

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	26/07/2018 17:23
Date Of Accident	25/07/2018 12:15
Exact Location Of Accident	ORCHARD LINK JUNCTION AFTER ERP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE8581L
Insured/Policyholder	
Name Of Registered Owner	MICHELLE JACINDA TANG SOK KIT
NRIC No	S1410627H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96186894
Alternative Phone No	OTHERS-92718163

Vehicle Particulars

Manufacturer	DAELIM
Model	T-BONE
Exact Purpose for which vehicle was being used at time of accident	
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	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	P1776304
Cover Note Number	

Driver

Name of Driver	FIONA PHOEBE KU MUN YOKE
NRIC No	S9434961C
Date Of Birth	01/09/1994
Occupation	INDOOR
Date Of Driving Pass	18/05/2016
Driving Experience	2 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92718163
Fax Number	
Contact Number	
Email Address	FIONAKUMUNYOKE@YAHOO.COM.SG

Address	BLK 407 BEDOK NORTH AVENUE 3 #24-181 SINGAPORE
Postcode	460407
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 6741 5336

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	SHC1450S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TENG HOCK IAN
NRIC/Passport Number	S0881488J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	FIONA PHOEBE MUN YOKE
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBE8581L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

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:

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

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

Vehicle No
A - FBE 859
B - SHC145

Legend

Vehicle	Bike

refer to police report.

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

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

Common Statement

ACCIDENT STATEMENT (Part I)

Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident 25/7/18		2 Exact location of accident Orchard Link Junction After ERP.		3 Injuries even if slight No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)		Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. **FBE 8581L**

6 Insured / policyholder (see insurance cert.)
Name **Michelle Jacinda**
(capital letters) **Tang Sok Kit**

Address _____

NRIC / Passport no. **S141062-784**

Tel no. (from 9am till 5pm) _____

HP **4618 6894**

7 Vehicle
Make, type **Daelim T-Bone**

8 Insurance company
AXA ☐ C ☐ TPFL ☒ TPO

Does the policy cover damage to vehicle A?
No ☐ Yes ☐

Policy No. **P1776304**

9 Driver ☐ Same as Owner
Name **Fiona Phoebe Ku**
(capital letters) **Mun Yoke**

NRIC / Passport no. **S9434961C**

Class of licence **3**

HP **92718163**

Gender Male ☐ Female ☒

12 CIRCUMSTANCES

Put a cross (X) in each of the relevant boxes applicable to your vehicle

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Chain Collision |
| <input type="checkbox"/> | Collided into Bicyclist |
| <input type="checkbox"/> | Collided into Motorcyclist |
| <input type="checkbox"/> | Collided into Parked Vehicle |
| <input type="checkbox"/> | Collided into Pedestrian |
| <input type="checkbox"/> | Collided into Property |
| <input type="checkbox"/> | Collision - Change/Cross Lane |
| <input type="checkbox"/> | Collision - Cross Junction |
| <input type="checkbox"/> | Collision - Head on Collision |
| <input type="checkbox"/> | Collision - Head to Rear |
| <input type="checkbox"/> | Collision - Major/Minor Rd |
| <input type="checkbox"/> | Collision - Opening Door of Vehicle |
| <input type="checkbox"/> | Collision - Roundabout |
| <input type="checkbox"/> | Collision - U-Turn |
| <input type="checkbox"/> | Drink Driving / Drug Influence |
| <input type="checkbox"/> | Fire, Explosion or Lightering |
| <input type="checkbox"/> | Flood |
| <input type="checkbox"/> | Hit and Run / Vandalism / Damaged whilst Parked |
| <input type="checkbox"/> | Hit by Fallen Tree / Other Objects |
| <input type="checkbox"/> | No Collision |
| <input type="checkbox"/> | Side Swipe |
| <input type="checkbox"/> | Theft |

Registration No. **SHC 1450S**

6 Insured / policyholder (see insurance cert.)
Name _____
(capital letters)

Address _____

NRIC / Passport no. _____

Tel no. (from 9am till 5pm) _____

HP _____

7 Vehicle
Make, type _____

8 Insurance company
☐ C ☐ TPFL ☐ TPO

Does the policy cover damage to vehicle B?
No ☐ Yes ☐

Policy No. (if available) _____

9 Driver (See driving licence)
(if different from insured B above)
Name **Teng Hock Lan.**
(capital letters)

NRIC / Passport no. **S0881488J**

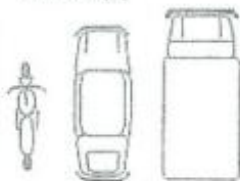
Class of licence _____

HP _____

Gender Male ☐ Female ☐

State TOTAL number of boxes marked with a cross

10 Indicate the point of initial impact with an arrow (→)



11 Visible damage to vehicle A

14 My remarks

13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

Alternatively, please make reference to one of the sketches on page 4.

