

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	25/07/2019 17:33
Date Of Accident	24/07/2019 18:30
Exact Location Of Accident	SLIP RD ANCHORVALE LINK TWDS SENGKANG EAST AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FW9993H
Insured/Policyholder	
Name Of Registered Owner	REBECCARIOS TAN HWEE CHUEN (CHEN HUIJUAN)
NRIC No	S7828579F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92337665
Alternative Phone No	OFFICE-92337665

Vehicle Particulars

Manufacturer	YAMAHA
Model	TRICITY 155 ABS
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	5110762818
Cover Note Number	

Driver

Name of Driver	REBECCARIOS TAN HWEE CHUEN (CHEN HUIJUAN)
NRIC No	S7828579F
Date Of Birth	29/09/1978
Occupation	INDOOR
Date Of Driving Pass	07/12/1998
Driving Experience	20 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92337665
Fax Number	
Contact Number	OFFICE-92337665
Email Address	NOEMAIL

Address	BLK 303C ANCHORVALE LINK #12-116
Postcode	543303
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?	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)	2
Passenger 1	NAME: : ROWSE REGAV GOH RUI QUAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190725/2033.

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	SHC3921L
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	REBECCARIOS TAN HWEE CHUEN (CHEN HUIJUAN)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FW9993H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	ROWSE REGAV GOH RUI QUAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FW9993H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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 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:
 - (i) 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")
 - (ii) 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
 - (iii) 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 based outside of Singapore, for one or more of the above Purposes.
 - (iv) 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.
 - (v) the information so collected under (i) 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:

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

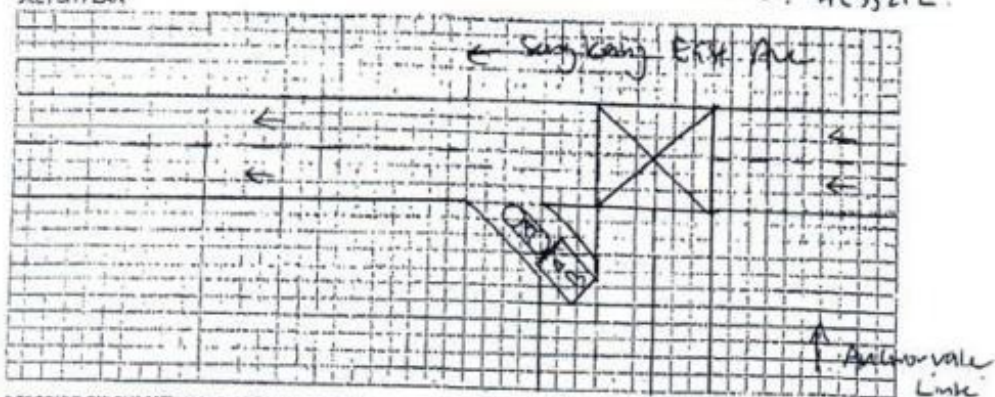
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

von A: FW99934

von 8: 9403521 L.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Base on Police Report : 7/20190725/2033

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:

Reporting Centre Personnel Signature
Name:
NRIC/PIH No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190725/2033

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 3

Report No: T/20190725/2033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/07/2019 10:51		Vide Report No.:		Station Diary No.: 21	
Informant's Particulars					
Name of Informant: REBECCARIOS TAN HWEE CHUEN			Address: APT BLK 303C ANCHORVALE LINK #12-116 SINGAPORE 543303		
ID Type / ID No.: NRIC NO / S7828579F			Contact No.: Home/Office: Mobile: 92337665		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 40	Date of Birth: 29/09/1978	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: PROPETRY EXEC			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 24/07/2019 18:30	Type of Location: Straight Road
Location: Along Road 1 ANCHORVALE LINK				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FW9993H	Motorcycle	YAMAHA	TRICITY 155 ABS	Grey		1
SHC3521L	Taxi					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FW9993H	NTUC Income Insurance Co-Operative Limited	5110762818	27/06/2019	25/06/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20190725/2033

2 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20190725/2033

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	REBECCARIOS TAN HWEE CHUEN	ID No.	S7828579F
Related Vehicle	FW9993H (Motorcycle)	Contact No.	92337665
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Pillion			
Name	ROWSE REGAV GOH RUI QUAN	ID No.	T0811698E
Related Vehicle	FW9993H (Motorcycle)	Contact No.	NIL
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On 24/07/2019 at about 1830hrs, I was riding my motorcycle bearing registration plate number FW9993H along Anchorvale link as I was filtering left to Sengkang East Ave. I then slow down to check for any upcoming traffic and sudden I felt an impact from my rear which cause my motorcycle to be wobble.

I then lose control and fell off from my motorbike together with my son. I realized that I was hit by a taxi bearing registration plate number SHC3521L. One passer-by contact HP: 9133 7896 then assisted me and another passer-by also helped me to call for traffic police and ambulance. The traffic police and ambulance came down to my location.

The ambulance then conveys me and my son to SKGH. I and son suffer multiple abrasions, injury on the right leg. We were given 5 days of MC.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190725/2033

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3

Report No. T/20190725/2033

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:
F /
Sgt 3 ONG RONG HUI EDMUND

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
25/07/2019 10:51

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt CHONG GUAN FATT
Contact No.: 65476083

Classification Of Case:

SN 035

Authentication Stamp
NP168

Singapore Police

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



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Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500204 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

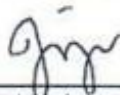
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : M130119092572 Vehicle Registration No : FW999311
Name (as shown in NRIC) : Rebecca Tan NRIC/FIN/Passport No : S7828579F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 303C Anchorvale Link #12-116 S'(543203) Singapore ()
Contact (Tel) : _____ Mobile No. : 92337665
Email Address : _____
Date of Accident : 24/7/14 Time of Accident : 18:30
Place of Accident : 467 Rd Anchorvale Link towards Angkor Park Ave.
Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I would like to change 3rd party carplate to
SHC3921L



Policyholder / Driver's Signature
Date: _____



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

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500204 / GST Reg. No.: M400017735

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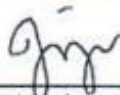
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : M130119092572 Vehicle Registration No : FW999311
Name (as shown in NRIC) : Rebecca Tan NRIC/FIN/Passport No : S7828579F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 303C Anchorvale Link #12-116 S'(543203) Singapore ()
Contact (Tel) : _____ Mobile No. : 92337665
Email Address : _____
Date of Accident : 24/7/14 Time of Accident : 18:30
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Insurance Company : NTUC

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Policyholder / Driver's Signature
Date: _____



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