

## 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	27/08/2018 18:33
Date Of Accident	25/08/2018 17:30
Exact Location Of Accident	ALONG TIONG BAHRU ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD8427E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WONG JAY
NRIC No	S9544248Z
Email Address	EEQINYUN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91513931
Alternative Phone No	OTHERS-90075116

### Vehicle Particulars

Manufacturer	YAMAHA
Model	R15
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5094371833
Cover Note Number	

### Driver

Name of Driver	EE QIN YUN
NRIC No	S9621568A
Date Of Birth	17/06/1996
Occupation	INDOOR
Date Of Driving Pass	29/06/2017
Driving Experience	1 YEAR AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-90075116
Fax Number	
Contact Number	OTHERS-91513931
E-Mail Address	EEQINYUN@GMAIL.COM

Address	BLK 260 YISHUN STREET 22 #07-105
Postcode	760260
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	NO COLLISION
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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 31 YISHUN CENTRAL , <b>POSTCODE:</b> 768827 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8529999 - <b>FAX NO:</b> 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180827/2003

#### 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 Witness 1

Name	MOON
Phone Number	97600856
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ8130Z
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOW CHZE HAW
NRIC/Passport Number	S6936033E
Contact Number	81139669

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver) 2  
Passenger 1

NAME: :  
GENDER: :

**DETAILS OF INJURED PERSON 1**

Name EE QIN YUN  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? FBD8427E  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

# Accident Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

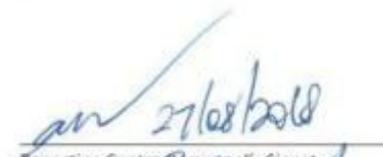
1. Please report **correctly** the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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.

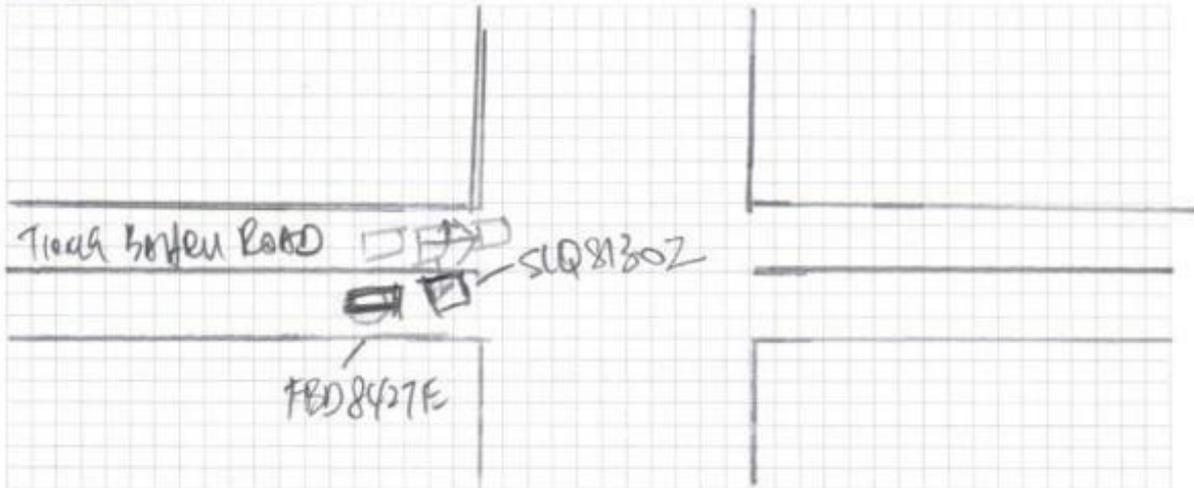
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time: 27/08/2018 3:50PM

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Tiong Bahru Road on 25 August 2018 at around 5:30pm, there I was going straight and there was 2 lanes, I was on the right lane which was clear, the left lane was congested with vehicles who wanted to turn left. As it was a green light for the traffic light, I was going at around 50km/hr, AS I was approaching the junction, a Honda Vezel, vehicle number SLQ81302 swerved out of the left lane to my lane as the lane was congested and he wanted to go straight. ~~It was~~ I braked immediately to avoid a collision with him and therefore skidded on the ground. After the accident the driver admitted that it was his fault with a help of a witness, who was behind driving a car behind his car during the incident.  
 Witness information: Name: Moon. Number 97600856.

POLICE REPORT 1/2018 of 27/2003

DECLARATION

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

Policyholder's Signature  
Date & Time:

*[Signature]*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 27 August 2018  
3:50pm

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

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180827/2003

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Report No. T/20180827/2003

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/08/2018 01:18	Vide Report No.:	Station Diary No.: 13
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**Informant's Particulars**

Name of Informant: EE QIN YUN		Address: APT BLK 260 YISHUN STREET 22 #07-105 SINGAPORE 760260	
ID Type / ID No.: NRIC NO / S9621568A		Contact No.:	Mobile: 90075116
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 22	Date of Birth: 17/06/1996	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: Student		Driving Licence Information: Class: 2B,3A	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/08/2018 17:30	Type of Location: Straight Road
Location: Along Road 1 TIONG BAHRU ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Self-Skid			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD8427E	Motorcycle	YAMAHA	R15	Blue	Slightly Damaged	0
SLQ8130Z	Car	HONDA	Vezei	Black	No Damage	1

**Details of Person Involved**

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180827/2003

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20180827/2003

CONTINUATION OF REPORT

Rider			
Name	EE QIN YUN	ID No.	S9621568A
Related Vehicle	FBD8427E (Motorcycle)	Contact No.	90075116
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3A Date of Expiry: NIL
Date Treatment	26/08/2018	Date Discharge	26/08/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Low Chze Haw	ID No.	S6936033E
Related Vehicle	SLQ8130Z (Car)	Contact No.	81139669
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 the 25/08/2018 at about 1730hrs, I was riding my motorcycle bearing registration number FBD8427E, along Tiong Bahru Road, lane 1. At that point of time, another vehicle bearing registration number SLQ8130Z, had suddenly swerved out from lane 2 onto my lane. I would like to state that the driver immediately turned to my lane after signaling for that second, thus I was not able to stop in time. Due to that abrupt turn, I had self-skidded to prevent a collision with the vehicle.

The other vehicle had then stopped and we exchanged particulars. He then informed that it was his fault and he did not see me. Also, he had also asked for a private settlement in which I did not agree. There's an eye witness to my accident known as Moon of HP: 97600856, who was the driver behind my vehicle. I do not have his vehicle number.

Due to the accident, my motorcycle signal light is damaged and there's scratches sustained on the right side of the vehicle. I also went to Singapore General Hospital on the 26/08/2018 and was given 3 days MC. I'm still awaiting the medical report to verify if I had sustained a ligament tear on my right feet. I have also sustained scratches on my right palm.

Traffic police and ambulance also came down to scene, however I was not conveyed to the hospital by them.

POLICE REPORT



**SINGAPORE  
POLICE FORCE**

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Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
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T/20180827/2003

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Report No. T/20180827/2003

CONTINUATION OF REPORT

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180827/2003

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20180827/2003

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: F / Staff Sgt TAN MING WEI, KELWIN	Signature Of Informant:  a.
Signature Of Interpreter: Not applicable	Date/Time: 27/08/2018 01:18
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI Contact No.: 65476904	Classification Of Case:
Authentication Stamp NP168	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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