

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	29/03/2018 11:24
Date Of Accident	19/03/2018 18:45
Exact Location Of Accident	POH HUAT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM4122M
Insured/Policyholder	
Name Of Registered Owner	S. H. CYCLE PTE LTD
Co Reg No	200000420C
Email Address	SHCYCLE@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62998782

Vehicle Particulars

Manufacturer	YAMAHA
Model	JUPITER 115 Z1-114CC
Exact Purpose for which vehicle was being used at time of accident	HIRE
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	YES
Policy Number	SD18V00326
Cover Note Number	

Driver

Name of Driver	DUAN XIN NING
Passport No/FIN	G2236646M
Date Of Birth	11/12/1988
Occupation	OUTDOOR
Date Of Driving Pass	29/08/2013
Driving Experience	4 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84015219
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	220 HOUGANG ST 21 #02-52
Postcode	530220
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	
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	PAYA LEBAR NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 114 HOUGANG AVENUE 1 #01-1270 , POSTCODE: 530114 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2899999 - FAX NO: 62815961
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER SKETCH PLAN AND POLICE REPORT T/20180321/2116 DATED 21 MAR 2018

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKS854X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEW SOEN PING
NRIC/Passport Number	S1803174D
Contact Number	97555248
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	DUAN XIN NING
Approximate Age	29
Injuries Sustain	
Injured person in which vehicle?	FBM4122M
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
Address	220 HOUGANG ST 21 #02-52
Postcode	530220

Sketch Plan

SKETCH PLAN

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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.
8. Consent under the Personal Data Protection Act (PDPA)
I understand, acknowledge, agree and consent that:
(a) My insurer, my workplace 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 insurers who have insured vehicles involved in this accident (all insurers who have insured vehicles involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law firms/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police) for the purposes 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 to me;
(iv) administering my claims including the making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data pertaining to my driving about delivery of the same as well as on the external cover of an enclosed mail package(s), and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
(b) all insurers, who have insured vehicles involved in this accident and the Insurers' law firms/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/are disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their law firms/law firms) which may be based outside of Singapore for one or more of the above Purposes.



星發車行
私人有限公司

Policyholder's Signature / Date & Time

Sketch Plan

A-FBU 4122 M

B-SIKS 854 X

Driver's Signature (if driver is not the policyholder) / Date & Time

Poh Huat

Witnessed by Reporting Centre Personnel

Crescent

← Poh Huat Rd



Describe Circumstances of the Accident:

I was riding along Poh Hui Road on 14-3-2018
at about 6.45pm

Suddenly a car cut into my lane to make
a right turn into Poh Hui Crescent.

I do not have enough time to react and
collided onto the car.

Declaration

We declare the foregoing particulars are true in every respect.



星洲車行
有限公司

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180321/2116

1 of 3

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

Report No. T/20180321/2116

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/03/2018 16:43	Vide Report No.:	Station Diary No.: 28
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Informant's Particulars

Name of Informant: DUAN XIN NING	Address: 220 Hougang st 21 #02-52 SINGAPORE 530220		
ID Type / ID No.: FIN NO / G2236646M	Contact No.: Home/Office: Mobile: 84015219		
Nationality: CHINESE	Email:		
Sex: Male	Age: 29	Date of Birth: 11/12/1988	Type of Informant: Rider
Race: Chinese	Language:		Institution / School Name:
Occupation: Motorcycle delivery man	Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/03/2018 18:45	Type of Location:
Location: Along Road 1 POH HUAT ROAD				
Along Poh Huat road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM4122M	Motorcycle				Slightly Damaged	0
SKS854X	Car					0



**SINGAPORE
POLICE FORCE**



T/20180321/2116

2 of 3

Report No. T/20180321/2116

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

CONTINUATION OF REPORT

Brief Details.

On 19/03/2018 at about 1845hrs, I was on my way for a delivery and I was travelling along Poh Huat road in my motorcycle (FBM 4122M), everything was in order. I wish to state that the traffic there was not congested. As I was travelling along the road, there was a vehicle (SKS 854X) in front of me. Subsequently, I decided to go across the vehicle and before I knew it, the vehicle suddenly turned right which collided onto my motorcycle.

I went down and exchange particulars with the other driver, I suffered muscle strain on both legs and also on my right arm. In addition my vehicle suffered scratches on the motorcycle, the handle bar was damaged and it was not straight and the headlight was damaged from the impact of the accident. I wish to state that I was given three days Medical certificate for my injuries.

Driver's particulars for SKS 854X
Chew Soen Ping
S1803174D
Contact no: 9755 5248

Sketch Plan #5



SINGAPORE
POLICE FORCE



T/20180321/2116

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

3 of 3

Report No. T/20180321/2116

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 1 ONG YU HAN

Signature Of Informant:

殷新宇

Signature Of Interpreter:

Not applicable

Date/Time:

21/03/2018 16:43

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

Authentication Stamp

NP168