

## 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	14/08/2018 16:51
Date Of Accident	07/08/2018 19:50
Exact Location Of Accident	ALONG WOODLANDS ROAD TOWARDS SUNGEI KADUT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM5145R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN CHIN TECK
NRIC No	S1556163G
Email Address	TCT12015@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82004494
Alternative Phone No	OFFICE-82004494

### Vehicle Particulars

Manufacturer	KYMCO
Model	XCITING 400I-399CC
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVM000002191-00-000
Cover Note Number	MT2017TR01989

### Driver

Name of Driver	TAN CHIN TECK
NRIC No	S1556163G
Date Of Birth	25/01/1962
Occupation	INDOOR
Date Of Driving Pass	27/02/1986
Driving Experience	32 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82004494
Fax Number	
Contact Number	OFFICE 82004494

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UAK

Excess: TRA  
Not Authorized.  
20/10/18.

Address	BLK 536 SERANGOON NORTH AVE 4 #08-197
Postcode	550536
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	SIDE SWIPE
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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER SKETCH PLAN

#### 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.CHEW
Phone Number	81043322
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCL3550M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ACHUTHAPPA

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name	TAN CHIN TECK
Approximate Age	56
Injuries Sustain	BACK SEVERE PAIN, LEFT AND RIGHT LEG DEEP CUT WHICH REQUIRED STITCHES
Injured person in which vehicle?	FBM5145R
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 536 SERANGOON NORTH AVE 4 #08-197
Postcode	550536

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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: 14/8/18 1427H

Driver's Signature

(If driver is not the policyholder)

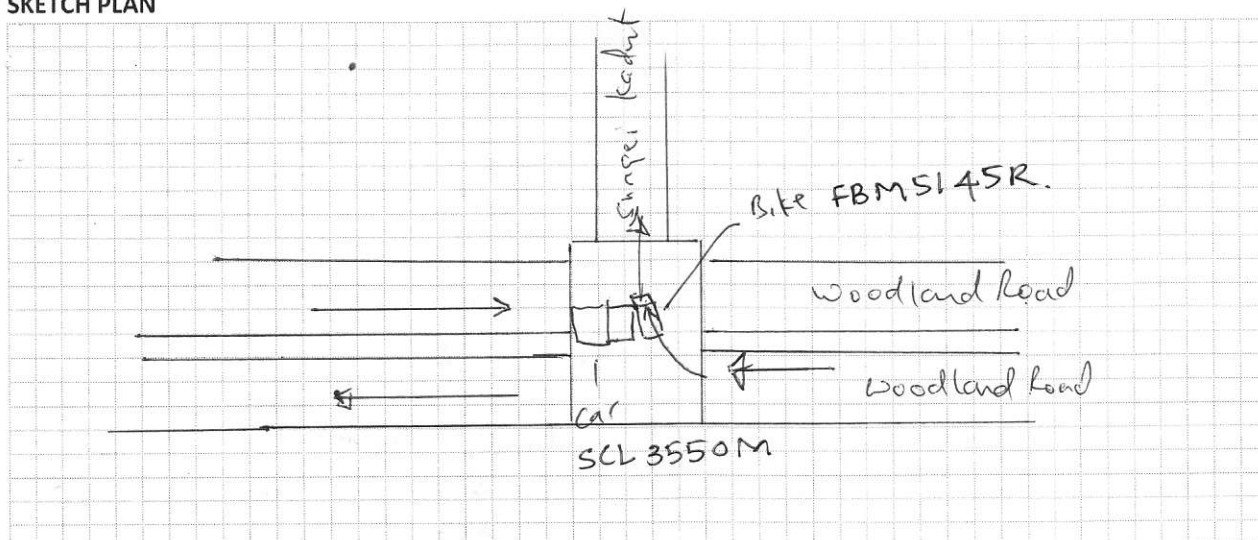
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 7 Aug 18 1950H, I was on my way back to office from Mandai Hill camp to Kranji Camp while I was slowing down my bike at the junction of Woodland Road and Sungei Kadut, the traffic light is green and looking at the traffic in front of me is clear and no vehicle, I made a right turn into Sungei Kadut. Half way through the road on the junction, a dimmed headlight car coming at a speed, suddenly appeared and rammed onto my bike and hit my left side of the bike at the middle of the junction. I was thrown out of my bike and landed my back on the floor. I was having difficulty in breathing as my chest was tight and my whole back and left side of my body was in great pain. My left leg & right knee cap were bleeding. Left side of my body and back of body move with pain.

There were a few passer-by came to my assistance and one of them, Mr. Chew, (S1043322) helped to call my spouse and camp colleague.

The portnumber of the car driver: S1673039A, Mr. Achuthappa (97990360)

Car model: Mitsubishi Outlander (red) SCL 3550M.

My bike: SBMS145R (red) Kymco.

My contact (Mr Tan Chai Teck): 87004494.

My email address: +ct12015@gmail.com

## DECLARATION

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

*(Signature)*

Policyholder's Signature

Date & Time: 14/8/18 1427H

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# SINGAPORE POLICE FORCE

MOXM18105113



T/20180812/2049

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

1 of 4

Report No. T/20180812/2049

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/08/2018 14:02	Vide Report No.: J/20180807/0186	Station Diary No.: 93
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**Informant's Particulars**

Name of Informant: TAN CHIN TECK			Address: APT BLK 536 SERANGOON NORTH AVENUE 4 #08-197 SINGAPORE 550536		
ID Type / ID No.: NRIC NO / S1556163G			Contact No.: Home/Office: Mobile: 82004494		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 25/01/1962	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SAF REGULAR			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 07/08/2018 19:50	Type of Location: X-Junction
Location: Along Road 1 WOODLANDS ROAD  woodlands road towards Sungei kadut				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM5145R	Motorcycle	KYMCO	XCITING 400i ABS	Red	Seriously Damaged	0
SCL3550M	Car	MITSUBISHI	outlander	Red		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM5145R	GREAT AMERICAN INSURANCE COMPANY	MT2017TR01989	12/12/2017	11/12/2018



**SINGAPORE  
POLICE FORCE**



T/20180812/2049

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20180812/2049

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	TAN CHIN TECK	ID No.	S1556163G
Related Vehicle	FBM5145R (Motorcycle)	Contact No.	82004494
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	07/08/2018	Date Discharge	12/08/2018
No. of Days granted Medical Leave	17	Degree of Injury	Serious
Driver			
Name	Mr Achuthappa	ID No.	S1623039A
Related Vehicle	SCL3550M (Car)	Contact No.	97990360
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 07/08/2018 at about 1950hrs, I was on my way to Kranji camp 3 from Mandai Hill. I was driving my motorcycle bearing registered plate number, FBM5145R along woodlands road. I slow down at the traffic light. When the traffic light was green and I checked that there are no vehicles in front, I made a right turn towards Sungei kadut.

While making the right turn at the junction suddenly, a vehicle bearing SCL3550M was driving in a fast speed and knocked onto the left side of my motorcycle. I fell off my motorcycle however, I was still conscious but was in pain. There is a few passerby who are the cyclist came to help me. I was then conveyed to Khoo teck Puat hospital by the ambulance. I was hospitalised from 07/08/2018 to 12/08/2018. I was given medical leave from 07/08/2018 to 23/08/2018.

I wish to state that there is traffic police at scene. The incident number given to me was J/20180807/0186, IO Muhd Noor from traffic police. My motorcycle was seriously damaged. I suffered back severe pain, left and right leg deep cut which required stitches. I wish to state that one of the passer by namely Mr chew, HP:81043322 willingly to be my witness for this incident. The plate number of the other party was given by the driver himself, I did not saw the plate number during the accident.



**SINGAPORE  
POLICE FORCE**



T/20180812/2049

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Police Station Of Origin:

Yishun North N.P.C

31 Yishun Central SINGAPORE 768827

Tel No: 1800-8529999

Report No. T/20180812/2049

**CONTINUATION OF REPORT**



**SINGAPORE  
POLICE FORCE**



T/20180812/2049

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Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20180812/2049

**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:

F /  
Sgt 2 TEO KENG HUI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
12/08/2018 14:02

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt NOR FAIZAL BIN YAHYA  
Contact No.: 65476202

Classification Of Case:

Authentication Stamp  
NP168