

## 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             | 10/08/2018 15:58                           |
| Date Of Accident           | 10/08/2018 08:30                           |
| Exact Location Of Accident | SERANGOON AVENUE 4 / JUNC OF BOUNDARY ROAD |
| Country/State of Loss      | SINGAPORE                                  |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | FBF8040B             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | CHAN YING CHAU       |
| Passport No/FIN             | G7309354L            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-91878373 |
| Alternative Phone No        | OTHERS-91878373      |

### Vehicle Particulars

|  |                |
|--|----------------|
| Manufacturer   | YAMAHA         |
| Model  | FZ 16          |
| 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                                       | REPORTING ONLY |
| Vehicle Category   | MOTORCYCLE     |

### Insurance Company

|                           |                                |
|---------------------------|--------------------------------|
| Name of Insurance Company | MS FIRST CAPITAL INSURANCE LTD |
| Type Of Coverage          | THIRD PARTY FIRE AND/OR THEFT  |
| Fleet Policy              | NO                             |
| Policy Number             | D-18091040MYCE                 |
| Cover Note Number         |                                |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | CHAN YING CHAU       |
| Passport No/FIN      | G7309354L            |
| Date Of Birth        | 08/12/1983           |
| Occupation           | INDOOR               |
| Date Of Driving Pass | 21/07/2014           |
| Driving Experience   | 4 YEARS AND 0 MONTHS |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-91878373 |
| Fax Number           |                      |
| Contact Number       | OTHERS-91878373      |
| Email Address        | NOEMAIL              |

|   |                                   |
|---|-----------------------------------|
| Address   | BLK 115 HOUGANG AVE 1<br>#04-1308 |
| Postcode  | 530115                            |
| 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                       | TRAFFIC POLICE DIVISION HQ   |
| Police Station Address                    | <b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 65470000 - <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/20180810/2084

#### 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 | SLE4375Z    |
| 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  | CHAN YING CHAU |
| Approximate Age                                     |                |
| Injuries Sustain                                    | SLIGHT         |
| Injured person in which vehicle?                    | FBF8040B       |
| Were seat belts worn?                               |                |
| Was this injured conveyed to hospital by ambulance? |                |
| Address   |                |
| Postcode  |                |

### SKETCH PLAN

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 liability**.
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. 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)**

(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.

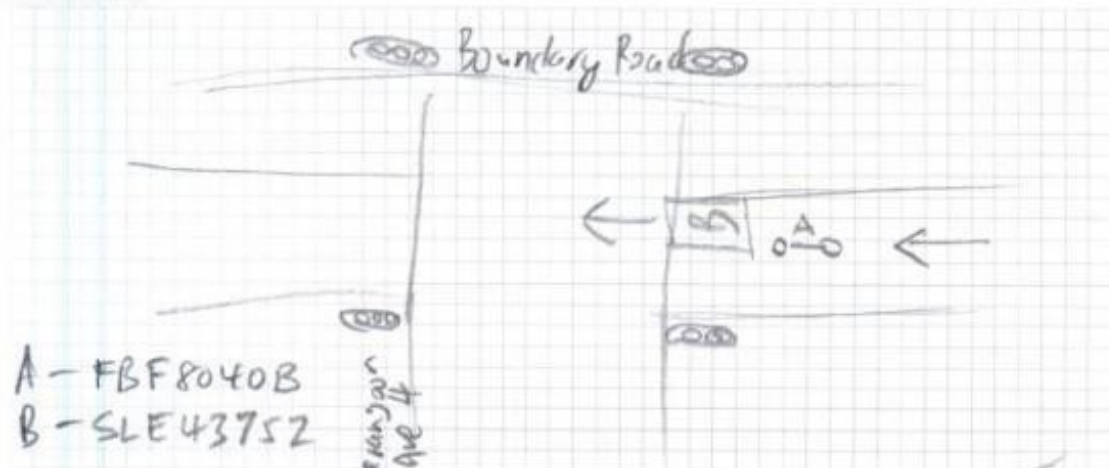
(e) the information so collected under (d) above may be shared / disclosed:

- (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.

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 —  
T/20180810/2084

### 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.:



## Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180810/2084

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

2 of 3

Report No. T/20180810/2084

## 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                              | YIN GUOLIANG          | ID No.                                 | S8260437E                         |
| Related Vehicle                   | FBF8040B (Motorcycle) | Contact No.                            | 91833466                          |
| Hospital/Clinic                   | NIL                   | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                   | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                   | Degree of Injury                       | NIL                               |
| <b>Rider</b>                      |                       |  |                                   |
| Name                              | CHAN YING CHAU        | ID No.                                 | G7309354L                         |
| Related Vehicle                   | SLE4375Z (Car)        | Contact No.                            | 91878373                          |
| Hospital/Clinic                   | NIL                   | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                   | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                   | Degree of Injury                       | NIL                               |

**Brief Details.**

ON 10/08/2018 AT ABOUT 0830 HRS AT SAID LOCATION, I WAS ON THE MOST RIGHT OF 3 LANES HEADING TOWARDS BOUNDARY ROAD RIDING BEHIND SAID VEHICLE. WHEN THE LIGHT TURN AMBER, THE SAID VEHICLE SUDDENLY APPLIED HIS BRAKE AND CAUSED ME TO BRAKE BUT DID NOT MANAGE TO STOP IN TIME THUS RESULTED ME TO COLLIDE ONTO HIS REAR LEFT PORTION OF HIS CAR. WHILE I WAS ON THE GROUND, I COULD SAW THAT HIS REAR TYRE HAD ALREADY PASSED THE WHITE LINE. WE THEN WENT TO THE SIDE OF THE ROAD AND SETTLE IT PRIVATELY. IM MAKING THIS REPORT MY INSURANCE PURPOSES.

