

## 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	30/01/2019 12:36
Date Of Accident	27/01/2019 00:25
Exact Location Of Accident	SOUTH BOUND TWDS CTE DIRECTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FS9089P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHNG YUAN YUEH, PAUL (ZHUANG YUANYUE)
NRIC No	S8240343D
Email Address	PAULCHNGYY@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97712489
Alternative Phone No	OTHERS-97712489

### Vehicle Particulars

Manufacturer	HONDA
Model	CB400SFYJ-399CC
Exact Purpose for which vehicle was being used at time of accident	GOING 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	5092061174-01
Cover Note Number	

### Driver

Name of Driver	CHNG YUAN YUEH, PAUL (ZHUANG YUANYUE)
NRIC No	S8240343D
Date Of Birth	02/12/1982
Occupation	INDOOR
Date Of Driving Pass	25/01/2016
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97712489
Fax Number	
Contact Number	OTHERS-97712489
Email Address	PAULCHNGYY@YAHOO.COM.SG

Address	BLK 3 EVERTON PARK #06-77
Postcode	080003
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 (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	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO THE POLICE REPORT T/20190129/7001

#### 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	SHC4743C
Vehicle Make/Model/Colour	TOYOTA WISH
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	HOE SHENG TONG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	CHNG YUAN YUEH, PAUL (ZHUANG YUANYUE)
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FS9089P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Sketch Plan


### SKETCH PLAN

#### IMPORTANT NOTICE


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5. Any false reporting may be referred to the Police for investigation.
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:  
NRIC/FIN No.:

# Sketch Plan #2

## SKETCH PLAN

A) FS 9089 P  
B) SHC 4743 C

South bound (TE direction)

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Handwritten note across the section:* PLS REFER TO Police Report 7/20190129/2001

## DECLARATION

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

*[Signature]*  
Policyholder's Signature  
Date & Time:

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

*[Signature]* 30/01/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190129/7001

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

1 of 4

Report No. T/20190129/7001

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/01/2019 11:53	Vide Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: CHNG YUAN YUEH, PAUL			Address: APT BLK 3 EVERTON PARK #06-77 SINGAPORE 080003		
ID Type / ID No.: NRIC NO / S8240343D			Contact No.: Home/Office: Mobile: 97712489		
Nationality: SINGAPORE CITIZEN			Email: paulchngyy@yahoo.com.sg		
Sex: Male	Age: 36	Date of Birth: 02/12/1982	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: ESTATE MANAGER			Driving Licence Information: Class: Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/01/2019 00:25	Type of Location:
Location:  CENTRAL EXPRESSWAY				
Weather:	Road Surface:	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume:		
Type of Collision:		Anyone conveyed by ambulance: Yes		

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FS9089P	Motorcycle	HONDA	CB400SFYJ	Blue		0
SHC4743C	Car	TOYOTA	Wish	Brown	Slightly Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FS9089P	NTUC Income Insurance Co-Operative Limited	5092061174-01	22/06/2018	21/06/2019



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190129/7001

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

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Report No. T/20190129/7001

## 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	CHNG YUAN YUEH, PAUL	ID No.	S8240343D
Related Vehicle	FS9089P (Motorcycle)	Contact No.	97712489
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/01/2019	Date Discharge	28/01/2019
No. of Days granted Medical Leave	06	Degree of Injury	Slight
<b>Driver</b>			
Name	Hoe Sheng Tong	ID No.	NIL
Related Vehicle	SHC4743C (Car)	Contact No.	NIL
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 27 January 2019, at around 0025hrs, I was traveling on the CTE on my motorcycle (FS9089P) in the south-bound direction toward Outram exit (Number 1 in the sketch) when I was side-swiped by a taxi (SHC4743C). The impact left me with multiple injuries.

There was light traffic and the condition of the road was dry, with clear vision. I was on lane 2 at a speed of between 85 to 90km/h when I suddenly felt an impact against my left side as I was approaching the Moulmein Road exit (Number 2 in the sketch). I was immediately thrown off my motorcycle and landed face down on the expressway while my motorcycle was knocked toward the centre divider. (Number 3 in the sketch)

I got up to take down the license plate number of the car that had hit me and saw that it was an SMRT taxi. When I inspected the taxi for signs of impact, I noticed a scratch on the side of the taxi (picture attachments). The taxi driver then called for an ambulance.

The ambulance arrived and conveyed me to Tan Tock Seng Hospital (TTSH) where I was admitted for observation. I suffered multiple abrasions wounds all over my palms, arms, knees and left snoulder, with bruises all over my chest and abdomen area. My chin also suffered a cut which required 2 stitches. I was warded for 1 night in TTSH and discharged on 28 January 2019, when my condition was stable and given medical leave of 6 days, from 27 January to 1 February 2019.

**POLICE REPORT**



**SINGAPORE  
POLICE FORCE**

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



T/20190129/7001

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Report No. T/20190129/7001

**CONTINUATION OF REPORT**



POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190129/7001

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

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Report No. T/20190129/7001

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
YAN MINGSHENG DANIEL  
Contact No.: 65476252

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
29/01/2019 11:53

Classification Of Case:

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



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.: M400017735

**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 : MAA419014240 Vehicle Registration No: FS 9089P  
Name (as shown in NRIC) : CHANG YUON YUAN, POOL NRIC/FIN/Passport No : S82403430  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 97712689  
Email Address : \_\_\_\_\_  
Date of Accident : 27/01/2019 Time of Accident : 00:25  
Place of Accident : SOUTH BOUND TOWARDS CHA DEKAH  
Insurance Company : ANIC

### (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:

CHANGED NAME TO CHANG YUON YUAN, POOL (ZHUANG YUAN YUE)

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Peck Lim  
NRIC/FIN No.:  
Date: 13/02/2019