

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	31/08/2018 17:33
Date Of Accident	30/08/2018 16:30
Exact Location Of Accident	KAKI BUKIT RD 3
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBL7097M
Insured/Policyholder	
Name Of Registered Owner	PARTWARE AUTO PTE LTD
Co Reg No	201540164H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67415228
Vehicle Particulars	
Manufacturer	YAMAHA
Model	YBR125
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5097972494
Cover Note Number	
Driver	
Name of Driver	TAN SOON HUAT
NRIC No	S6827947Z
Date Of Birth	01/08/1968
Occupation	OUTDOOR
Date Of Driving Pass	31/01/1986
Driving Experience	32 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98217756
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 270 YISHUN ST 22 #06-54
Postcode	2776
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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	TRAFFIC POLICE DIVISION HQ
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 POLICE REPORT: T/20180831/2025.

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	SJL7509Y
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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 TAN SOON HUAT

Approximate Age

Injuries Sustain

Injured person in which vehicle? FBL7097M

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

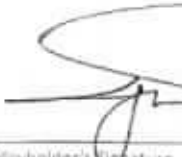


SKETCH PLAN

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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:

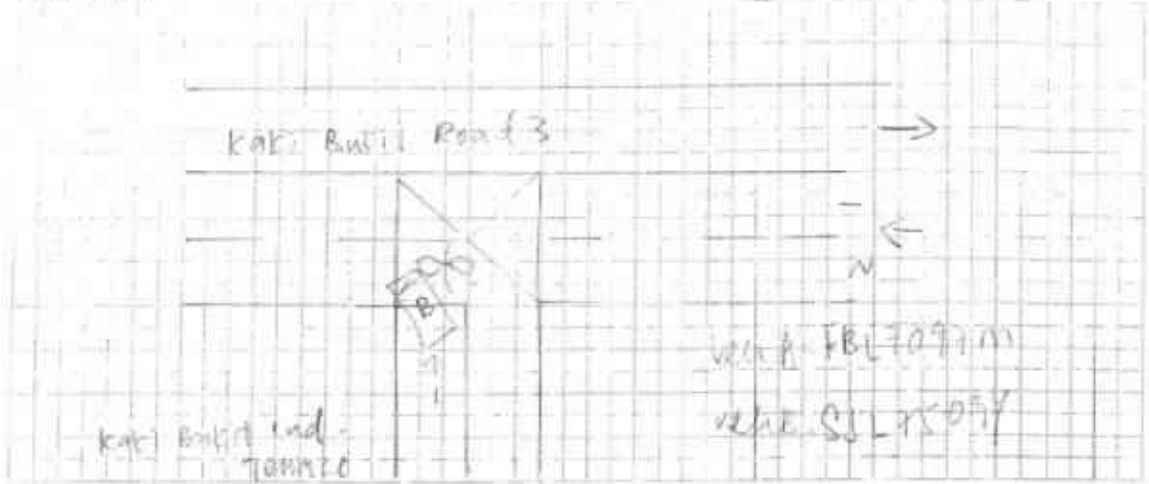
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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/INN No.:
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Handwritten signature

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer the police report: T/ 20180831/2025

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:
NUC/FIN No:



**SINGAPORE
POLICE FORCE**



T/20180831/2025

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

1 of 3

Report No. T/20180831/2025

IRMHN

65476365

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/08/2018 09:54	Vide Report No.: G/20180830/0154	Station Diary No.:
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Informant's Particulars

Name of Informant: TAN SOON HUAT	Address: APT BLK 270 YISHUN STREET 22 #06-54 SINGAPORE 760270		
ID Type / ID No.: NRIC NO / S6827947Z	Contact No.:	Mobile: 98217756	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 50	Date of Birth: 01/08/1968	Type of Informant: Rider
Race: Chinese	Language: Chinese	Institution / School Name:	
Occupation: Motorcycle delivery man	Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 30/08/2018 16:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 KAKI BUKIT ROAD 3 KAKI BUKIT INDUSTRIAL TERRACE KAKI BUKIT ROAD 3 JUNCTION KAKI BUKIT INDUSTRIAL TERRACE Lamp Post Number: 1				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL7097M	Motorcycle					0
SJL7509Y	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180831/2025

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

Report No. T/20180831/2025

CONTINUATION OF REPORT

Rider			
Name	TAN SOON HUAT	ID No.	S6827947Z
Related Vehicle	FBL7097M (Motorcycle)	Contact No.	98217756
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	30/08/2018	Date Discharge	30/08/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

ON THE 30/08/2018 AT AROUND 1630HRS

I WAS TRAVELLING ALONG KAKI BUKIT ROAD 3, THE TRAFFIC FLOW WAS NORMAL AND THE ROAD SURFACE WAS DRY. I WAS RIDING ON THE ROAD AND IT WAS 2 WAY ROAD, I WAS APPROACHING THE LOCATION OF THE ACCIDENT. I WAS GOING STRIAHT AND AHEAD OF ME THERE WAS A MINOR LANE TURNING OUT INTO MY LANE. AS I WAS APPROACHING, I SAW THERE WAS 2 CARS GOING TO ENTER INTO MY LANE. THE FIRST VEHICLE TURN OUT INTO MY LANE, I NOTICED THE CAR FOR TURN OUT. WHEN I WAS BESIDE THE MINOR LANE ENTERING INTO MY LANE, THE SECOND VEHICLE SUDDENLY EXIT THE MINOR LANE AND ENTER INTO MY LANE. WHEN I NOTICED THE VEHICLE TURN OUT, I DID NOT HAVE ANYTIME TO REACT TO THE SITUATION AND WE COLLIDED. I FELL TO THE GROUND AND WAS INJURED FROM THE ACCIDENT, I CALLED MY SUPERVISOR AND INFORM HIM THAT I WAS INVOLVED IN AN ACCIDENT. MY SUPERVISOR ARRIVED JUST BEFORE THE AMBULANCE, I WAS CONVEYED TO THE HOSPITAL A WHILE LATER.

THAT'S ALL



SINGAPORE
POLICE FORCE



T/20180831/2025

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

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Report No. T/20180831/2025

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 /
KEE CHUAN JIA MARCUS

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Insp TAN CHIN YONG
Contact No.: 65476178

Authentication Stamp
NP108

Signature Of Informant:

Date/Time:
31/08/2018 09:54

Classification Of Case:

