINGAPORE 674442
NRIC NO	7 S89044	02B	Contact No.: Home/Office:	Mobile: 86668664
Nationalit SINGAPO	y: DRE CITIZ	ZEN -	Email:	MODILE, 00000004
Sex: Malc	Age: 28	Date of Birth: 01/02/1989	Type of Informant:	
Race. Chinese			Language:	Institution / School Name:
Occupation PETROLU	JEM TER	MINAL	Driving Licence Information: Class: 2A	Date of Expiry:

Type of Accident:	Injury Conveyed By Ambula	Drink Ince Drive: No	Date/Time of Accident: 16/01/2018 19	S.J.E.	Type of Location Straight Road
	ANG RING ROAD				
Weather Clear (4.1/		Road Surface: Dry		Roa	d Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - V			fic Volume: erate
Type of Collisi	on'			-	one conveyed by

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FS5284T	Motorcycle	HONDA	CB400SFYJ	200000000000000000000000000000000000000	Condition	1
GW1294H	Lorry					0

Details of V	ehicle Insurance	SATELY STATES		
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FS5284T	NTUC Income Insurance Co-Operative Limited		27/01/2017	26/01/2018

#### **Police Report**





Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

2 of 3 Report No. T/20180117/2021

CONTINUATION OF REPORT

No. of Pedestria	Involved: No			1 74
Rider		Use of Pe	destrian Cross	sing: NA
Name	TAN YI XIANG		-	
PARTICIPATION OF THE PROPERTY OF THE PARTICIPATION			ID No.	S8904402B
Related Vehicle	NIL		He C	1/465)
200	N. Sanas		Contact No.	86668664
Hospital/Clinic	NIL			
			Class of Driving Licence &	Class: 2A Date of Expiry: NIL
Date Treatment	NIL		Expiry Date	
No. of Days grant	ed Medical Leave NIL	Date Disch	narge NIL	
	NIL NIL	Degree of	Injury NIL	14-15 THE STATE

# 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.

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#### **Police Report**





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

1 Sega Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

3 of 3 Report No. T/20180117/2021

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:  J/ Sgt 2 ANG THIAM HWEE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/01/2018 10:40
Officer in Charge Of Case: TP / GIT /	Classification Of Case:
Staff Sgt LEE GUANG HUI Contact No.: 65476138	SN 117
Authentication Stamp NP168 Signature: Singapore Police 1	Force