

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 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	09/02/2018 11:28
Date Of Accident	25/11/2017 08:00
Exact Location Of Accident	BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL5699P
Insured/Policyholder	
Name Of Registered Owner	YU LINGFENG
NRIC No	S8879096J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85883406
Alternative Phone No	OFFICE-97803406

Vehicle Particulars

Manufacturer	HONDA
Model	CB400
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	MT2016TR00551

Driver

Name of Driver	YU LINGFENG
NRIC No	S8879096J
Date Of Birth	12/10/1988
Occupation	INDOOR
Date Of Driving Pass	18/11/2016
Driving Experience	1 YEAR AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85883406
Fax Number	
Contact Number	OFFICE-97803406
Email Address	NOEMAIL

Address	BLK 350 ANG MO KIO ST 32 #29-109
Postcode	560350
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	COLLISION - HEAD TO REAR
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
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	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: F/20171220/2112

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	SKP6916D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	YU LINGFENG
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	FBL5699P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

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:

牛風 2018.1.19

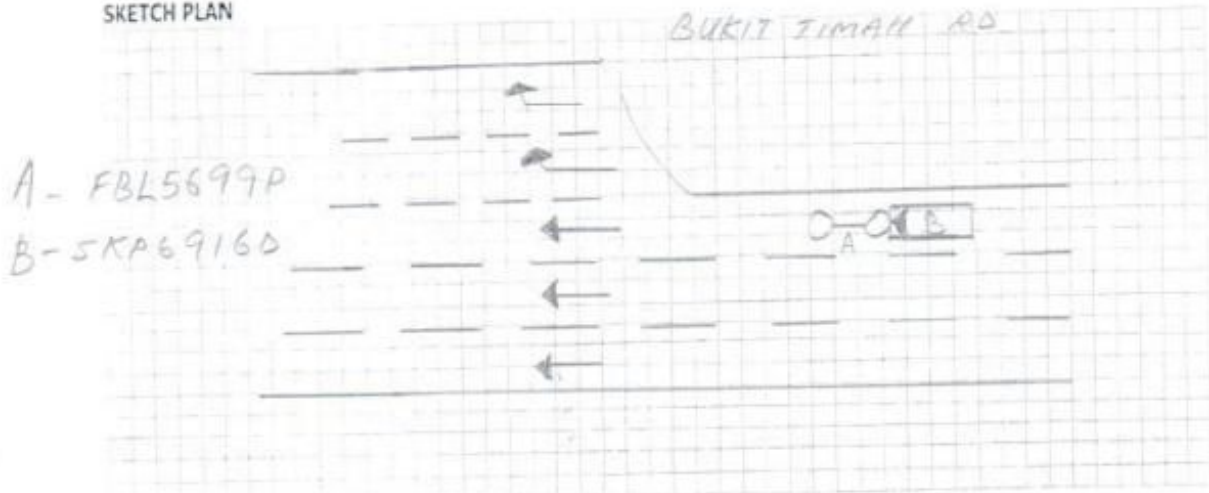
Driver's Signature
(If driver is not the policyholder)
Date & Time:

sym 09/02/18

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: F/2017/220/2/12

DECLARATION

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

于凌凡

Policyholder's Signature

Date & Time: *8 Feb 2018*
12:10 pm.

于凌凡

Driver's Signature

(If driver is not the policyholder)
Date & Time:

sfym 09/02/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



F/20171220/2112

1 of 2

POLICE REPORT (NP299)

Report No. F/20171220/2112

Police Station Of Origin
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Date/Time Report Made 20/12/2017 16:17	Vide Report No. E/20171125/0196	Station Diary No. 62
Name Of Informant Zhu Feng Lan	Address APT BLK 350 Ang Mo Kio Street 32 #29-109 SINGAPORE 560350	
ID Type / ID No. PASSPORT / G30549745	Contact No. Home/Office Mobile 97803406	
Nationality CHINESE	Email Address	
Occupation CIVIL SERVANT	Sex Female	Age 52
	Date of Birth 01/11/1965	Race Chinese
Institution/School Name	Language	
Date/Time Of Incident 20/12/2017 08:00	Location Of Incident 17 ANG MO KIO AVENUE 9 ANG MO KIO-THYE HUA KWAN HOSP* SINGAPORE 569766 Bed 3221, ward 3, level 4	

Brief details.

I am lodging this report on behalf of my Son namely Yu Ling Feng, bearing S8879096J. He was involved in an accident on the 25/11/2017 and subsequently, he was conveyed away by Ambulance to Tan Tock Seng hospital. My son was shifted to Thye Hua Kwan on 18/12/2017.

I was told that my son was involved in an accident with another drink driving driver. My son had told me

Signature Of Officer Recording The Report: F / Sgt 2 TAN JIA HAO	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/12/2017 16:17
Officer In-Charge Of Case: F / Ang Mo Kio Police Divisional Investigation Branch / ASP NG LIANG JIE Contact No.:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20171220/2112

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20171220/2112

that he was abiding by the road traffic rules and regulations. The other driver had collided onto the rear of my son's vehicle as he was speeding and changing lanes recklessly. Currently, he is unable to leave the bed as he is under-going recovery. There are doctor documents to support the claims. I am lodging this report for insurance claim purpose.

Signature Of Officer Recording The Report:

F / Sgt 2 TAN JIA HAO

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Ang Mo Kio Police Divisional Investigation Branch /
ASP NG LIANG JIE
Contact No.:

Authentication Stamp



Signature Of Informant:

Signature of Informant

Date/Time:
20/12/2017 16:17

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



F/20171220/2112

1 of 2

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Police Report



**SINGAPORE
POLICE FORCE**



F/20171220/2112

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20171220/2112

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F / Sgt 2 TAN JIA HAO

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Ang Mo Kio Police Divisional Investigation Branch /
ASP NG LIANG JIE
Contact No.:

Authentication Stamp



Signature Of Informant:

[Handwritten signature]

Date/Time:
20/12/2017 16:17

Classification Of Case:

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA118019936 Vehicle Registration No: FBL5699P
Name(as shown in NRIC) : YU LIANG FENG NRIC/FIN/Passport No : S8879096J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 250 ANG SI 22 #29-109 Singapore(560350)
Contact (Tel) : _____ Mobile No.: 85883406
Email Address : _____
Date of Accident : 20/12/17 Time of Accident : 08:00
Place of Accident : BUKIT TIMAH ROAD
Insurance Company: GREAT AMERICAN

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND DATE OF ACCIDENT

Policyholder / Driver's Signature
Date: _____

[Signature] 21/02/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: