

## 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 afore said.

### ACCIDENT STATEMENT

Date Of Report	23/11/2018 18:13
Date Of Accident	23/11/2018 07:30
Exact Location Of Accident	KIM TIAN ROAD TOWARDS JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ5822K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIN SIEW KWONG
NRIC No	S1527095J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83935744
Alternative Phone No	OTHERS-83935744

### Vehicle Particulars

Manufacturer	YAMAHA
Model	JUPITER MX-134CC HC
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	
Cover Note Number	MT2018TR01422

### Driver

Name of Driver	CHIN SIEW KWONG
NRIC No	S1527095J
Date Of Birth	07/11/1962
Occupation	INDOOR
Date Of Driving Pass	02/08/1984
Driving Experience	34 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83935744
Fax Number	
Contact Number	OTHERS-83935744
Email Address	NOEMAIL

Address BLK 121A KIM TIAN PLACE  
#19-68  
Postcode 161121  
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 TIONG BAHRU NEIGHBOURHOOD POLICE POST  
Police Station Address ROAD: BLK 128 KIM TIAN ROAD #01-123/ 125 , POSTCODE: 160128 ,  
COUNTRY: SINGAPORE  
Police Station Contact TEL NO: 1800-2739999 - FAX NO: 62785651  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181123/2071

#### 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 SHB3288L  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category TAXI  
Name of Driver TAN GUANG CAI  
NRIC/Passport Number  
Contact Number 96786345  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage

First Capital Insurance Ltd  
36 Robinson Rd #16-01  
City House  
Singapore 068877  
Tel 65073848  
Fax 65073849

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name CHIN SIEW KWONG

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBJ5822K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode


## 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:

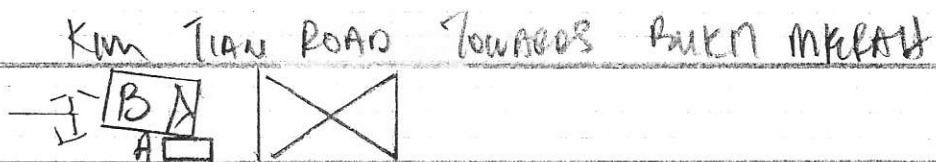
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Resul Hakeem  
NRIC/FIN No.:

SKETCH PLAN



FD	↓	Kim Tian Road	A) FBJ 5822K B) SHB 3288C
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Q18 Refer to Police Report  
 1/2018 11/23/2017

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.:

23/11/2018

Report No. 123



# SINGAPORE POLICE FORCE



T/20181123/2071

1 of 3

Police Station Of Origin:  
Tiong Bahru NPP  
128 Kim Tian Road #01-123 SINGAPORE  
160128  
Tel No: 1800-2739999

Report No. T/20181123/2071

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/11/2018 13:33		Vide Report No.:		Station Diary No.: 20
<b>Informant's Particulars</b>				
Name of Informant: CHIN SIEW KWONG		Address: APT BLK 121A KIM TIAN PLACE #19-68 SINGAPORE 161121		
ID Type / ID No.: NRIC NO / S1527095J		Contact No.: Home/Office: Mobile: 83935744		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 56	Date of Birth: 07/11/1962	Type of Informant: Rider	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: ALLUMINIUM FITTER		Driving Licence Information: Class: 2B Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/11/2018 07:30	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 KIM TIAN ROAD (TOWARDS JLN BUKIT MERAH)				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ5822K	Motorcycle	YAMAHA	JUPITER MX (HC)	Blue	Slightly Damaged	0
SHB3288L	TAXI					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ5822K	GREAT AMERICAN INSURANCE COMPANY	MT2018TR01422	21/07/2018	20/07/2019





**SINGAPORE  
POLICE FORCE**



T/20181123/2071

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Tel No: 1800-2739999

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Report No. T/20181123/2071

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	CHIN SIEW KWONG	ID No.	S1527095J
Related Vehicle	FBJ5822K.(Motorcycle)	Contact No.	83935744
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	23/11/2018	Date Discharge	23/11/2018
No. of Days granted Medical Leave	10	Degree of Injury	Slight
<b>Driver</b>			
Name	TAN GUANG CAI	ID No.	NIL
Related Vehicle	SHB3288L (TAXI)	Contact No.	96786345
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 the 23/11/2018 at around 0730hrs, while I was riding my Motorcycle reg: FBJ5822K (YAMAHA / Blue) along Kim Tian Rd towards Jalan Bukit Merah, I noticed the Taxi reg: SHB3288L slowed down and kept left to the side kerb. I then moved on the right side so as to overtake and that was when the said Taxi suddenly turned right at the junction towards Jln Membina and hit onto the left side of my Motorcycle. I sustained some abrasions on my right knee and toes due to the fall on the right.

I was sent to the Singapore General Hospital by the said Taxi driver and was treated as Outpatient with a 10days medical leave (23/11/2018 - 02/12/2018). That's all.



**SINGAPORE  
POLICE FORCE**



T/20181123/2071

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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 /  
SI JURAIMI BIN MOHAMED AMIN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt ONG YONG HOCK  
Contact No.: 65476436

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
23/11/2018 13:33

Classification Of Case: