

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	14/05/2019 15:09
Date Of Accident	12/05/2019 13:40
Exact Location Of Accident	SERVICE ROAD FROM BLK 614A WOODLANDS AVE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC5753M
Insured/Policyholder	
Name Of Registered Owner	CHEN SIONG YON
NRIC No	S2504882B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94455999
Alternative Phone No	OTHERS-94455999

Vehicle Particulars

Manufacturer	PIAGGIO
Model	VESPA LX 150-151CC
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	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	AN3174352
Cover Note Number	

Driver

Name of Driver	CHEN SIONG YON
NRIC No	S2504882B
Date Of Birth	13/04/1963
Occupation	INDOOR
Date Of Driving Pass	01/08/1984
Driving Experience	34 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94455999
Fax Number	
Contact Number	OTHERS-94455999
Email Address	NOEMAIL

Address	BLK 612 WOODLANDS AVENUE 4 #11-451 SINGAPORE
Postcode	730612
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?	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	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , 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 ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

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	SHA9992C
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 CHEN SIONG YON

Approximate Age

Injuries Sustain

Injured person in which vehicle? FBC5753M

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan

SKETCH PLAN

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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:

14/5/19
3pm

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

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

permen

Sketch Plan #2

SKETCH PLAN

Vehicle
A -
B -

614 A
MSCP
woodlands
Pine A.

B-A
B
↓

Legend
Vehicle
Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report T/2019

DECLARATION

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

Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

Policyholder's Signature

Date & Time:

Driver's Signature _____

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FTN No.:

Common Statement

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims.

1 Date of accident <u>12/5/14</u> Time <u>3:40</u>		2 Exact location of accident <u>Service Road from Blk 61A Woodlands Ave 4</u>		3 Injuries even if slight No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be undertaken if he/she is passenger in vehicle A or vehicle B) _____ _____ _____	
				Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) **FBC5753M**

☒ Insured (policyholder (not insurance card))

Name (capital letters) **Chen Strong Yon**

Address _____

NRIC / Passport no. **52504880B**

Tel. no. (from this till figs) _____

IP# **7445 5999**

☒ Vehicle **Piaggio Vespa**

Make, type **LX 150 19**

☒ Insurance company **AXA** ☐ C ☒ TPFT ☐ TPO

Does the policy cover damage to vehicle A? ☒ Yes ☐ No

Policy no. **AN 31 74352**

☒ Driver ☒ Same as Owner

Name (capital letters) _____

NRIC / Passport no. **3**

Class of licence _____

IP# _____

Gender: ☒ Male ☐ Female

12 CIRCUMSTANCES

Put a cross (X) in each of the relevant boxes applicable to your vehicle.

- | | |
|----|--------------------------------------------------|
| 01 | Chain Collision |
| 02 | Collided Into Bicycleist |
| 03 | Collided Into Motorcyclist |
| 04 | Collided Into Parked Vehicle |
| 05 | Collided Into Pedestrian |
| 06 | Collided Into Property |
| 07 | Collision - Change/Cross Lane |
| 08 | Collision - Cross Intersection |
| 09 | Collision - Head on Collision |
| 10 | Collision - Head to Rear |
| 11 | Collision - Merge/Slower Rd |
| 12 | Collision - Opening Door of Vehicle |
| 13 | Collision - Rear-End |
| 14 | Collision - Side-Strike |
| 15 | Drink Driving / Drug Influence |
| 16 | Fire, Explosion or Lightning |
| 17 | Flood |
| 18 | Hit and Run / Vanishing / Damaged Vehicle Parked |
| 19 | Hit by Train / Other Object |
| 20 | No Collision |
| 21 | Side-Swipe |
| 22 | Push |

← State TOTAL number of →
boxes marked with a cross

↓ Registration No. (VEHICLE B) **5HA99920**

☒ Insured / policyholder (see insurance cert.)

B

10 Name _____
(capital letters)

20 _____

30 Address _____

40 _____

50 MRSC / Passport no _____

60 Tel no. (from form 6A Spns) _____

70 _____

80 HP _____

90 ☒ Vehicle

100 Make, type _____

110 _____

120 ☒ Insurance company

130 ☐ C ☐ TPFT ☐ TPO

140 Does the policy cover damage to vehicle B?

150 No ☐ Yes ☐

160 _____

170 Policy No. (if available) _____

180 _____

190 ☒ Driver (See driving licence)

200 (if different from insured B above)

210 Name _____
(capital letters)

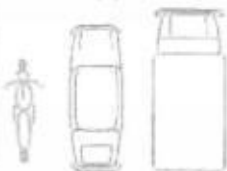
220 MRSC / Passport no _____

230 Class of licence _____

240 HP _____

250 Gender Male ☐ Female ☐

1.6 Indicate the point of initial impact with an arrow (4)



1.1 Visible damage to vehicle A

2.409 remains

4.9 Sketch of accident when impact occurred 13

Figure 10-10-1. layout of the road - 2.the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

10 Indicate the point of initial impact with an arrow(\Rightarrow)



☐ Visible damage to vehicle B

My remarks

25 Signatures of drivers

A

R

³ In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf.