Accident Photo





Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180810/2084

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

1 of 3

Report No. T/20180810/2084

## REPORT OF A TRAFFIC ACCIDENT

|  |            |                              |   |                    |                            |
|--|------------|------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made:<br>10/08/2018 15:14 |            | Vide Report No.:             |   | Station Diary No.: |                            |
| <b>Informant's Particulars</b>             |            |                              |   |                    |                            |
| Name of Informant:<br>CHAN YING CHAU       |            |                              | Address:<br>APT BLK 115 HOUGANG AVE 1 #04-1308 SINGAPORE 530115 |                    |                            |
| ID Type / ID No.:<br>FIN NO / G7309354L    |            |                              | Contact No.:<br>Home/Office: Mobile: 91878373                   |                    |                            |
| Nationality:<br>MALAYSIAN                  |            |                              | Email:  |                    |                            |
| Sex:<br>Male                               | Age:<br>34 | Date of Birth:<br>08/12/1983 | Type of Informant:<br>Rider                                     |                    |                            |
| Race:<br>Chinese                           |            |                              | Language:   |                    | Institution / School Name: |
| Occupation:<br>SERVER ADMIN                |            |                              | Driving Licence Information:<br>Class: Date of Expiry:          |                    |                            |

## General Information of the Accident

|  |                  |                    |  |                                     |
|--|------------------|--------------------|--|-------------------------------------|
| Type of Accident:  | Injury<br>Others | Drink Drive:<br>No | Date/Time of Accident:<br>10/08/2018 08:30 | Type of Location:                   |
| Location:<br>Along Road 1<br>SERANGOON AVENUE 4<br>JUNCTION OF BOUNDARY ROAD |                  |                    |  |                                     |
| Weather:   |                  | Road Surface:      | Road Speed Limit:                          |                                     |
| Traffic Flow:  |                  | Traffic Control:   | Traffic Volume:                            |                                     |
| Type of Collision:   |                  |                    |  | Anyone conveyed by ambulance:<br>No |

## Details of Vehicle Involved

| Vehicle No. | Type       | Make   | Model                        | Color | Condition | No of Passenger |
|-------------|------------|--------|------------------------------|-------|-----------|-----------------|
| FBF8040B    | Motorcycle | YAMAHA | FZ 16                        | Black |           | 0               |
| SLE4375Z    | Car        | TOYOTA | COROLLA<br>ALTIS 1.6<br>AUTO |       |           | 0               |

## Details of Vehicle Insurance

| Vehicle No. | Insurance Company               | Insurance No   | Effective  | Expiry Date |
|-------------|---------------------------------|----------------|------------|-------------|
| FBF8040B    | FIRST CAPITAL INSURANCE LIMITED | D-18091040MYCE | 30/05/2018 | 29/05/2019  |



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180810/2084

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

2 of 3

Report No. T/20180810/2084

## CONTINUATION OF REPORT

| Details of Person Involved        |                       |  |                                   |
|-----------------------------------|-----------------------|--|-----------------------------------|
| Any Pedestrian Involved: No       |                       |  |                                   |
| No. of Pedestrians Injured: NIL   |                       | Use of Pedestrian Crossing: NA         |                                   |
| Rider                             |                       |  |                                   |
| Name                              | YIN GUOLIANG          | ID No.                                 | S8260437E                         |
| Related Vehicle                   | FBF8040B (Motorcycle) | Contact No.                            | 91833466                          |
| Hospital/Clinic                   | NIL                   | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                   | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                   | Degree of Injury                       | NIL                               |
| Rider                             |                       |  |                                   |
| Name                              | CHAN YING CHAU        | ID No.                                 | G7309354L                         |
| Related Vehicle                   | SLE4375Z (Car)        | Contact No.                            | 91878373                          |
| Hospital/Clinic                   | NIL                   | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                   | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                   | Degree of Injury                       | NIL                               |

### Brief Details.

ON 10/08/2018 AT ABOUT 0830 HRS AT SAID LOCATION,  
I WAS ON THE MOST RIGHT OF 3 LANES HEADING TOWARDS BOUNDARY ROAD RIDING BEHIND  
SAID VEHICLE. WHEN THE LIGHT TURN AMBER, THE SAID VEHICLE SUDDENLY APPLIED HIS  
BRAKE AND CAUSED ME TO BRAKE BUT DID NOT MANAGE TO STOP IN TIME THUS RESULTED  
ME TO COLLIDE ONTO HIS REAR LEFT PORTION OF HIS CAR. WHILE I WAS ON THE GROUND, I  
COULD SAW THAT HIS REAR TYRE HAD ALREADY PASSED THE WHITE LINE. WE THEN WENT  
TO THE SIDE OF THE ROAD AND SETTLE IT PRIVATELY. IM MAKING THIS REPORT MY  
INSURANCE PURPOSES.

## Police Report



**SINGAPORE  
POLICE FORCE**

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



T/20180810/2084

3 of 3

Report No. T/20180810/2084

### 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:  
TP /  
MOHAMED ANWAR BIN MOHAMED IBRAHIM

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt MOHAMAD ZULFAZDLI BIN  
ABDULLAH  
Contact No.: 65476367

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
10/08/2018 15:14

Classification Of Case:



SINGAPORE  
POLICE FORCE

Signature: