

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	24/09/2018 14:14
Date Of Accident	23/09/2018 17:00
Exact Location Of Accident	CTE EXIT OUTRAM ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK5540T
Insured/Policyholder	
Name Of Registered Owner	LEE MING YANG
NRIC No	S8839635I
Email Address	ANDREWLEE_05@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-91995565
Alternative Phone No	OTHERS-91995565

Vehicle Particulars

Manufacturer	TRIUMPH
Model	DAYTONA 675-675CC
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	SI17V13963/VMS/R02
Cover Note Number	

Driver

Name of Driver	LEE MING YANG
NRIC No	S8839635I
Date Of Birth	11/10/1988
Occupation	INDOOR
Date Of Driving Pass	12/12/2013
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91995565
Fax Number	
Contact Number	OTHERS-91995565
Email Address	ANDREWLEE_05@OUTLOOK.COM

Address	BLK 104 TOWNER ROAD #02-316
Postcode	322104
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	2
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	BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2369999 - FAX NO: 62268438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180924/2000

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP4504K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHNG YEW CHAI
NRIC/Passport Number	S6941945C
Contact Number	97693212
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	LEE MING YANG
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBK5540T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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:

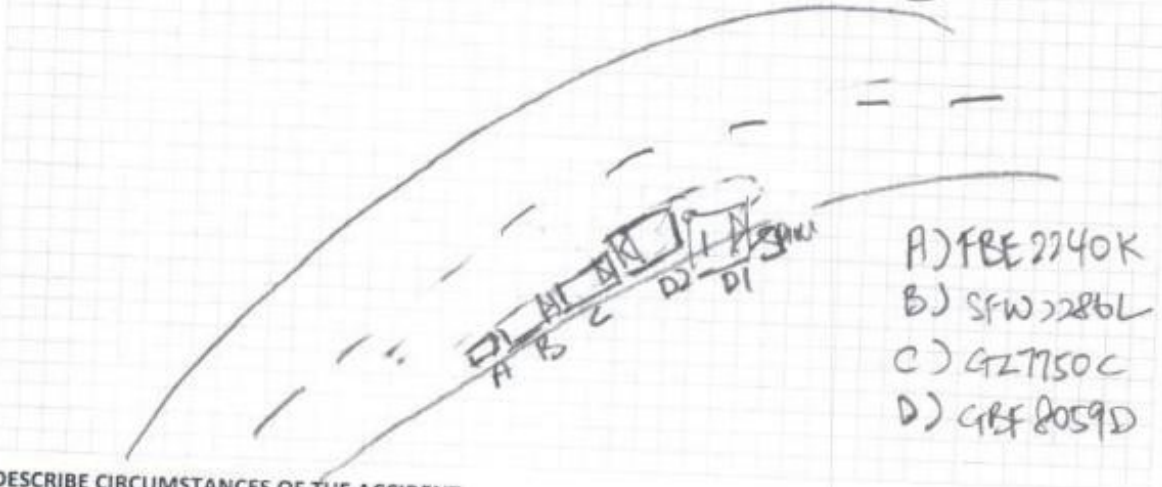
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN Along BKE Towards SUE (EXITING BKE)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten note: *Refer to Police Report 7/20180920/2150*

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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180920/2150

1 of 3

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20180920/2150

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/09/2018 18:47		Vide Report No.:		Station Diary No.: 225
Informant's Particulars				
Name of Informant: ABDUL MAJID RIDZUAN BIN ABDULLAH		Address: APT BLK 786F WOODLANDS DRIVE 60 #09-07 SINGAPORE 736786		
ID Type / ID No.: NRIC NO / S2001957C		Contact No.: Home/Office:		Mobile: 91173342
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 67	Date of Birth: 27/11/1950	Type of Informant: Rider	
Race: Indian		Language:		Institution / School Name:
Occupation: Bus driver		Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/09/2018 16:50	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 BUKIT TIMAH EXPRESSWAY SELETAR EXPRESSWAY Along BKE towards SLE (exiting BKE).				
Weather: Drizzling		Road Surface: Oily	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE2240K	Motorcycle	YAMAHA	YBR125	Black	Seriously Damaged	0
GBE8059D	Lorry				Seriously Damaged	0
GZ7750C	Van				Seriously Damaged	0
SFW2286L	Car				Slightly Damaged	1

POLICE REPORT



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T/20180920/2150

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Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20180920/2150

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE2240K	NTUC Income Insurance Co-Operative Limited	5093878888-01	30/08/2018	17/07/2019

Brief Details.

On the 20/09/2018 at about 1650hrs, I was riding my motorcycle bearing plate no: FBE2240K, along BKE to SLE (exiting BKE) and travelling on the outer lane, there was a lorry bearing plate no: GBF8059D, which in front of my motorcycle suddenly spin and caused the van (behind of the lorry) bearing plate no: GZ7750C, to hit onto the lorry front part. And the car (behind of the van) bearing plate no: SFW2286L, hit onto the right side of the van. Subsequently, I skidded and hit onto the rear side of the car and I fell onto the road.

After which, I picked myself up and I inspect my motorcycle, the body kit of my motorcycle was broken and I suffered abrasion on my right elbow, right knee, right toe and left middle finger, pain my on right chest area due to the fall. The front part of the lorry and the van was seriously dented, the right bumper of the car was scratched.

I wish to state that I make this report are for my insurance company purpose. I also wish to state that the van driver namely: Elayaperumal Kannan, FIN: G6855695W, lorry driver namely: Lim Leong Eng, IC: S1557600F and the car driver namely: Khoo Teck Yee, IC: S1563923G.

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999



T/20180920/2150

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Report No. T/20180920/2150

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:

J /

Sgt 2 CHOON EE SHEN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
20/09/2018 18:47

Officer In Charge Of Case:

TP / GIT /

SI NG CHWEE THENG

Contact No.: 65476397

EN 130

Classification Of Case:



Authentication Stamp

NP168

Signature:

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



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Driving License



Driving License

