

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	04/04/2019 09:26
Date Of Accident	15/03/2019 01:25
Exact Location Of Accident	ALONG ROAD 1 BUANGKOK GREEN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ9051K
Insured/Policyholder	
Name Of Registered Owner	TOH JERRY
NRIC No	S8621667A
Email Address	REDHUNTER13TH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91779017
Alternative Phone No	OFFICE-91910151

Vehicle Particulars

Manufacturer	HONDA
Model	XR400 MOTARD
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MC/00565924
Cover Note Number	

Driver

Name of Driver	TOH JERRY
NRIC No	S8621667A
Date Of Birth	13/08/1986
Occupation	INDOOR
Date Of Driving Pass	26/02/2009
Driving Experience	10 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91779017
Fax Number	
Contact Number	OFFICE-91910151
Email Address	REDHUNTER13TH@GMAIL.COM

Address	BLK 960 HOUNGANG AVENUE 9 #11-564
Postcode	530960
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 ON COLLISION
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	10 UBI AVENUE 3
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE TRAFFIC ACCIDENT REPORT NO. T/20190320/2080 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	SHC8897R
Vehicle Make/Model/Colour	
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	TOH JERRY
Approximate Age	32
Injuries Sustain	
Injured person in which vehicle?	FZ9051K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 960 HOUGANG AVENUE 9 #11-564
Postcode	530960

Sketch Plan

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: 3/04/19
5.34pm.

Driver's Signature

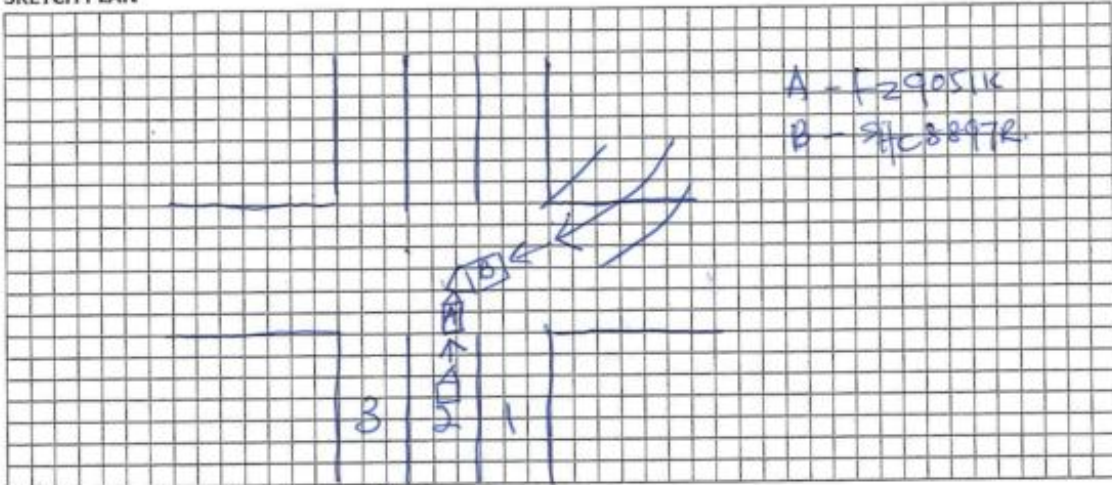
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: Tan Choe Lok
NRIC/FIN No.: G7715235R

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/03/2019, at about 0125HRS, I was travelling on center 3 LANE road along Buangkok Green. While approaching the A cross Junction, as I have the right of way due to green traffic light, I proceeded to cross the cross-junction at a decreasing speed. However, a taxi, SHC8897R, decided to turn right even though I had the right of way. As such, the taxi driver collided into me, which caused me to fall. I was conveyed to SKGH by ambulance.

DECLARATION

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

Policyholder's Signature

Date & Time: 3/04/19 5:33pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Tan Chao Loo

NRIC/FIN No.: 67715735R



**SINGAPORE
POLICE FORCE**



T/20190320/2080

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

1 of 3

Report No. T/20190320/2080

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/03/2019 13:08	Vide Report No.: F/20190315/0027	Station Diary No.:
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Informant's Particulars

Name of Informant: TOH JERRY			Address: APT BLK 960 HOUGANG AVENUE 9 #11-564 SINGAPORE 530960		
ID Type / ID No.: NRIC NO / S8621667A			Contact No.: Home/Office: Mobile: 91779017		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 13/08/1986	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: ENGINEER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/03/2019 01:25	Type of Location:
Location: Along Road 1 BUANGKOK GREEN				
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
FZ9051K	Motorcycle	HONDA	XR400 MOTARD	Red		0
SHC8897R	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FZ9051K	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/00565924	01/12/2018	30/11/2019



**SINGAPORE
POLICE FORCE**



T/20190320/2080

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

2 of 3

Report No. T/20190320/2080

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTION DATE TIME AND LOCATION,

ON 15/03/2019 AT ABOUT 0125HRS, I WAS TRAVELLING ON CENTER 3 LANE ROAD ALONG BUANGKOK GREEN . WHILE APPROACHING THE A CROSS JUNCTION . AS I HAVE THE RIGHT OF WAY DUE TO GREEN TRAFFIC LIGHT, I PROCEEDED TO CROSS THE CROSS-JUNCTION AT A DECREASING SPEED. HOWEVER, A TAXI ,SHC8897R, DECIDED TO TURN RIGHT EVEN THOUGH I HAD THE RIGHT OF WAY. AS SUCH, THE TAXI DRIVER COLLIDED INTO ME, WHICH CAUSED ME TO FALL. I WAS CONVEYED TO SKGH BY AMBULANCE.



**SINGAPORE
POLICE FORCE**



T/20190320/2080

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

3 of 3

Report No. T/20190320/2080

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 / TAN KOK RAY
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD YUSOF Contact No.: 65476358

Authentication Stamp
NP168

Signature Of Informant:
Date/Time: 20/03/2019 13:08
Classification Of Case: SINGAPORE POLICE FORCE
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

