

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	16/05/2018 10:55
Date Of Accident	12/05/2018 16:20
Exact Location Of Accident	CHIN SWEE ROAD NEAR YORK HILL ENTRANCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	AP33J
Insured/Policyholder	
Name Of Registered Owner	TAY CHOON HEE IRVIN
NRIC No	S7042792C
Email Address	IRVINTAY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96171815
Alternative Phone No	OTHERS-96171815

Vehicle Particulars

Manufacturer	PIAGGIO
Model	X10 125 ABS
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	5092275418
Cover Note Number	

Driver

Name of Driver	TAY CHOON HEE IRVIN
NRIC No	S7042792C
Date Of Birth	13/12/1970
Occupation	INDOOR
Date Of Driving Pass	09/10/2017
Driving Experience	0 YEAR AND 7 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96171815
Fax Number	
Contact Number	OTHERS-96171815
Email Address	IRVINTAY@GMAIL.COM

Address	BLK 26B JALAN MEMBINA #30-200
Postcode	165026
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 - MAJOR/MINOR RD
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?	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)	2
Passenger 1	NAME: : YAP HWEE ENG ,GERALDINE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2369999 - FAX NO: 62268438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180514/2094 (TYPE OF COLLISION IS HEAD TO SIDE)

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	GBD1602L
Vehicle Make/Model/Colour	VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name TAY CHOON HEE IRVIN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? AP33J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name YAP HWEE ENG, GERALDINE

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? AP33J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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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:

14/5/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

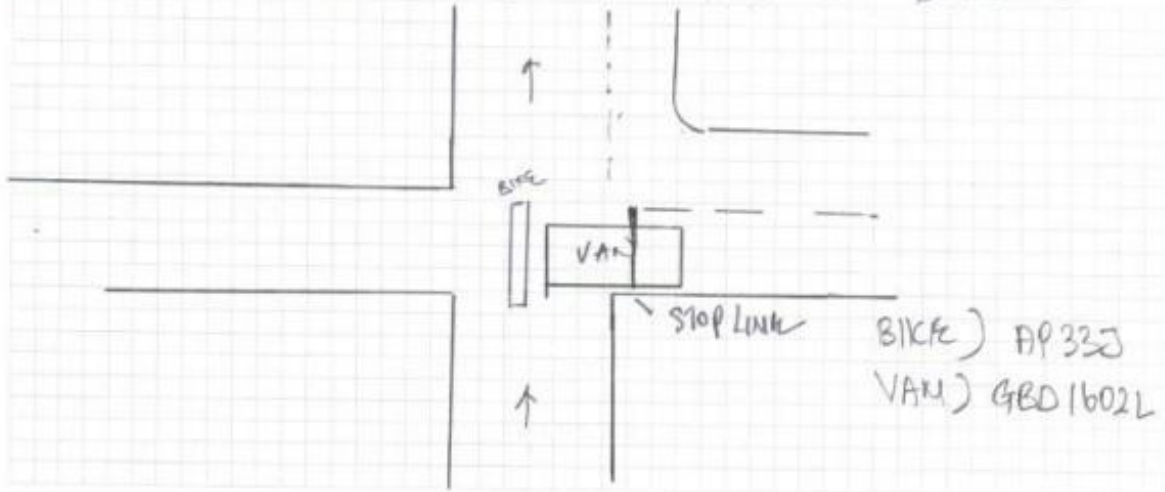
NRIC/FIN No.:

16/05/2018

Accident Sketch Plan

SKETCH PLAN

CHIN SWINE ROAD NEAR YORK HILL ENTRANCE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text across the grid: *PLS REFER TO POLICE REPORT 7/2018514/2014*

DECLARATION

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

Policyholder's Signature
Date & Time: 14/5/18

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

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180514/2094

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

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Report No. T/20180514/2094

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/05/2018 14:26	Vide Report No.: A/20180512/0147	Station Diary No.: 121
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Informant's Particulars

Name of Informant: TAY CHOON HEE IRVIN			Address: APT BLK 26B JALAN MEMBINA #30-200 SINGAPORE 165026		
ID Type / ID No.: NRIC NO / S7042792C			Contact No.: Home/Office: Mobile: 96171815		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 47	Date of Birth: 13/12/1970	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: OIL BROKER			Driving Licence Information: Class: 2B,3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 12/05/2018 16:20	Type of Location:
Location: CHIN SWEE ROAD near York Hill entrance				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
AP33J	Motorcycle	PIAGGIO	X10 125 ABS	White	Slightly Damaged	1
GBD1602L	Van				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
AP33J	NTUC Income Insurance Co-Operative Limited	5092275418	28/06/2017	27/06/2018

POLICE REPORT



**SINGAPORE
POLICE FORCE**



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Report No. T/20180514/2094

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	TAY CHOON HEE IRVIN	ID No.	S7042792C
Related Vehicle	AP33J (Motorcycle)	Contact No.	96171815
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3A Date of Expiry: NIL
Date Treatment	12/05/2018	Date Discharge	13/05/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Pillion			
Name	YAP HWEE ENG, GERALDINE	ID No.	S8207843F
Related Vehicle	AP33J (Motorcycle)	Contact No.	93636536
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	12/05/2018	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious

Brief Details.

I am the rider of AP33J.
On 12/05/2018 at about 1620hrs, I was riding along Chin Swee Road towards Havelock Road. My fiance, Geraldine, was my pillion.
From the oncoming side, there is a U-turn lane and a waiting lane for vehicles to stop and give way to traffic at main road before going into York Hill.
As I rode nearer towards York Hill, I saw a van GBD1602L stopped at the stop line and waited to go into York Hill.
I continued to ride straight ahead. The van suddenly moved forward. The van hit on my pillion's right knee side. My motorcycle skidded. My pillion flew off my motorcycle and landed on a grass patch on the sidewalk just after the York Hill entrance. My motorcycle continued to skid forward. I was still holding on to my motorcycle till it came to a stop. I landed on my right with my motorcycle on me. I managed to get up by myself and walked towards my pillion. My pillion had fainted and took awhile to become conscious. Passer-bys came to assist. The van driver also came down to assist. Traffic Police arrived at scene. Ambulance then also arrived about 10minutes later, and my pillion was conveyed to Singapore General Hospital. After interview and investigation by TP, another Ambulance arrived and conveyed me to Singapore General Hospital.
The van driver did not sustain any visible injuries. I sustain a hairline fracture on my right ankle, and on cast now. There are some lacerations on my right leg and right shoulder blade. There is some pain on my left neck and right wrist. I was discharged the next day (13/05/2018) and given 7 days Hospitalization Leave (due for medical review again on Friday 18/05/2018). My pillion had bleeding in her brain, she

POLICE REPORT



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Report No. T/20180514/2094

CONTINUATION OF REPORT

broke her knee cap, and is still in Singapore General Hospital. She did a head surgery on Sunday (13/05/2018) .

POLICE REPORT



**SINGAPORE
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T/20180514/2094

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Report No. T/20180514/2094

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:
A /
Staff Sgt ONG SHI YUAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt YAN MINGSHENG DANIEL
Contact No.: 65476252

Signature Of Informant:

Date/Time:
14/05/2018 14:26

Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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