

## 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	12/07/2018 14:14
Date Of Accident	04/07/2018 17:45
Exact Location Of Accident	JUNC OF PETIR RD & GANGSA RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK3855Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SEAH TECK YEW ( XIE DEYAO)
NRIC No	S8741668B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92272792
Alternative Phone No	OTHERS-92272792

### Vehicle Particulars

Manufacturer	KYMCO
Model	-
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5082754439-01
Cover Note Number	

### Driver

Name of Driver	SEAH TECK YEW ( XIE DEYAO)
NRIC No	S8741668B
Date Of Birth	22/12/1987
Occupation	OUTDOOR
Date Of Driving Pass	20/11/2006
Driving Experience	11 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92272792
Fax Number	
Contact Number	OTHERS-92272792
EEmail Address	NOEMAIL

Address	BLK 548A SEGAR RD #16-610
Postcode	671548
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 - CROSS JUNCTION
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?	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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG
Police Station Address	<b>ROAD:</b> 1 SEGAR ROAD , <b>POSTCODE:</b> 677738 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8929999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180709/2126

#### 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	XD4810Y
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	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	SEAH TECK YEW ( XIE DEYAO)
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	FBK3855Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN


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5. Any false reporting may be referred to the Police for investigation.
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.

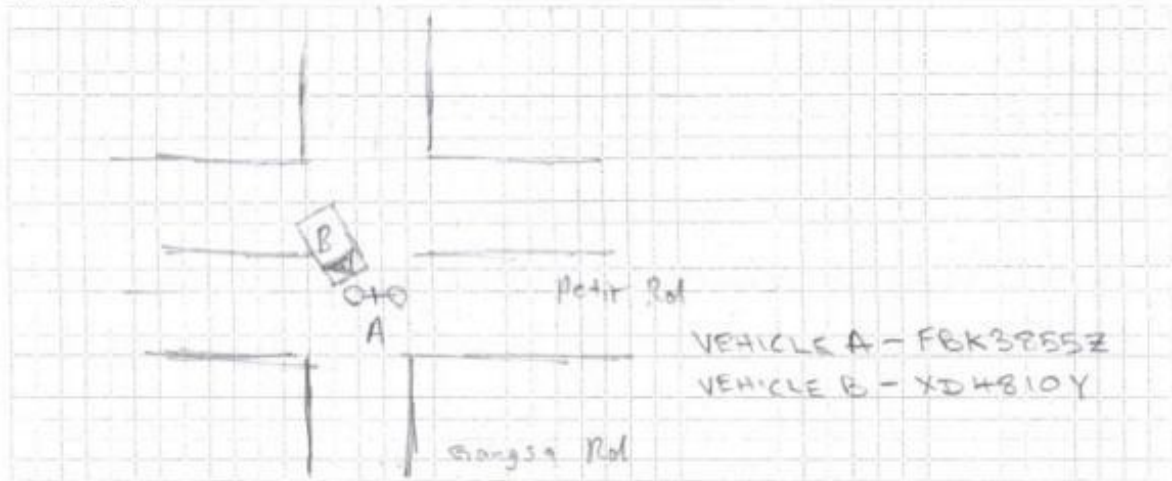
  
Policyholder's Signature  
Date & Time:

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

 12/07/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Accident Sketch Plan

### SKETCH PLAN

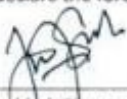


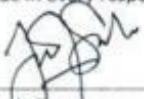
### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

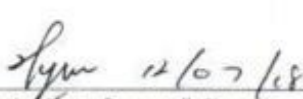
Please refer to Police report attached

### 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.:

# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20180709/2126

2 of 3

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

Report No. T/20180709/2126

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	SEAH TECK YEW	ID No.	S8741668B
Related Vehicle	FBK3855Z (Motorcycle)	Contact No.	92272792
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	04/07/2018	Date Discharge	08/07/2018
No. of Days granted Medical Leave	10	Degree of Injury	Serious

### Brief Details.

On 04/07/2018 at about 1745hrs, I was riding my motorcycle(FBK3855Z) along Petir Road towards Dairy Farm Road from Hillion Mall. As I was approaching the junction of Petir Road and Gangsa Road, I noticed that there was a lorry(XD4810Y) on the opposite side of the road wanting to turn right. I could see the lorry slowing down. However, as I was approaching the junction, the lorry suddenly inched forward even though the traffic light was in my favour. I applied my emergency brakes and managed to stop. However, the lorry did not stop and went to make the right turn, colliding onto me. The lorry only stopped after making the right turn into Gangsa Road. Ambulance came down and conveyed me to Ng Teng Fong Hospital. I was granted hospitalization leave till 13/07/2018. Traffic police then contacted me to lodge a traffic accident report. My left knee cap is broken. I believed that there was an witness, to the accident, who had lodged a police report.



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





# Accident Photo



**SINGAPORE  
POLICE FORCE**



T/20180709/2126

1 of 3

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929899

Report No: T/20180709/2126

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/07/2018 16:43		Vide Report No.:		Station Diary No.: 107
<b>Informant's Particulars</b>				
Name of Informant: SEAH TECK YEW		Address: APT BLK 548A SEGAR ROAD #16-610 SINGAPORE 671549		
ID Type / ID No.: NRIC NO / S8741688B		Contact No.: Home/Office: Mobile: 92272792		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 30	Date of Birth: 22/12/1987	Type of Informant: Rider	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: FOOD PANDA RIDER		Driving Licence Information: Class: 2B,2A,2		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/07/2018 17:45	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 PETIR ROAD GANGSA ROAD				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow:	Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic	
Type of Collision:			Anyone conveyed by ambulance: Yes	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK3855Z	Motorcycle	KYMCO	DOWNTOWN 350I ABS	Silver	Seriously Damaged	0
XD4810Y	Lorry	ISUZU		Blue		0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK3855Z	NTUC Income Insurance Co-Operative Limited	5082754439-01	04/08/2017	03/08/2019



# Police Report



**SINGAPORE  
POLICE FORCE**



T/201807092126

2 of 3

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

Report No: T/201807092126

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	SEAH TECK YEW	ID No.	S8741668B
Related Vehicle	FBK3855Z (Motorcycle)	Contact No.	92272792
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	04/07/2018	Date Discharge	08/07/2018
No. of Days granted Medical Leave	10	Degree of Injury	Serious

### Brief Details:

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## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180709/2125

3 of 3

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

Report No: T/20180709/2125

### 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 /  
Staff Sgt MUHAMMAD FIRDAUS BIN SAHROL

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
09/07/2018 16:43

Officer In Charge Of Case:  
TP / GIT /  
Sgt 2 LIM HONG LEE  
Contact No.: 65476438

Classification Of Case:

Authentication Stamp  
NPTB