

## 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             | 15/05/2019 11:24   |
| Date Of Accident           | 04/05/2019 12:00   |
| Exact Location Of Accident | SERANGOON AVENUE 2 |
| Country/State of Loss      | SINGAPORE          |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | FBN4169Z             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | TAN FU CHIN          |
| NRIC No                     | S8086619D            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-91237888 |
| Alternative Phone No        | OTHERS-91237888      |

### Vehicle Particulars

|  |                   |
|--|-------------------|
| Manufacturer   | YAMAHA            |
| Model  | CZD300A / XMAX300 |
| 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 FIRE AND/OR THEFT          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5104242056                             |
| Cover Note Number         |  |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | TAN FU CHIN           |
| NRIC No              | S8086619D             |
| Date Of Birth        | 28/07/1980            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 20/09/2007            |
| Driving Experience   | 11 YEARS AND 7 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-91237888  |
| Fax Number           |                       |
| Contact Number       | OTHERS-91237888       |
| Email Address        | NOEMAIL               |

|   |   |
|---|---|
| Address   | BLK 12C #04-81 MARSILING LANE STRAITS VISTA @ MARSILING |
| Postcode  | 733012  |
| 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                       | TRAFFIC POLICE DIVISION HQ   |
| Police Station Address                    | <b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 65470000 - <b>FAX NO:</b>   |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

AS PER POLICE REPORT No.T/20190508/2196:

#### 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 | GBA6745R              |
| Vehicle Make/Model/Colour   | SUZUKI EVERY GA 660 M |
| Details Of Properties       |                       |
| Vehicle Category            | COMMERCIAL VEHICLE    |
| 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  | TAN FU CHIN   |
| Approximate Age                                     | 38  |
| Injuries Sustain                                    |   |
| Injured person in which vehicle?                    | FBN4169Z  |
| Were seat belts worn?                               | NO  |
| Was this injured conveyed to hospital by ambulance? | YES   |
| Address   | BLK 12C #04-81 MARSILING LANE STRAITS VISTA @ MARSILING |
| Postcode  | 733012  |

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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.

15 MAY 2019

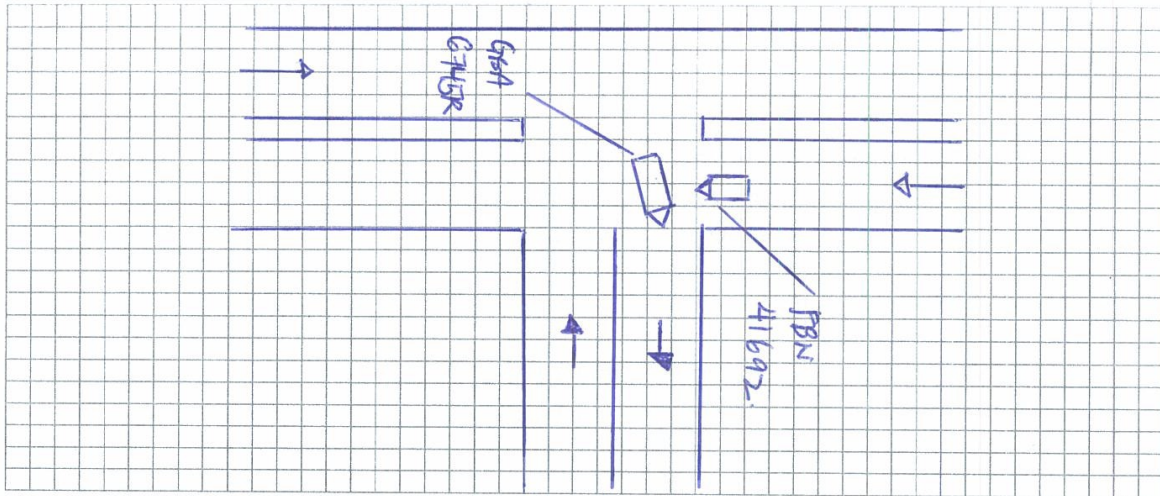
Policyholder's Signature  
Date & Time:

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

**IDAC KAKI BUKIT (VAC)**  
23 Kaki Bukit Ave 4  
Singapore 415933  
Name: **67416697** Fax: **67492305**  
NRIC/ID No: **67416697**  
Email: **vackb@singnet.com.sg**

# Accident Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report.

## DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

15 MAY 2019

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Singapore 415933

Name:

NRIC/PIN NO.

