

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	13/06/2018 16:02
Date Of Accident	13/06/2018 14:35
Exact Location Of Accident	ALONG JALAN BESAR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC4908R
Insured/Policyholder	
Name Of Registered Owner	LEROY TAN JUN HAO
NRIC No	S9214124A
Email Address	LEROYTANJUNHAO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98477443
Alternative Phone No	OTHERS-98477443

Vehicle Particulars

Manufacturer	SUZUKI
Model	GSR400M-398CC
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	5097210186
Cover Note Number	

Driver

Name of Driver	LEROY TAN JUN HAO
NRIC No	S9214124A
Date Of Birth	29/04/1992
Occupation	INDOOR
Date Of Driving Pass	03/07/2012
Driving Experience	5 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98477443
Fax Number	
Contact Number	OTHERS-98477443
Email Address	LEROYTANJUNHAO@GMAIL.COM

Address	BLK 258D COMPASSVALE ROAD #07-595
Postcode	544258
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
Number of vehicles involved in the accident	2
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20190613/2115

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB8562L
Vehicle Make/Model/Colour	KIA
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SUBRAMANIAM
NRIC/Passport Number	S0548852D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	LEROY TAN JUN HAO
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBC4908R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

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.
- (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.

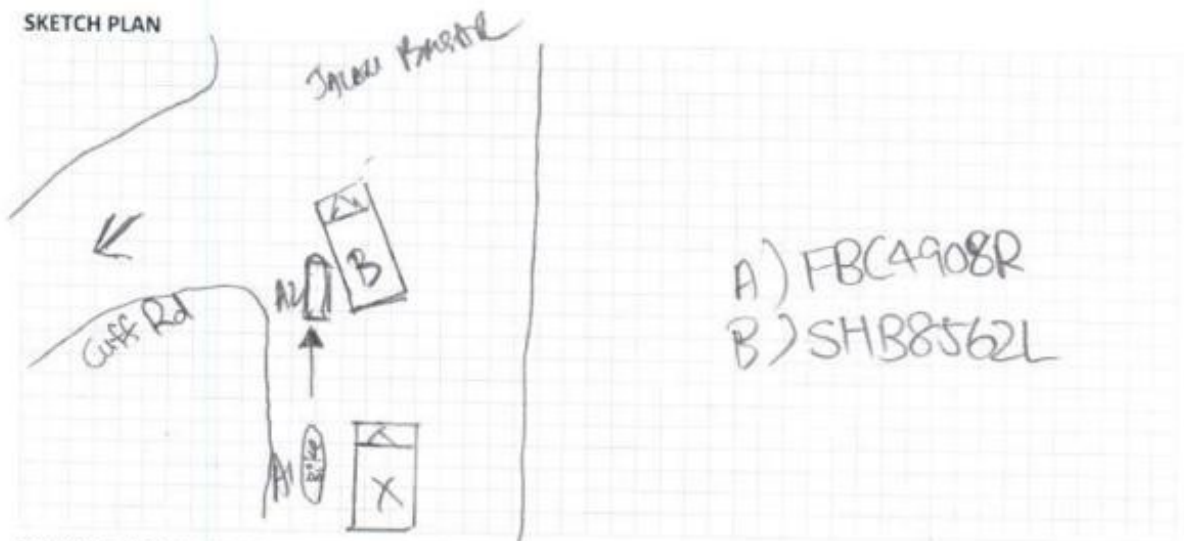

Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

So i was riding along Jalan Besar, one of the small lane. I was riding straight and this taxi (SHB8562L) slightly in front of me suddenly turn on his signal and turn left without checking his rear and i crash into the taxi.

POLICE REPORT 7/20180613/2115

DECLARATION

I/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:

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180613/2115

1 of 3

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

Report No. T/20180613/2115

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/06/2018 17:15		Vide Report No.:		Station Diary No.: 46	
Informant's Particulars					
Name of Informant: LEROY TAN JUN HAO			Address: APT BLK 258D COMPASSVALE ROAD #07-595 SINGAPORE 544258		
ID Type / ID No.: NRIC NO / S9214124A			Contact No.: Home/Office: Mobile: 98477443		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 29/04/1992	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Freelance			Driving Licence Information: Class: 2B,2A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/06/2018 14:30	Type of Location: Straight Road
Location: Along Road 1 CUFF ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC4908R	Motorcycle	SUZUKI	GSR 400 M	Blue	Slightly Damaged	0
SHB8562L	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC4908R	NTUC Income Insurance Co-Operative Limited	5097210186	06/01/2018	05/01/2019

POLICE REPORT



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T/20180613/2115

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3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20180613/2115

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LEROY TAN JUN HAO	ID No.	S9214124A
Related Vehicle	FBC4908R (Motorcycle)	Contact No.	98477443
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	Subramniam	ID No.	S0548852D
Related Vehicle	SHB8562L (Car)	Contact No.	NIL
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 13/06/2018 at about 1433hrs, I was riding along Cuff road and suddenly a Taxi in front of me suddenly turn left and I could not manage to brake in time and had collided onto the taxi's left passenger door. We both alighted, exchanged particulars and left subsequently. I wish to state that, I couldn't move my right elbow and I am seeking medical treatment after lodging report.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180613/2115

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

3 of 3

Report No: T/20180613/2115

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 TAN WEI HAI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

CH-10

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
13/06/2018 17:15

Classification Of Case:

利民診所

Shalom Clinic + Surgery**Shalom Clinic + Surgery**Alexandra Village
Blk 123 Bukit Merah Lane 1
#01-104 Singapore 150123
Tel: 6278 0270 Fax: 6278 4215Alexandra Village
Blk 123, #01-104
Bukit Merah Lane 1
Singapore 150123
Tel: 6278 0270
Fax: 6278 4215**MEDICAL CERTIFICATE**

Number: 0000088961

Date: 13-Jun-2018

This is to certify that the following patient:

Name: **TAN JUN HAO LEROY** NRIC: **S9214124A**

is UNFIT FOR DUTY for 3 days

from 13/06/2018 to 15/06/2018 inclusive.

DR. LAWRENCE SOHMA, MBBS, MSc(OM), FAMS
MCR: M02810G

R-1A = Confusion (R) Elbow

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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