

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	27/12/2018 16:06
Date Of Accident	09/12/2018 19:10
Exact Location Of Accident	TAMPINES STREET 45 (IN FRONT B/498M)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE6174S
Insured/Policyholder	
Name Of Registered Owner	SUN BO
Passport No/FIN	G2859146U
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88698422
Alternative Phone No	OFFICE-88698422

Vehicle Particulars

Manufacturer	YAMAHA
Model	X-1R
Exact Purpose for which vehicle was being used at time of accident	
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	5094283347 TP
Cover Note Number	

Driver

Name of Driver	SUN BO
Passport No/FIN	G2859146U
Date Of Birth	03/12/1996
Occupation	OUTDOOR
Date Of Driving Pass	07/09/2017
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88698422
Fax Number	
Contact Number	OFFICE-88698422
Email Address	NOEMAIL

Address	BLK 34 #13-371 BEDOK SOUTH AVENUE 2
Postcode	460034
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	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

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	SHA9577T
Vehicle Make/Model/Colour	TOYOTA PRIUS HYBRID 1.8 CVT
Details Of Properties	
Vehicle Category	TAXI
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	SUN BO
Approximate Age	22
Injuries Sustain	
Injured person in which vehicle?	FBE6174S
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.

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: track@idacat.com.sg

Name:

NRIC/FIN No.:

Policyholder's Signature

Date & Time: 7 DEC 2018

Driver's Signature

(If driver is not the policyholder)
Date & Time

SKETCH PLAN

A - FBE61745

B - SHA9577T 498M

498A



Tamplines

ST

45

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to

Police Report

DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 27 DEC 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

IOAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: vackb@singnet.com.sg

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

A-FBE 61745

B-SHA 9577T 498M



498A



A 61745



Tampines ST 45

Describe Circumstances of the Accident

I was riding along Tampines ST 45 on 9-12-18 at about 7-10pm.

Suddenly a taxi from opposite direction made a right turn into the car-park entrance of BKS 498M/498A.

I was unable to avoid the accident and hit the left side of the taxi.

I was convey to Changi General Hospital by ambulance. I was warded for 1 day and was given 14 days MC. My bike was badly damaged.



SINGAPORE POLICE FORCE



T/20181214/2121

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 3

Report No. T/20181214/2121

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/12/2018 18:39		Vide Report No.:		Station Diary No.: 64	
Informant's Particulars					
Name of Informant: SUN BO			Address: APT BLK 34 Bedok South Avenue 2 #13-371 SINGAPORE		
ID Type / ID No.: FIN NO / G2859146U			Contact No.: Home/Office: 87876945 Mobile: 88698422		
Nationality: CHINESE			Email:		
Sex: Male	Age: 22	Date of Birth: 03/12/1996	Type of Informant: Rider		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: DELIVERY RIDER			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: 09/12/2018 19:10	Type of Location: Straight Road
Location: Along Road 1 TAMPINES STREET 45 In front of Blk 498M Tampines Street 45.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE6174S	Motorcycle	YAMAHA	X-1R	Black	Seriously Damaged	0
SHA9577T	TAXI					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBE6174S	NTUC Income Insurance Co-Operative Limited	5094283347	14/09/2017	29/12/2018



**SINGAPORE
POLICE FORCE**



T/20181214/2121

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Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20181214/2121

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SUN BO	ID No.	G2859146U
Related Vehicle	FBE6174S (Motorcycle)	Contact No.	87876945
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	09/12/2018	Date Discharge	10/12/2018
No. of Days granted Medical Leave	14	Degree of Injury	Serious
Driver			
Name	HAN JIN KWANG	ID No.	S1758779Z
Related Vehicle	SHA9577T (TAXI)	Contact No.	86861678
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 09/12/2018 at about 1910hrs, I was riding my black motorcycle, Yamaha X1R, FBE6174S travelling straight along Tampines street 45 in front of Blk 498M Tampines Street 45. Suddenly, a yellow ComfordelGro taxi, SHA9577T travelling from the opposite direction signal right before making a quick right turn into the carpark entrance between Blk 498M and 498A Tampines Street 45. During which, I was unable to stop in time and collided onto the taxi. Due to impact, my whole body flung towards the taxi's left portion and landed on the ground. I felt giddy and was finally conveyed to Changi General Hospital. My boss, Ben (HP:87876945) who came to scene assisted me to take photo of the accident. I was hospitalised on 09/12/2018 and discharge on 10/12/2018. I was issued 14 days MC by Dr Gabriel Joseph. I sustained facial injuries and dislocation to my right shoulder. So far, I do not have any witness and I am not sure if there is any CCTV at the vicinity.