Tel: 67416697 Fax: 67492305

Email: [vackb@singnet.com.sg](mailto:vackb@singnet.com.sg)



# Accident Sketch Plan Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190508/2196

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

1 of 3

Report No. T/20190508/2196

## REPORT OF A TRAFFIC ACCIDENT

|  |            |                              |   |                    |                            |
|--|------------|------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made:<br>08/05/2019 18:33 |            | Vide Report No.:             |   | Station Diary No.: |                            |
| <b>Informant's Particulars</b>             |            |                              |   |                    |                            |
| Name of Informant:<br>TAN FU CHIN          |            |                              | Address:<br>APT BLK 12C MARSILING LANE #04-81 STRAITS VISTA @<br>MARSILING SINGAPORE 733012 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S8086619D   |            |                              | Contact No.:<br>Home/Office: Mobile: 91237888   |                    |                            |
| Nationality:<br>MALAYSIAN                  |            |                              | Email:  |                    |                            |
| Sex:<br>Male                               | Age:<br>38 | Date of Birth:<br>28/07/1980 | Type of Informant:<br>Rider   |                    |                            |
| Race:<br>Chinese                           |            |                              | Language:<br>English  |                    | Institution / School Name: |
| Occupation:<br>SELF EMPLOYED               |            |                              | Driving Licence Information:<br>Class: 2B,2A,2,3 Date of Expiry:                            |                    |                            |

## General Information of the Accident

|   |                           |                      |  |                                     |
|---|---------------------------|----------------------|--|-------------------------------------|
| Type of Accident:   | Injury<br>Foreign Vehicle | Drink Drive:<br>No   | Date/Time of Accident:<br>04/05/2019 12:00 | Type of Location:<br>T-Junction     |
| Location:<br><br>SERANGOON AVENUE 2<br><br>SERANGOON AVENUE 2 |                           |                      |  |                                     |
| Weather:<br>Clear   |                           | Road Surface:<br>Dry |  | Road Speed Limit:                   |
| Traffic Flow:   |                           | Traffic Control:     |  | Traffic Volume:                     |
| Type of Collision:  |                           |                      |  | Anyone conveyed by ambulance:<br>No |

## Details of Vehicle Involved

| Vehicle No. | Type  | Make   | Model             | Color  | Condition | No of Passenger |
|-------------|-------|--------|-------------------|--------|-----------|-----------------|
| FBN4169Z    | Lorry | YAMAHA | CZD300A / XMAX300 | Grey   |           | 0               |
| GBA6745R    |       | SUZUKI | EVERY GA 660 M    | Silver |           | 0               |

## Details of Vehicle Insurance

| Vehicle No. | Insurance Company                          | Insurance No | Effective  | Expiry Date |
|-------------|--|--------------|------------|-------------|
| FBN4169Z    | NTUC Income Insurance Co-Operative Limited | 5104242056   | 27/09/2018 | 26/09/2019  |



**SINGAPORE  
POLICE FORCE**



T/20190508/2196

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

2 of 3

Report No. T/20190508/2196

**CONTINUATION OF REPORT**

**Brief Details.**

ON THE ABOVE MENTIONED DATE TIME AND LOCATION,  
I WAS TRAVELLING STRAIGHT IN BETWEEN OF 1ST AND 2ND LANE. ITS WAS UNCONTROLLED  
JUNCTION. I SAW THE VEHICLE OF (GBA6745R) WAITING TO MAKE A RIGHT TURN. SO WHILE I  
WAS APPROACHING THE UNCONTROLLED JUNCTION. SUDDENLY THE VEHICLE OF (GBA6745R)  
MAKE A RIGHT TURN RESULTING ME TO COLLIDE ONTO THE FRONT OF THE VEHICLE. THAT'S  
ALL.



**SINGAPORE  
POLICE FORCE**



T/20190508/2196

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

3 of 3

Report No. T/20190508/2196

**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:<br>TP /<br>MUHAMMAD HAZIQ BIN SAIFUDDIN               |
| Signature Of Interpreter:<br>Not applicable  |
| Officer In Charge Of Case:<br>TP / AEIT /<br>Sr Staff Sgt ONG YONG HOCK<br>Contact No.: 65476436 |

|  |
|--|
| Signature Of Informant:<br>                          |
| Date/Time:<br>08/05/2019 18:33                       |
| Classification Of Case:<br>SINGAPORE<br>POLICE FORCE |

Authentication Stamp  
NP168

Signature: \_\_\_\_\_



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo

