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 witholding 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	22/05/2019 17:10
Date Of Accident	21/05/2019 19:50
Exact Location Of Accident	JUNC BALESTIER RD & PEGU RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FC2366U
Insured/Policyholder	
Name Of Registered Owner	LYE JIAN CHENG, KEITH
NRIC No	S9025510Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92312829
Alternative Phone No	OFFICE-92312829
Vehicle Particulars	
Manufacturer	VESPA
Model	PX15
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5093446260-01
Cover Note Number	
Driver	
Name of Driver	LYE JIAN CHENG, KEITH
NRIC No	S9025510Z
Date Of Birth	17/07/1990
Occupation	OUTDOOR
Date Of Driving Pass	16/11/2016
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92312829
Fax Number	
Contact Number	OFFICE-92312829
EMail Address	NOEMAIL

Address	BLK 185B WOODLANDS STREET 13 #28-675
Postcode	732185
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 - CHANGE/CROSS LANE
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	**ROAD**: 10 UBI AVENUE 3 , **POSTCODE:** 408865 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 65470000 - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190522/7015.

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	SLE8075M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	LYE JIAN CHENG, KEITH
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	FC2366U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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) 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 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.
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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature **Date / time:**	**Driver's signature** **(if driver is not policy holder)** **Date / time:**	**reporting centre personnel's Signature** **Date / time:**

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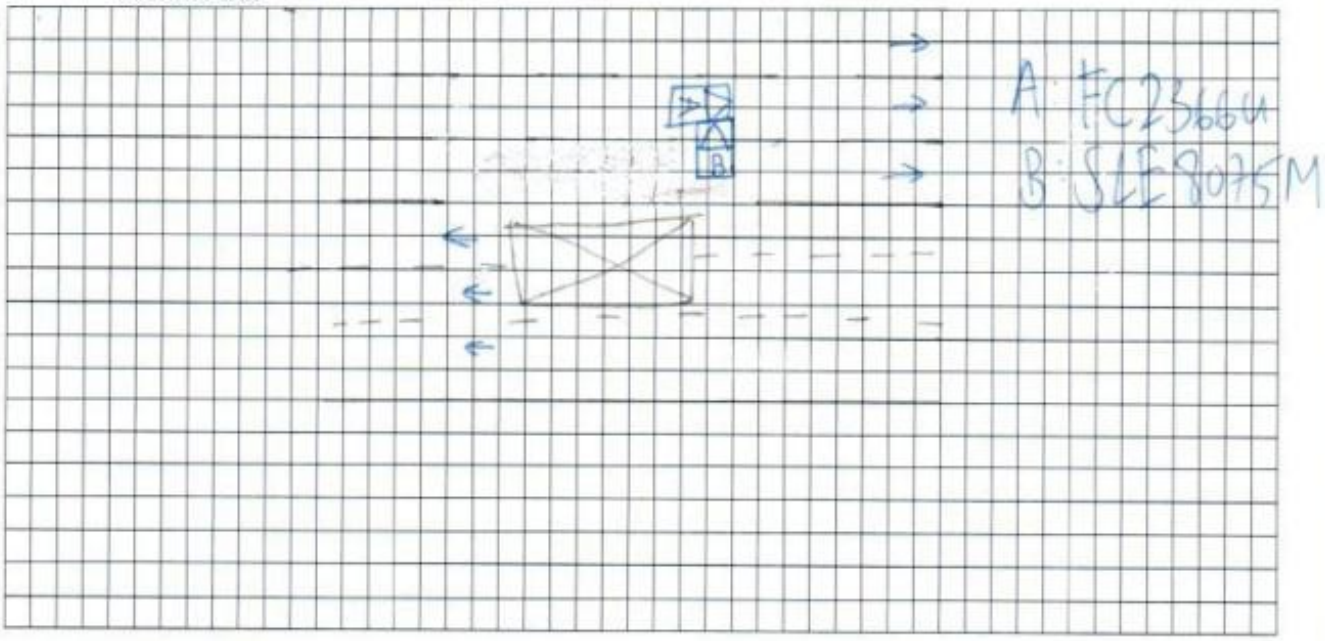
Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT
7/20190622/7015

DECLARATION

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

Policy holder's signature Date & time:	Driver's signature (if driver is not policy holder) Date & time:	reporting centre personnel's Signature Name: NRIC/FIN No.:

SINGAPORE POLICE FORCE

T/20190522/7015

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

Report No. T/20190522/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
22/05/2019 15:56		

Informant's Particulars

Name of Informant: LYE JIAN CHENG, KEITH			Address: APT BLK 185B WOODLANDS STREET 13 #28-675 SINGAPORE 732185	
ID Type / ID No.: NRIC NO / S9025510Z			Contact No.: Home/Office: Mobile: 92312829	
Nationality: SINGAPORE CITIZEN			Email: lyekeith@ymail.com	
Sex: Male	Age: 28	Date of Birth: 17/07/1990	Type of Informant: Rider	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Fire-fighting and rescue officer			Driving Licence Information: Class: 2B	Date of Expiry: 16/11/2016

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/05/2019 19:50	Type of Location:
Location: BALESTIER ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		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
FC2366U	Motorcycle	VESPA	PX15	Gold		0
SLE8075M	Car	MERCEDES BENZ	CLA 180			0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FC2366U	NTUC Income Insurance Co-Operative Limited	5093446260-01	15/08/2018	14/08/2019

SINGAPORE POLICE FORCE

T/20190522/7015

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

Report No. T/20190522/7015

CONTINUATION OF REPORT

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Rider				
Name	LYE JIAN CHENG, KEITH		ID No.	S9025510Z
Related Vehicle	FC2366U (Motorcycle)		Contact No.	92312829
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: 16/11/2016
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	
Driver				
Name	Unknown Driver		ID No.	NIL
Related Vehicle	SLE8075M (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.
On the stated date , time and location .

I was traveling straight along balestier road .
Vehicle (SLE8075M) which is making a u-turn did not check that the road is clear before doing so and he collided onto my front portion of my vehicle which caused my bike to fall on his vehicle .

After the incident, I felt discomfort back and leg and was given 3 days of medical certificate .

SINGAPORE POLICE FORCE

T/20190522/7015

Report No. T/20190522/7015

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

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/05/2019 15:56
Officer In Charge Of Case: TP / TPHQ / YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:

Authentication Stamp

NP166

Accident Photo

Accident Photo

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