

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 aforesaid.

ACCIDENT STATEMENT

Date Of Report	10/01/2019 11:32
Date Of Accident	01/01/2019 21:10
Exact Location Of Accident	ALONG BUKIT TIMAH EXPRESSWAY (WOODLANDS 7.1KM)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA7921S
Insured/Policyholder	
Name Of Registered Owner	YAP THIAM LOON
NRIC No	S2607226C
Email Address	THIAMLOONYAP16@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82990433
Alternative Phone No	OTHERS-82990433

Vehicle Particulars

Manufacturer	YAMAHA
Model	T135-135CC SPARK
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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
Fleet Policy	NO
Policy Number	5038138907-09
Cover Note Number	

Driver

Name of Driver	YAP THIAM LOON
NRIC No	S2607226C
Date Of Birth	16/12/1964
Occupation	INDOOR
Date Of Driving Pass	18/10/2000
Driving Experience	18 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82990433
Fax Number	
Contact Number	OTHERS-82990433
Email Address	THIAMLOONYAP16@GMAIL.COM

Address	8 JLN SEKUNTUM 6 TMN BKT DAHLIA PASIR GUDANG JOHOR BAHRU
Postcode	81700
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190108/2038

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	SLJ329H
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	YAP THIAM LOON
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBA7921S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident 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.

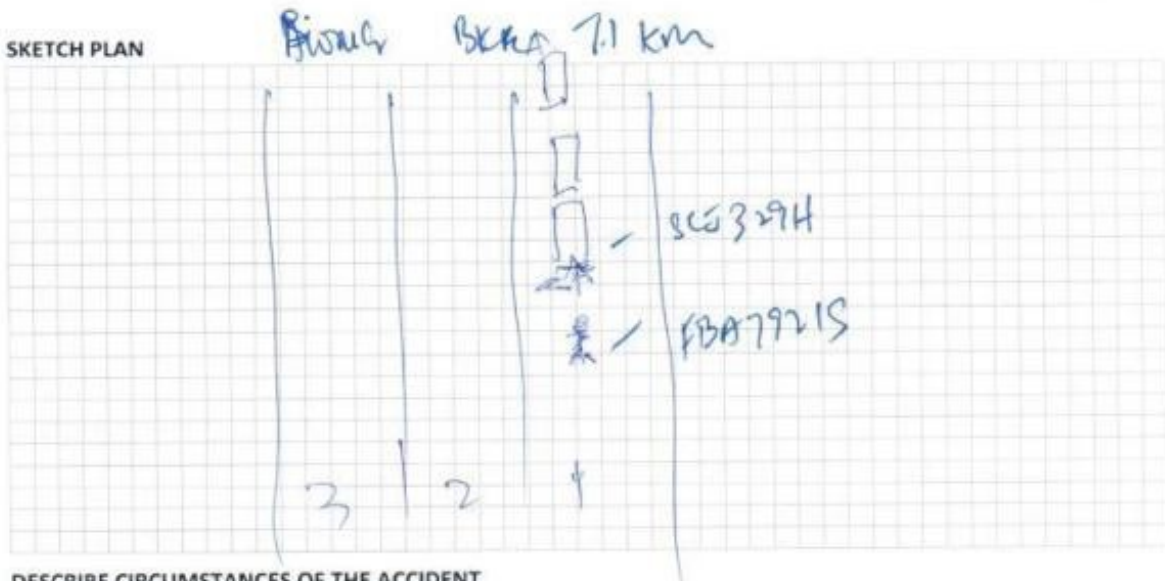
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ms refer to police report
7/2019 e108/2038

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.:

GNARAC SketchPlanForm_V3

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190108/2038

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

1 of 3

Report No. T/20190108/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/01/2019 11:41	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: YAP THIAM LOON			Address:	
ID Type / ID No.: NRIC NO / S2607226C			Contact No.: Home/Office:	Mobile: 82990433
Nationality: MALAYSIAN			Email:	
Sex: Male	Age: 54	Date of Birth: 16/12/1964	Type of Informant: Rider	
Race: Chinese			Language:	Institution / School Name:
Occupation: Chef			Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/01/2019 21:10	Type of Location: Straight Road
Location: Along Road 1 BUKIT TIMAH EXPRESSWAY BKE(WOODLANDS) 7.1KM				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBA7921S	Motorcycle	YAMAHA	T135	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBA7921S	NTUC Income Insurance Co-Operative Limited	5038138907-09	16/08/2018	15/08/2019

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190108/2038

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

2 of 3

Report No. T/20190108/2038

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION
I WAS TRAVELLING ALONG BKE AFTER THE SURVEILLANCE CAMERA ON THE FIRST LANE. AT
THE FRONT, THERE WAS ALREADY AN ON-GOING ACCIDENT HAPPENING WHICH INVOLVED
THREE OTHER VEHICLE. I TRIED TO APPLY MY BRAKES IN HOPE TO AVOID THE ACCIDENT.
UNFORTUANTELY, MY MOTORBIKE WAS ALREADY TOO CLOSE TO THE VEHICLE INFRONT. I
WAS QUITE PUZZLED BY THEIR ACTIONS AS THEY DID NOT ON ANY SIGNAL OR INDICATIONS.
MY ADDRESS IS, 8JLN SEKUNTUM 6TMN BKT DAHLIA, 81700 PASIR GUDANG JOHOR M'SIA

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190108/2038

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

3 of 3

Report No. T/20190108/2038

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:
TP /
NG JIN SHENG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
08/01/2019 11:41

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL
Contact No.: 65476131

Classification Of Case:

Authentication Stamp
NP168

Signature:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500200 / GST Reg. No.: M400017731

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : 2NA419004229 Vehicle Registration No: FBA 29XS
Name (as shown in NRIC) : YAP THIAM LOON NRIC/FIN/Passport No : S760726 C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 82990433
Email Address : _____
Date of Accident : 01/01/2019 Time of Accident : 21:10
Place of Accident : Abong Bukit Limas Expressway (underpass) (7.1km)
Insurance Company : NULC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Insurance should be NULC & not mela

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rosh Lim
NRIC/FIN No: 10/01/2019
Date: