

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	07/09/2018 14:28
Date Of Accident	07/09/2018 07:20
Exact Location Of Accident	CHOA CHU KANG RD TWDS BUKIT BATOK ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ5024Y
Insured/Policyholder	
Name Of Registered Owner	TAN, TIEN SIN
NRIC No	S7825175A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91914419
Alternative Phone No	OTHERS-91914419

Vehicle Particulars

Manufacturer	HONDA
Model	NX400
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MC/00307349/02
Cover Note Number	

Driver

Name of Driver	TAN, TIEN SIN
NRIC No	S7825175A
Date Of Birth	02/09/1978
Occupation	INDOOR
Date Of Driving Pass	07/04/1999
Driving Experience	19 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91914419
Fax Number	
Contact Number	OTHERS-91914419
Email Address	NOEMAIL

Address	BLK 171 BUKIT BATOK WEST AVE 8 #05-357
Postcode	650171
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	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20180907/2030

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH RIDER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBG1535G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	SUHAIMI
NRIC/Passport Number	
Contact Number	92390405
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SFR7373L
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver ROONIE CHAN
NRIC/Passport Number
Contact Number 81283320
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN, TIEN SIN
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? FBJ5024Y
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident 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:

 07/09/18

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

Individual Statement



SINGAPORE
POLICE FORCE



T/20180907/2030

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

3 of 4

Report No. T/20180907/2030

CONTINUATION OF REPORT

Brief Details.

On 07 Sept 2018 at about 7.20am, I was riding my motorcycle (FBJ5024Y) along Choa Chu Kang Road towards Bukit Batok Road and I was on the left lane out of a two lane. I noticed that there was a bus who signalled right and was exiting out from the bus stop. As I was also approaching the mandatory give way yellow box, I slowed down and was coming to a stop before the yellow box. Suddenly, I felt an impact from the rear causing me to fall, where another bike (FBG1535G), hit onto the rear of my bike. Subsequently, I looked behind and noticed a car (SFR7373L) who was also involved in the accident where the car driver hit onto the bike FBG1535G. Thereafter, ambulance came and conveyed the rider of bike FBG1535G to the hospital. Traffic Police was also at scene vide: J/20180907/0057. Due to the accident, I went to consult a doctor, and was given a 7 days MC.

Signature

SINGAPORE POLICE FORCE

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



**SINGAPORE
POLICE FORCE**



T/20180907/2000

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 4
Report No: T/20180907/2030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/09/2018 11:23		Vide Report No.: J/20180907/0057		Station Diary No.: 31	
Informant's Particulars					
Name of Informant: TAN TIEN SIN			Address: APT BLK 171 BUKIT BATOK WEST AVENUE 8 #05-357 SINGAPORE 650171		
ID Type / ID No.: NRIC NO / S7825175A			Contact No.: Home/Office: Mobile: 91814419		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 40	Date of Birth: 02/09/1978	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name
Occupation: AIRCRAFT TECHNICIAN			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive No	Date/Time of Accident: 07/09/2018 07:20	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 CHOA CHU KANG ROAD BUKIT BATOK ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG1535G	Motorcycle	YAMAHA	FZ			0
FBJ5024Y	Motorcycle	HONDA	NX400	Black		0
SFR7373L	Car	LEXUS				0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Report



**SINGAPORE
POLICE FORCE**



T/20180907/2030

Police Station Of Origin:
Blahan N.P.C
20 Blahan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

2 of 4
Report No: T/20180907/2030

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ5024Y	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MG/00307349/02	30/05/2016	28/06/2019

Details of Person Involved

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

Rider			
Name	SUHAIMI	ID No.	NIL
Related Vehicle	FBG1535G (Motorcycle)	Contact No.	92390405
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

Rider			
Name	TAN TIEN SIN	ID No.	S7825175A
Related Vehicle	FBJ5024Y (Motorcycle)	Contact No.	91914419
Hospital/Clinic	LIGHTHOUSE CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/05/2018	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Driver			
Name	ROONIE CHAN	ID No.	NIL
Related Vehicle	SFR7373L (Car)	Contact No.	81283320
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

Police Report



SINGAPORE
POLICE FORCE



T/20180907/2030

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

3 of 4

Report No: T/20180907/2030

CONTINUATION OF REPORT

Brief Details.

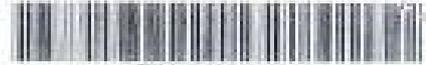
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Police Report



SINGAPORE
POLICE FORCE



T/20180607/2030

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5523999

4 of 4

Report No: T/20180607/2030

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 65474865 stating the report number as reference.

Signature Of Officer Recording The Report: E / Staff Sgt TAN AI HWEE, TERESA 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 07/09/2018 11:23
Officer In Charge Of Case: TP / GIT / SI NORASHIKIN BINTE DAUD Contact No.: 65478439	Classification Of Case: SN 061
Authentication Stamp NP185	<div data-bbox="603 1861 1114 2054" data-label="Complex-Block">  <p>SINGAPORE POLICE FORCE</p>  <p>SIGNATURE</p> </div>