

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	25/09/2018 14:51
Date Of Accident	22/09/2018 14:20
Exact Location Of Accident	YISHUN AVE 4 TOWARDS YISHUN CENTRAL NEAR BLK 665
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG6156J
Insured/Policyholder	
Name Of Registered Owner	JOESON KUNJU
NRIC No	S8723699D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91201229
Alternative Phone No	OTHERS-91201229

Vehicle Particulars

Manufacturer	GILERA
Model	RUNNER ST200-198CC
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5055850395-06
Cover Note Number	

Driver

Name of Driver	YEP ZHENG QUAN (YE ZHENGQUAN)
NRIC No	S8514774I
Date Of Birth	11/05/1985
Occupation	INDOOR
Date Of Driving Pass	20/08/2015
Driving Experience	3 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91201229
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 414 WOODLANDS ST 41 #08-83 SINGAPORE
Postcode	730414
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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?	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	WOODLANDS WEST NPC
Police Station Address	ROAD: 9 MARSILING LANE , POSTCODE: 739146 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED

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 Witness 1

Name	MR JEREMY
Phone Number	91801776
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB4465K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	83137769

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

YEP ZHENG QUAN (YE ZHENGQUAN)

Approximate Age

Injuries Sustain

REFER POLICE REPORT

Injured person in which vehicle?

FBG6156J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

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:

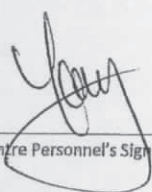
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

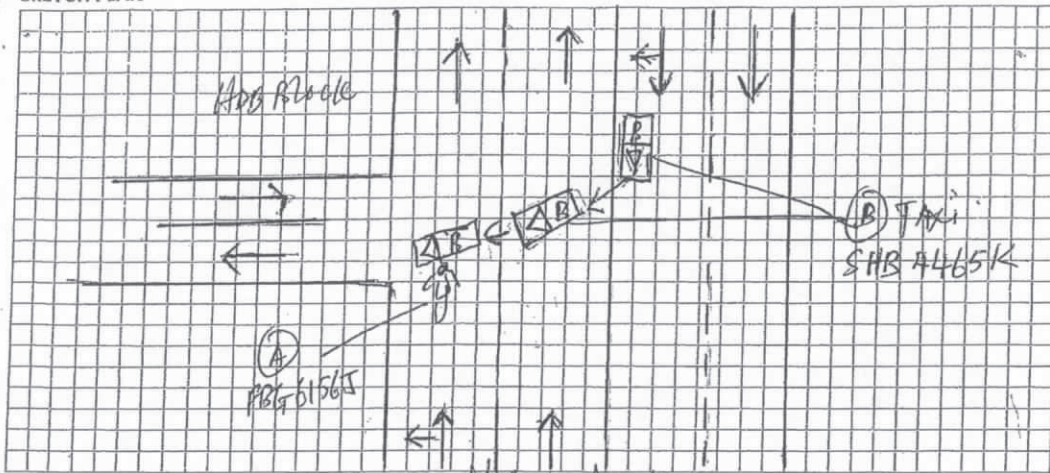


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refers to police report - T20180924/93.

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.:



SINGAPORE POLICE FORCE

Police Station Of Origin:
Woodlands West N.P.C.
9 Marsiling Lane SINGAPORE 739146
Tel No: 1800-363 9999



T/20180924/2093

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Report No. T/20180924/2093

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/09/2018 16:33	Vide Report No.	Station Diary No.: 58
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Informant's Particulars

Name of Informant: YEP ZHENG QUAN			Address: APT BLK 414 WOODLANDS STREET 41 #08-83 SINGAPORE 730414	
ID Type / ID No.: NRIC NO / S85147741			Contact No.: Home/Office: Mobile: 91069322	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 33	Date of Birth: 11/05/1985	Type of Informant: Rider	
Race: Chinese			Language: English	Institution / School Name:
Occupation: PERSONAL ASSISTANT			Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/09/2018 14:20	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 YISHUN AVENUE 4 YISHUN CENTRAL YISHUN AVENUE 4 TOWARDS YISHUN CENTRAL, BESIDE CARPARK ENTRANCE OF BLK 665 YISHUN AVENUE 4				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG6156J	Motorcycle	PIAGGIO	GILERA RUNNER ST 200	Black	Slightly Damaged	0
SHB4465K	Car	HYUNDAI	140 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	1

Police Station Of Origin:
Woodlands West N.P.C.
9 Marsiling Lane SINGAPORE 739146
Tel No: 1800-363 9999

Report No. T/20180924/2093

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	YEP ZHENG QUAN	ID No.	S8514774I
Related Vehicle	FBG6156J (Motorcycle)	Contact No.	91069322
Hospital/Clinic	APEX CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	24/09/2018	Date Discharge	24/09/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	TAXI UNCLE	ID No.	-
Related Vehicle	SHB4465K (Car)	Contact No.	83137769
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

Brief Details.

On 22/09/2018 at about 1420hrs, I was riding my motorcycle FBG6156J along Yishun Ave 4 towards the direction of Yishun Central. At the point near the carpark entrance of Blk 665 Yishun Ave 4, I was riding on the left lane of 2 lanes. On the opposite direction, there was a taxi SHB4465K. The taxi slowed down and wanted to make a right turn into the carpark of Blk 665 Yishun Ave 4. I horned at him several times. The taxi then slowed down for a while. All of a sudden, the taxi proceeded to make the turn into the carpark. I couldn't stop in time and I collided into the left side of the taxi, causing me to fall on the ground.

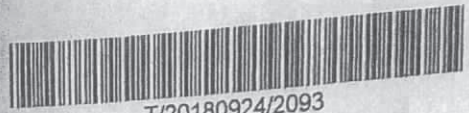
After the accident, the driver of the taxi assisted me to the side of the road. I then called for the police. Subsequently, ambulance arrived and made a check on me. I was injured on both my elbow, knee, left ankle and left wrist. I decided not to be conveyed to hospital as I needed to settle my motorcycle. The traffic police eventually arrived and attended to us. They advised me to go to a clinic or hospital for medical assistance. The police only advised us to lodge a traffic accident report if my MC is more than 3 days.

On 24/09/2018, I still felt uncomfortable on my injuries. I decided to go to Apex Clinic & Surgery and was given 3 days of MC from 24/09/2018 until 26/09/2018. At the time during the accident, there were no vehicles around and traffic was light. It was as though the taxi driver was indecisive about making the turn into the carpark.



**SINGAPORE
POLICE FORCE**

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Report No. T/20180924/2093

CONTINUATION OF REPORT



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T/20180924/2093

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Report No. T/20180924/2093

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 3 MUHAMMAD AFIF BIN MOHD ROSDI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
24/09/2018 16:33

Officer In Charge Of Case:
TP / GIT /
Insp MOHAMMED FADZLY BIN ABDUL AZIZ
Contact No.: 65476355

Classification Of Case:

Authentication Stamp

NP168

SN 127

