

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 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. 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	04/04/2013
Driving Experience	5 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91995565
Fax Number	
Contact Number	OTHERS-91995565
E Mail 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	
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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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)**

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:

24/04/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:



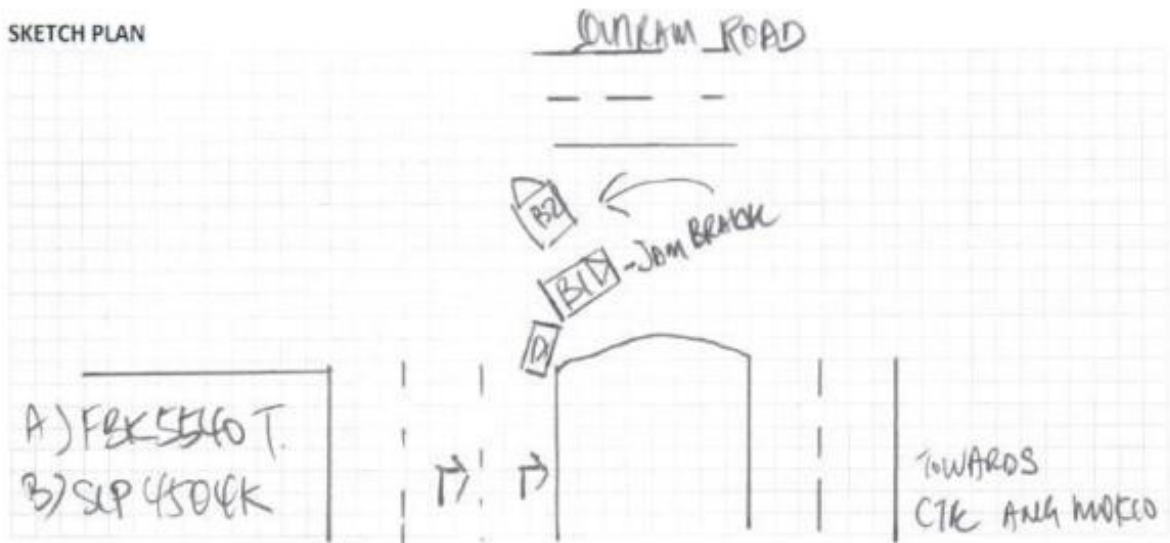
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
7/20180924/2000

DECLARATION

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

Policyholder's Signature

Date & Time: 24/09/2018

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/20180924/2000

1 of 3

Report No. T/20180924/2000

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/09/2018 00:28	Vide Report No.:	Station Diary No.: 5
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Informant's Particulars

Name of Informant: LEE MING YANG		Address: APT BLK 104 TOWNER ROAD #02-316 SINGAPORE 322104	
ID Type / ID No.: NRIC NO / S88396351		Contact No.:	Mobile: 91995565
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 29	Date of Birth: 11/10/1988	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: SERVICE ENGINEER		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 23/09/2018 17:00	Type of Location: Bend
Location: Along Road 1 CENTRAL EXPRESSWAY				
CTE exit Outram Rd				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume:	
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
FBK5540T	Motorcycle					0
SLP4504K	Car					0

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



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Report No. T/20180924/2000

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

CONTINUATION OF REPORT

Rider		ID No.	
Name	LEE MING YANG	S8839635f	
Related Vehicle		Contact No.	
FBK5540T (Motorcycle)		91995565	
Hospital/Clinic		Class of Driving Licence & Expiry Date	
SINGAPORE GENERAL HOSPITAL		Class: 2B,2A,2,3 Date of Expiry: NIL	
Date Treatment	23/09/2018	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver		ID No.	
Name	CHNG YEW CHAI	S6941945C	
Related Vehicle		Contact No.	
SLP4504K (Car)		97893212	
Hospital/Clinic		Class of Driving Licence & Expiry Date	
NIL		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 abovementioned date, time and location, I was riding along CTE exit Outram in my vehicle FBK5540T. At the point of time, the vehicle SLP4504K was in front of me.

As the traffic light turned green, SLP4504K make a right turn then proceed to make an emergency brake. As I was unable to stop in time, the head of my motorcycle hit into the rear of SLP4504K. SLP4504K then make a turn towards the left and continued to drive off. The driver did not stop until another vehicle, whom was the witness, honked at him. As my motorcycle was near to the curb, I stood my motorcycle up as I did not want to disrupt the flow of traffic. After speaking to the driver, he informed me that only realized that he made the wrong turn into Chin Swee Road and wanted to turn to Tiong Bahru instead. I then exchange particulars with the driver and the witness.

After the accident, I was conveyed by the ambulance to SGH and was given 4 days of MC. My injuries are in the medical report that will be attached to the Traffic Report.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180924/2000

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Report No. T/20180924/2000

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Bukit Merah East N.P.C
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CONTINUATION OF REPORT

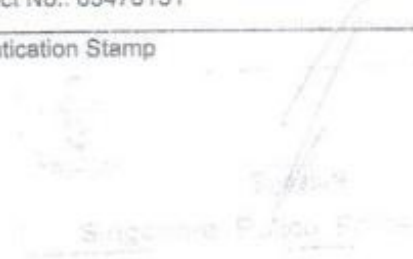
Sketch Plan

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: A / Sgt 2 PANG LIN TONG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 24/09/2018 00:28
Officer In Charge Of Case: TP / GIT / Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL Contact No.: 65476131	Classification Of Case:

Authentication Stamp
NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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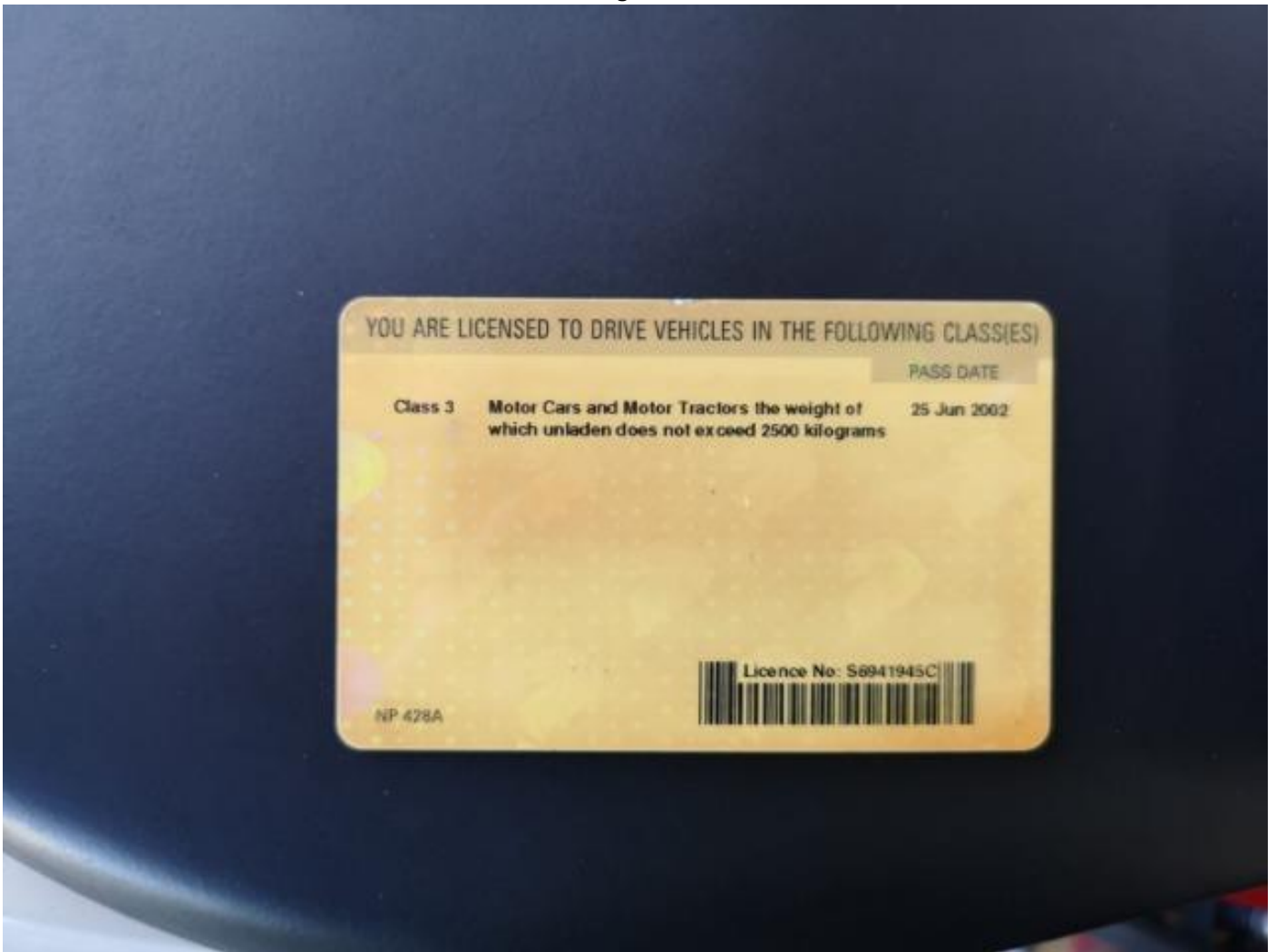
Accident Photo



Driving License



Driving License



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S663508200 / GST Reg. No.: M400017733

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MHA118123648 Vehicle Registration No: FBK5540T
Name (as shown in NRIC): LEE MING YONG NRIC/FIN/Passport No: S88351351
(*Vehicle Driver / Vehicle Owner) (*) please delete as appropriate
Address: _____ Singapore ()
Contact (Tel) : _____ Mobile No.: 91995565
Email Address : _____
Date of Accident : 25/09/2018 Time of Accident : 17:00
Place of Accident : CRK next to Sunway Road
Insurance Company: Liberty

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To Insure the correct survey plan & police report

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIN No: _____
Date: 24/09/2018

Addendum Sheet



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6 Raffles Quay #18-00 Singapore 048580
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Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S66530200 / GST Reg. No.: M400017733

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MVA118123648-01 Vehicle Registration No: FBK 5546 T.
Name (as shown in NRIC): LIM MING YONG NRIC/FIN/Passport No: S8839635 I
(Vehicle Driver / Vehicle Owner) Please delete as appropriate
Address: Singapore
Contact (Tel): Mobile No.: 9995565
Email Address:
Date of Accident: Time of Accident: 17:00
Place of Accident: CTE EXT OUTRAM ROAD
Insurance Company: LIBERTY

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Original Date to 04/04/2013 (Case 2)

Policyholder / Driver's Signature
Date:

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