

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	20/02/2019 14:59
Date Of Accident	15/02/2019 20:30
Exact Location Of Accident	ALONG TELOK BLANGAH RD TOWARDS HENDERSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH655U
Insured/Policyholder	
Name Of Registered Owner	SOUTHERN MOTOR
Co Reg No	23414700L
Email Address	GS.DANETAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91689260
Alternative Phone No	OFFICE-91689260

Vehicle Particulars

Manufacturer	SYM
Model	JOYRIDE 200 I-175CC
Exact Purpose for which vehicle was being used at time of accident	DELIVER FOOD (GRAB)
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	5100726122
Cover Note Number	

Driver

Name of Driver	TAN KOK SOON
NRIC No	S9438434F
Date Of Birth	13/10/1994
Occupation	OUTDOOR
Date Of Driving Pass	29/09/2014
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91689260
Fax Number	
Contact Number	OTHERS-91689260
EEmail Address	GS.DANETAN@GMAIL.COM

Address	BLK 663A PUNGGOL DRIVE #09-272
Postcode	821663
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	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?	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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190218/2197

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	SHB3415L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LOI MENG YEE
NRIC/Passport Number	S1210165A
Contact Number	98153763
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN KOK SOON

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBH655U

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

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:

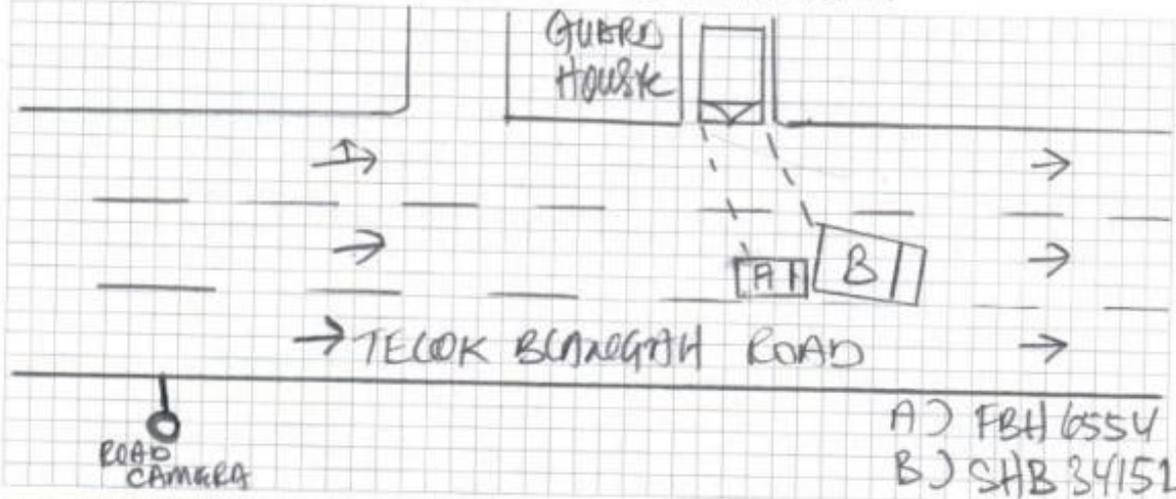
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN

SKYLINE CONDOMINIUM



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PLS REFER TO POLICE REPORT
7/2019 0218/2017*

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]
20/07/2019

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190218/2197

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 4

Report No. T/20190218/2197

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/02/2019 20:11	Vide Report No.:	Station Diary No.: 94
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Informant's Particulars

Name of Informant: TAN KOK SOON		Address: APT BLK 663A PUNGGOL DRIVE #09-272 SINGAPORE 821663	
ID Type / ID No.: NRIC NO / S9438434F		Contact No.:	Mobile: 91689260
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 24	Date of Birth: 13/10/1994	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: DELIVERY MAN		Driving Licence Information: Class: 2B	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/02/2019 20:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 TELOK BLANGAH ROAD Along Telok Blangah Road towards Henderson Road outside Skyline Residences				
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 Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH655U	Motorcycle				Totally Damaged	0
SHB3415L	Car				Slightly Damaged	2

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT



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Tel No: 1800-4719999

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Report No. T/20190218/2197

CONTINUATION OF REPORT

Rider			
Name	TAN KOK SOON	ID No.	S9438434F
Related Vehicle	FBH655U (Motorcycle)	Contact No.	91689260
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	16/02/2019	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	LOI MENG YEE	ID No.	S1210165A
Related Vehicle	NIL	Contact No.	98153763
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 15/02/19 at about 2030hrs, I was riding my motorcycle, bearing VRN FBH655U, along the middle lane of Telok Blangah Road towards Henderson Road outside of Skyline Residences, when suddenly a ComfortDelGro yellow taxi which had two passengers bearing VRN SHB3415L drove out of Skyline Residences. Subsequently, the taxi abruptly switched lane from the left lane into my lane. I immediately jammed brake, however as I could not brake in time my motorcycle collided into the rear of the taxi. My motorbike then skidded and suffered serious damages overall. I also fell off the bike and suffered abrasions on both arms, both knees and both feet. The taxi suffered minor dents on the exhaust pipe. I then stopped at the side of the road and exchanged particulars with the taxi driver. The taxi had a front facing in-car camera. I also wish to state that there is a camera on the opposite side of the road outside of Skyline Residences.

The incident was attended by traffic police however I did not take note of their call sign nor did I receive any case card. I refused to be conveyed to hospital by ambulance as my friend was coming to pick me up. I did not go to the doctor that day.

On 16/02/19, as I felt that my injuries were deteriorating, I went to Sengkang General Hospital A&E to receive treatment. I suffered severe abrasions and was given 3 days of MC (16/2/19-18/2/19).

On 18/2/19, as I felt that the pain has not gone away I went to Punggol Polyclinic to receive treatment and was given another 4 days of MC. In total, I am on medical leave from 16/2/19 to 22/2/19.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190218/2197

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Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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CONTINUATION OF REPORT

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190218/2197

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3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20190218/2197

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: D / Sgt 2 CHOW YUN NI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/02/2019 20:11
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No.: 65476213	Classification Of Case:
Authentication Stamp NP168 	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



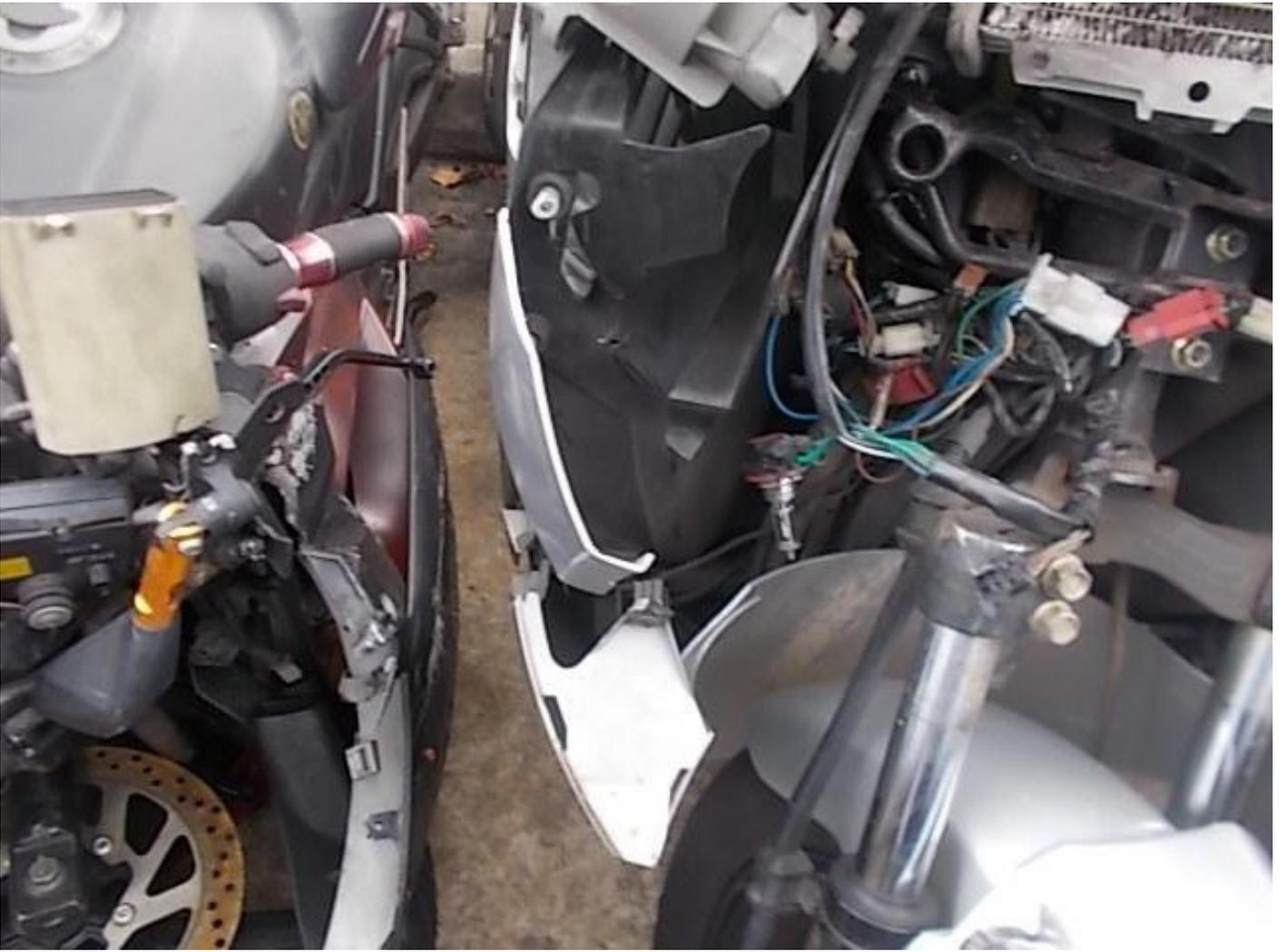
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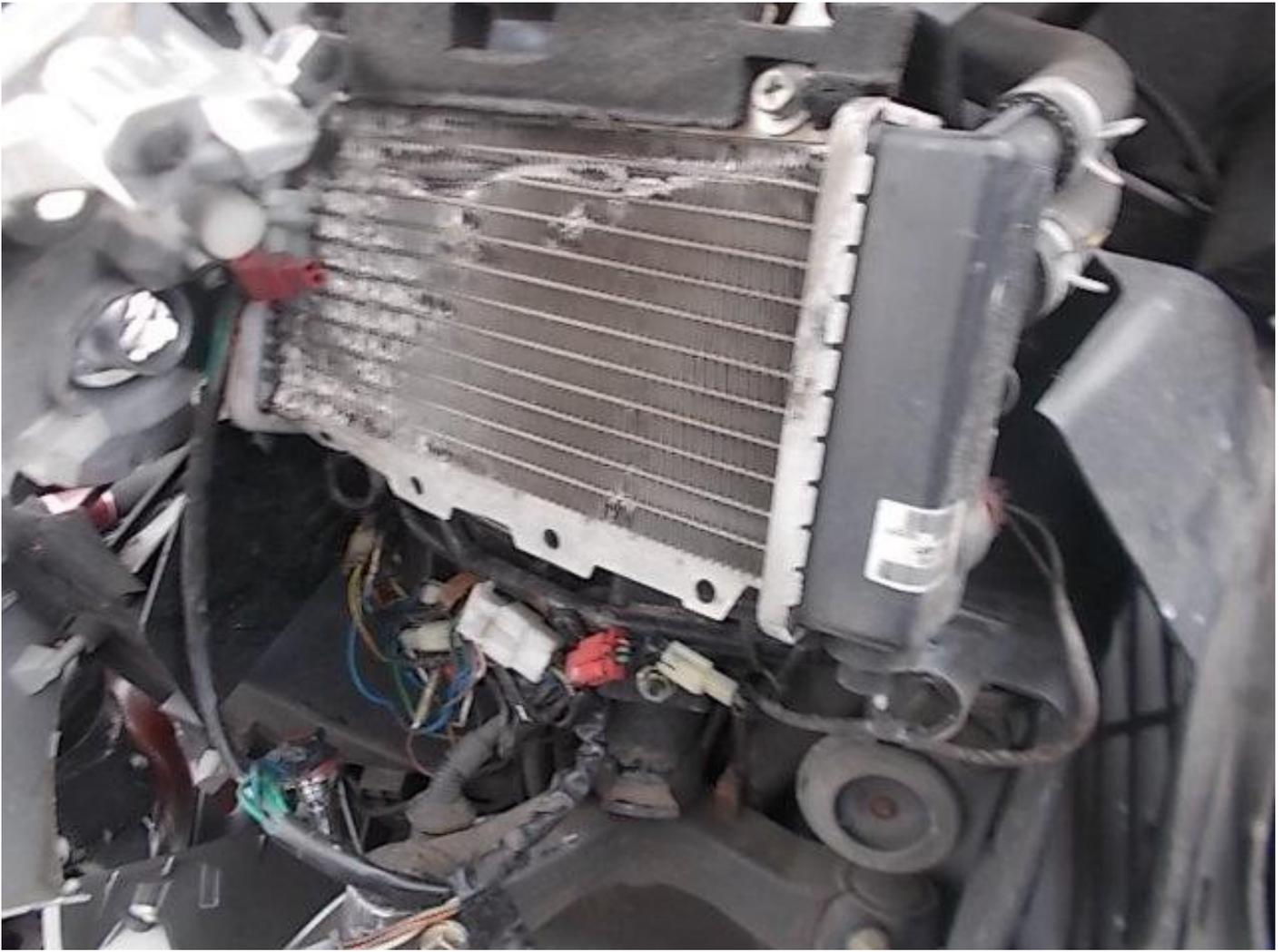