**SINGAPORE
POLICE FORCE**



T/20181214/2121

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20181214/2121

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:
G /
Staff Sgt HEAP ZHI YONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt MOHAMAD ZULFAZDLI BIN
ABDULLAH
Contact No.: 65476204
Authentication Stamp

NP168

6547-6187

Signature Of Informant:

Date/Time:
14/12/2018 18:39

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Traffic Police
10 Ubi Avenue 3
Singapore 408865
Tel +65 6547 6246
www.police.gov.sg

Our Ref : TP/IP/67729/2018
Date : 21 December 2018

NAME: Sun Bo
NRIC / FIN: G2859146U

Dear Sir / Madam,

CASE OF TRAFFIC ACCIDENT ALONG Tampines Street 45 Towards Tampines Avenue 7 ON 09 December 2018 at about 1852 hrs

NOTICE FOR VEHICLE (FBE6174S) COLLECTION

Please collect the above vehicle which is registered under your name at **Traffic Police Vehicle Pound located at 517 Airport Road, Singapore 539942** **within 30 working days** from the date of this notice. The Duty Officer at **Traffic Police Vehicle Pound** can be contacted at **6280 7841**. The collection hours are:

Day of week	Operational hours
Monday	2.00 pm to 4.00 pm
Tuesday to Friday	9.00 am to 12.00pm 2.00 pm to 4.00 pm

2 You have to make your own arrangements to remove your vehicle at your own cost. If you are authorising someone else to collect the vehicle on your behalf, please ensure that he / she produces his / her NRIC / Passport for verification. Please fill up the letter of authorization at Annex 'A'.

3 Take note that the vehicle must be collected **within 30 working days** from the date of this notice or storage fee will be levied as follows:

Type of vehicle	Storage fee per day
Motorcycle/Scooter	\$20/-
Motorcar	\$40/-
Others	\$80/-

4 Traffic Police will proceed to dispose the vehicle if it remains unclaimed **after 30 working days** from the date of this notice. Should you require further clarification, please contact the undersigned at telephone number **6547 6187** or via email at **Qhairil_Zulkflee@spf.gov.sg**.

Yours faithfully,

Qhairil
INVESTIGATION OFFICER
TRAFFIC POLICE



**SINGAPORE
POLICE FORCE**

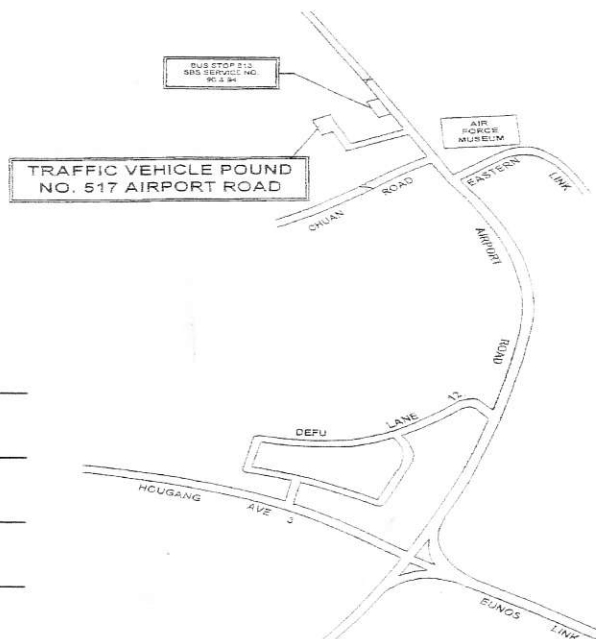
Traffic Police
10 Ubi Avenue 3
Singapore 408865
Tel +65 6547 6246
www.police.gov.sg

Reference: TP/IP/69751/2018

ANNEX A: LETTER OF AUTHORISATION FOR VEHICLE COLLECTION

I, _____, of NRIC / FIN / Passport Number:
_____ hereby authorise _____ of NRIC / FIN /
Passport Number: _____ to collect my vehicle bearing registration number:
_____ on my behalf from Traffic Police.

LOCATION MAP FOR TRAFFIC VEHICLE POUND



(Signature)

Name : _____
NRIC No. : _____
Contact Number : _____
Date : _____

**Note: NRIC, FIN CARD OR PASSPORT MUST BE PRODUCED FOR VERIFICATION TOGETHER
WITH THE NOTICE FOR VEHICLE COLLECTION.**