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement
(Part II) see overleaf →

Individual Statement

628 35474 9767
628 35107 6937

INDIVIDUAL STATEMENT (Part II)

To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)

Own Workshop Email / Fax (if any)

enquiries@hospay
trading.com.sg

Insured	1. Occupation (if more than one, state all)		Email:		
	2. Vehicle registration no. CC		If commercial vehicle, state permissible carrying capacity		
	3. Is driver the owner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, State Relationship or (Driver with owner)		state the vehicle number and name of insurer of driver's own vehicle (where applicable)		
	4. Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private hire <input type="checkbox"/> Others - please specify				
	5. Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present Tel no. _____				
	6. Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)				
Driver or person in charge of vehicle at the time of accident (including insured)	7. Date of birth	Occupation	Date of license pass	Was vehicle driven with the insured's permission?	Was driver an employee of the insured's company?
	13/4/63	Indoor	Outdoor	1/8/84	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	8. Give details of any pre-existing impairment of sight or hearing and of any other disability				
Injured persons	9. Full details of all driving convictions including pending prosecutions in the last 36 months				
	Date	Offence			Penalty
Damage to property A vehicles (other than vehicles A and B)	10. Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?	Was injured conveyed to hospital by ambulance?
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Police action	11. Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage		Insurer's name and address (if known)
Accident details	12. Was the accident reported to the Police? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station Woodlands East NAC				
	13. Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom?				
	14. Weather conditions Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>				
	15. Road surface Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/>				
	16. Speed of vehicles A <input type="checkbox"/> km/hr B <input type="checkbox"/> km/hr				
	17. What warnings were given by driver or other party?				
Declaration	18. Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	19. What lights were displayed on your vehicle/the other vehicle(s)?				
	20. If your vehicle is commercial, state weight of load carried at time of accident				
	21. State how accident happened, width of roads, speed limits, etc (Refer to attached)				
	22. State number of Passengers (including Driver) 10				
	I/We declare the foregoing particulars are true in every respect				
Policyholder's signature _____ Date _____					
Driver's signature (if driver is not the policyholder) _____ Date _____					

POLICE REPORT PAGE 1 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190513/2158

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 3

Report No. T/20190513/2158

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/05/2019 19:47	Vide Report No.:	Station Diary No.: 156
--------------------------------------------	------------------	---------------------------

Informant's Particulars				
Name of Informant: CHEN SIONG YON			Address: APT BLK 612 WOODLANDS AVENUE 4 #11-451 SINGAPORE 730612	
ID Type / ID No.: NRIC NO / S2504882B			Contact No.: Home/Office: Mobile: 94455999	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 56	Date of Birth: 13/04/1963	Type of Informant: Rider	
Race: Chinese			Language:	Institution / School Name:
Occupation: CONTRACTOR			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/05/2019 13:40	Type of Location: SERVICE ROAD
Location: Along Road 1 WOODLANDS RING ROAD SERVICE ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
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
FBC5753M	Motorcycle	PIAGGIO	VESPA LX 150	Red	Slightly Damaged	0
SHA9992C	TAXI		HYUNDAI	Yellow		0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date	
FBC5753M	AXA INSURANCE SINGAPORE PTE LTD	AN3174352	08/05/2019	07/05/2020	



**SINGAPORE
POLICE FORCE**



T/20190513/2158

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

2 of 3

Report No. T/20190513/2158

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHEN SIONG YON	ID No.	S2504882B
Related Vehicle	FBC5753M (Motorcycle)	Contact No.	94455999
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	13/05/2019	Date Discharge	13/05/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 12/05/2019 at about 1340hrs, I was riding my motorcycle out from Blk 614A MSCP and headed towards Woodlands Ave 4. However, I had stopped at the service road junction. Suddenly, I was hit from the rear by a taxi. The taxi driver assisted to bring me up and he gave me his contact number. After which, he left.

On 13/05/2019, I felt pain on my back due to the accident. As such, I went to W P Sim Family Clinic & Surgery. However, I was advised to go to hospital. Subsequently, I went to Khoo Teck Puat Hospital and received 3 days MC.

I would like to state that there were some damages on my motorcycle and it could not start.

POLICE REPORT PAGE 3



**SINGAPORE
POLICE FORCE**



T/20190513/2158

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

3 of 3

Report No, T/20190513/2158

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: L / Sgt 2 MUHAMMAD SYAFIQ BIN ABDUL MANAF 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 13/05/2019 19:47
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp NP168 	