15 Signatures of drivers

A

[Signature]

B

16 My remarks

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)					
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)					
Insured	1 Occupation (if more than one, state all) _____ Email: _____				
	2 Vehicle registration no. _____		C.C. _____ If commercial vehicle, state permissible carrying capacity _____		
	3 Is driver the owner? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		If no, State Relationship of Driver with owner <u>children</u> state the vehicle number and name of insurer of driver's own vehicle (where applicable) _____		
	4 Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify _____				
	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present _____ Tel no. _____				
	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)				
Driver or person in charge of vehicle at the time of accident (including Insured)	7 Date of birth <u>1/9/94</u>		Occupation <u>Indoor</u>	Date of license pass <u>18/5/2016</u>	Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			<u>Outdoor</u>		Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____				
	9 Full details of all driving convictions including pending prosecutions in the last 36 months				
Injured persons	10 Name(s), address(es) and approximate age(s)		Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn? Yes <input type="checkbox"/> No <input type="checkbox"/>
	<u>Fiona Phoebe Lu Mun Yoke</u>				Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property	Nature of damage	Insurer's name and address (if known)
Police action	12 Was the accident reported to the Police? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station <u>TPHQ</u>				
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom? _____				
Accident details	14 Weather conditions <u>Clear</u>		<u>Raining</u>	<u>Others</u>	
	15 Road surface <u>Wet</u>		<u>Dry</u>	<u>Others</u>	
	16 Speed of vehicles <u>A</u> km/hr		<u>B</u> km/hr		
	17 What warnings were given by driver or other party? _____				
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	19 What lights were displayed on your vehicle/the other vehicle(s)? _____				
	20 If your vehicle is commercial, state weight of load carried at time of accident _____				
Declaration	21 State how accident happened, width of roads, speed limits, etc. (Refer to attached)				
	22 State number of Passengers (including Driver) <u>1</u>				
Declaration	I/we declare the foregoing particulars are true in every respect				
	Policyholder's signature _____		Date _____		
	Driver's signature (if driver is not the policyholder) <u>[Signature]</u>		Date _____		

POLICE REPORT PAGE 1



**SINGAPORE
POLICE FORCE**



T/20180725/7014

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20180725/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/07/2018 23:29	Vide Report No.:	Station Diary No.:
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Informant's Particulars				
Name of Informant: FIONA PHOEBE KU MUN YOKE			Address: APT BLK 407 BEDOK NORTH AVENUE 3 #24-181 SINGAPORE 460407	
ID Type / ID No.: NRIC NO / S9434961C			Contact No.: Home/Office: Mobile: 92718163	
Nationality: SINGAPORE CITIZEN			Email: fionakumunyoke@yahoo.com.sg	
Sex: Female	Age: 23	Date of Birth: 01/09/1994	Type of Informant: Rider	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/07/2018 12:15	Type of Location: Orchard Link junction after ERP, in yellow box
Location: ORCHARD LINK				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE8581L	Motorcycle	DAELIM	T-Bone	Red	Slightly Damaged	0
SHC1450S	Comfort Delgro Taxi	TOYOTA	Toyota hybrid	Blue		1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

POLICE REPORT PAGE 2



**SINGAPORE
POLICE FORCE**



T/20180725/7014

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20180725/7014

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE8581L	AXA INSURANCE SINGAPORE PTE LTD	VMO/P1776304	02/10/2017	01/10/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	FIONA PHOEBE KU MUN YOKE		ID No.	S9434961C
Related Vehicle	FBE8581L (Motorcycle)		Contact No.	92718163
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	25/07/2018		Date Discharge	25/07/2018
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight
Driver				
Name	TENG HOCK LAM		ID No.	S0881488J
Related Vehicle	SHC1450S (Comfort Delgro Taxi)		Contact No.	91703382
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

I was riding along Devonshire Road at about 12.15pm and turn right onto Orchard link when the light was green, a taxi came out of Grange Road (split road from Grange Road, along Scape) and abruptly cross into my lane at the cross junction within the yellow box.

I applied emergency brake and was in shock seeing the taxi cutting into my lane; the back of the taxi swayed onto my bike and I lost balance and fell. I was in sharp pain on my right shoulder, right hip, right knee and right wrist. With little strength, I struggled and tried to lift my motor bike. A few steps later, I had no strength and put it down the bike again.

Some parts of the bike had fallen out. The taxi finally stopped a distance away and the taxi driver walked towards me.

There seem to be another accident nearby, and some policemen came over to assist me, they took photos on-site, and took down both our contacts, and help me start my bike.

I also exchanged contacts with the driver and visited Polyclinic which referred me to A&E at Changi



**SINGAPORE
POLICE FORCE**



T/20180725/7014

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20180725/7014

CONTINUATION OF REPORT

General Hospital for thorough examination.

I do have supporting images from the accident. (as attached)

Exact accident location: Orchard Link junction after ERP, in yellow box (refer to attached image) after taxi turn into Orchard Link from the split road from Grange Road, along Scape

POLICE REPORT PAGE 4



**SINGAPORE
POLICE FORCE**



T/20180725/7014

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20180725/7014

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SITIMARSITA BINTE BOHARI
Contact No.: 65476219

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
25/07/2018 23:29

Classification Of Case:

DRIVER NRIC



DRIVER DRIVING LICENSE



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

