

## 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	26/09/2018 12:37
Date Of Accident	18/09/2018 20:30
Exact Location Of Accident	SLE TWDS CTE AFTER LENTOR AVE ENTRANCE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE489Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG, LI LI
NRIC No	S8416248E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90088520
Alternative Phone No	OTHERS-90088520

### Vehicle Particulars

Manufacturer	PIAGGIO
Model	VESPA GTS 300 SUPER
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/00412418/01
Cover Note Number	

### Driver

Name of Driver	TAN SAN CHUAN ( CHEN SHANQUAN )
NRIC No	S8104763D
Date Of Birth	11/02/1981
Occupation	INDOOR
Date Of Driving Pass	14/03/2000
Driving Experience	18 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98390866
Fax Number	
Contact Number	OTHERS-98390866
Email Address	NOEMAIL

Address	57 UPPER SERANGOON VIEW #11-15
Postcode	534017
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180923/7001

#### 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	SLK9950Z
Vehicle Make/Model/Colour	
Details Of Properties	
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 SAN CHUAN ( CHEN SHANQUAN )
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	FBE489Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

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#### **8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

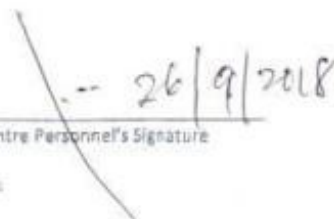
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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:



26/9/2018

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

## Sketch Plan #2

### SKETCH PLAN

Vehicle A - FBE 4892.

VEHICLE B - SLK 99502

SLIP ROAD  
FROM LENOX  
RD

Счастья

4 →

3-1

2-5

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT.

CASE NUMBER

: T/20180923/7001

Vehicle A - FGE 4892

Wärmehaube B - SLK 9950 Z

## 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.:

...26/9/2018



### Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180923/7001

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

2 of 4

Report No. T/20180923/7001

#### CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	TAN SAN CHUAN	ID No.	S8104763D
Related Vehicle	FBE489Z (Motorcycle)	Contact No.	98390866
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	18/09/2018	Date Discharge	18/09/2018
No. of Days granted Medical Leave	04	Degree of Injury	Serious
<b>Passenger</b>			
Name	Jasmine	ID No.	NIL
Related Vehicle	SLK 9950 Z (Car)	Contact No.	91862288
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
<b>Driver</b>			
Name	Wan Kan Tuck	ID No.	NIL
Related Vehicle	SLK 9950 Z (Car)	Contact No.	81180268
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

#### Brief Details.

On 18 Sep 2018, I was travelling on motorcycle on SLE/CTE towards TPE at around 8:30pm. I am travelling on 3rd lane within speed limit about 75-80 KM/H. A car from LENTOR AVE joining into SLE/CTE crash into my motorcycle from the left rear end. I fell and sustain many abrasion and suspected sprain or blood clots. The Car stopped and I confronted the driver.  
Police came after awhile and took statement. Police took the camera/ memory card from the car for investigation. I was sent to Khoo Teck Puat hospital by ambulance.  
Pictures and sketches are attached. I am submitting the report as the IO have yet to contact me. Attempts to contact the IO to no avail.

# Sketch Plan #4

*Driver*



# Accident Sketch Plan



TRAFFIC POLICE  
AMENDMENT

Traffic Police Department  
Charge Office  
10 Ubi Avenue 3  
Singapore 408865

NP 168 No.	: T/20180923/7001	Name	: Tan San Chuan
Accident Date/Time	: 18/09/2018 @ 2030hrs	Address	: 57 Upper serangoon view #11-15
Vehicle(s) Involved	: FBE489Z	NRIC No	: S8104763D
	: SLK9950Z	Tel No	: 98390866
		Date	: 26/09/2018

Dear Sir / Madam

Accident involving A motorcycle and a car  
along SLE/CTE towards TPE on 18/09/2018 at 2030 hours

With reference to the above, I have on 23/09/2018 (date) 1146 hours (time) make a  
police report Online by EPC (Police Station/NPP/NPC)  
In NP 168 – T/20180923/7001

On 26/09/2018 (date), 1115 hours (time) at Hougang NPC  
(Police Station/NPP/NPC), I make the following amendments to the above report;

On 18 Sep 2018, I was travelling on motorcycle on SLE/CTE towards TPE at around 8:30PM. I  
am travelling on 4<sup>th</sup> lane within speed limit about 75-80KM/H. A car from LENTOR AVE  
joining into SLE/TPE crash into my motorcycle from the left rear end. I fell and sustain many  
abrasion and suspected sprain or blood clots. The car stopped and I confronted the driver.

Police came after awhile and took statement. Police took the camera/ memory card from the car  
for investigation. I was sent to Khoo Teck Puat hospital by ambulance.

Pictures and sketches are attached. I am submitting the report as the IO have yet to Contact me.

Yours Faithfully,

(Signature)

## FOR OFFICIAL USE

If a police officer recorded these amendments, please complete the following.

Name / Rank No	: Sgt (2) Lim Jia He
Date and Time	: 26/9/18 @ 1115 hrs
Station Dairy No	: 19
Signature	:



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





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