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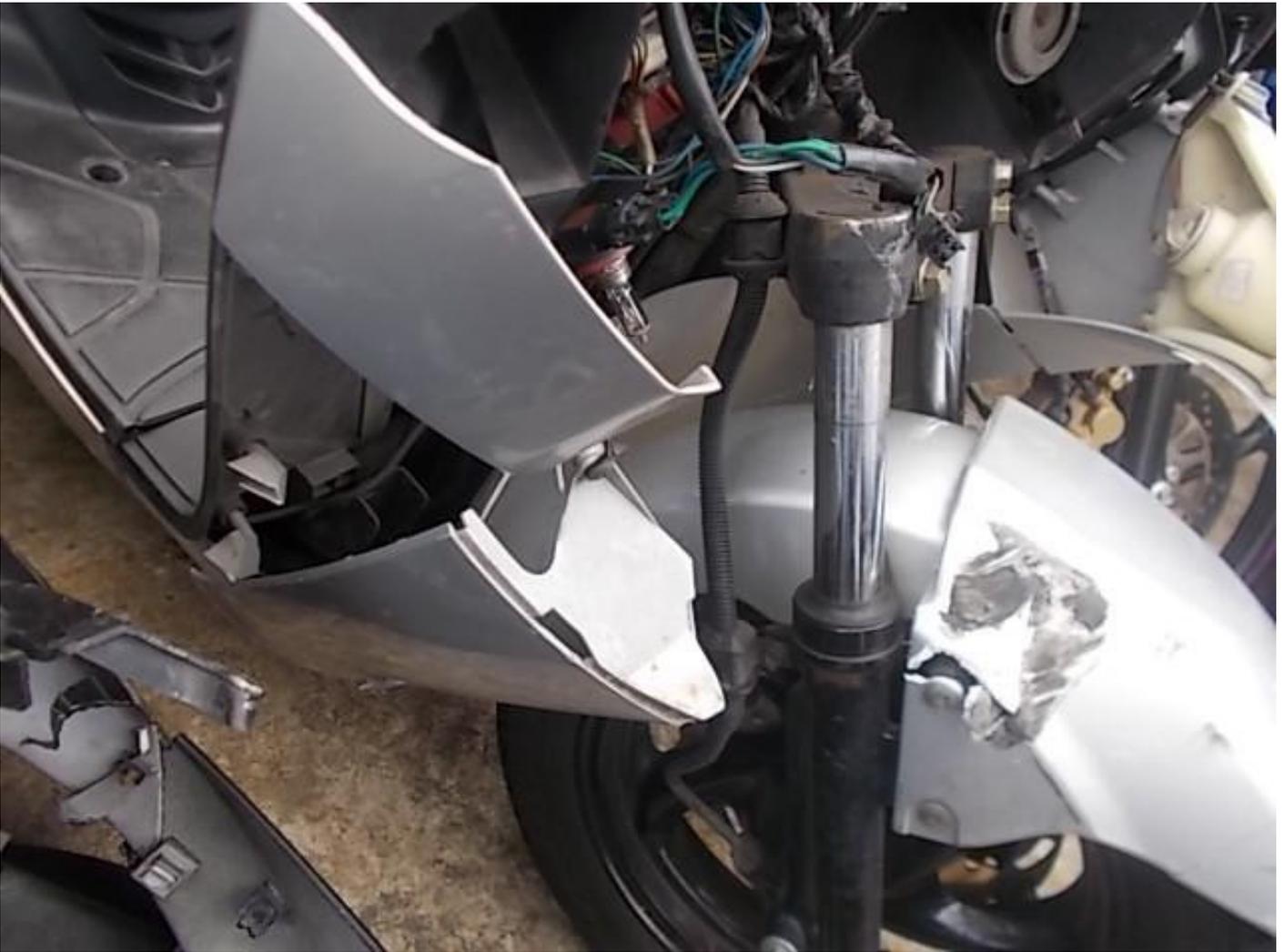
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