

## 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	06/08/2019 10:50
Date Of Accident	28/07/2019 08:40
Exact Location Of Accident	ALONG BEDOK RESERVOIR RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH6279H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LAI DUY TAN
Passport No/FIN	G5286493W
Email Address	LAIWEIXING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88761412
Alternative Phone No	OTHERS-88761412

### Vehicle Particulars

Manufacturer	HONDA
Model	WAVE 125-S-125CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5101448109
Cover Note Number	

### Driver

Name of Driver	LAI DUY TAN
Passport No/FIN	G5286493W
Date Of Birth	29/08/1990
Occupation	OUTDOOR
Date Of Driving Pass	23/04/2016
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88761412
Fax Number	
Contact Number	OTHERS-88761412
Email Address	LAIWEIXING@GMAIL.COM

Address	BLK 215 HENDERSON ROAD #04-03
Postcode	159554
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	3
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	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 30 BEDOK NORTH ROAD , <b>POSTCODE:</b> 469676 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2449999 - <b>FAX NO:</b> 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190728/2049

#### 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	SHC1189Y
Vehicle Make/Model/Colour	HYUNDAI I40
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	OON CHWEE BOK
NRIC/Passport Number	S1111222F
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLU5377C
Vehicle Make/Model/Colour	HYUNDAI ELANTRA
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	LAI DUY TA
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBH6279H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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: 05/08/19  
12:20 pm

Driver's Signature

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

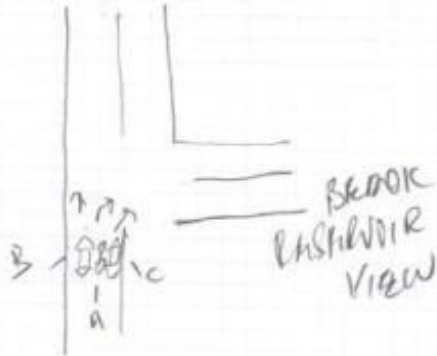
Reporting Centre Personnel's Signature

Name: [Signature]  
NRIC/FIN No.: [Signature]

# Accident Sketch Plan

## SKETCH PLAN

Along Brook Reservoir Road



A) FBH6279H

B) SHC1189Y

C) SL4537TC

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MS Refused to Police Report  
7/2019 0728/2019

## DECLARATION

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

Policyholder's Signature

Date & Time: 05/08/19  
12:20pm

Driver's Signature

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190728/2049

1 of 4

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

Report No. T/20190728/2049

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/07/2019 12:35	Vide Report No.:	Station Diary No.: 24
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<b>Informant's Particulars</b>			
Name of Informant: LAI DUY TAN		Address: APT BLK 519 BEDOK NORTH AVENUE 1 #06-408 SINGAPORE 460519	
ID Type / ID No.: FIN NO / G5286493W		Contact No.:	Mobile: 88761412
Nationality: VIETNAMESE		Email:	
Sex: Male	Age: 28	Date of Birth: 29/08/1990	Type of Informant: Rider
Race: Others		Language: English	Institution / School Name:
Occupation: Motorcycle delivery man		Driving Licence Information: Class: 2B	Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/07/2019 08:40	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 BEDOK RESERVOIR ROAD BEDOK RESERVOIR VIEW At the traffic light				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH6279H	Motorcycle	HONDA	WAVE 125S A	Silver	No Damage	1
SHC1189Y	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue		1
SLU5377C	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT	Silver	Slightly Damaged	1

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190728/2049

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

2 of 4

Report No. T/20190728/2049

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH6279H	NTUC Income Insurance Co-Operative Limited	5101448109	16/06/2018	19/10/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	LAI DUY TAN		ID No.	G5286493W
Related Vehicle	FBH6279H (Motorcycle)		Contact No.	88761412
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	28/07/2019		Date Discharge	28/07/2019
No. of Days granted Medical Leave		07	Degree of Injury	Slight
Driver				
Name	Oon Chwee Bok		ID No.	S1111222F
Related Vehicle	SHC1189Y (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL

### Brief Details.

On 28/7/2019 at around 0840hrs, I was riding along Bedok Reservoir Road and stopped at the junction of Bedok Reservoir Road and Bedok Reservoir View, As it was red light, I then stopped my motorcycle at the traffic light. When the traffic light turned green, the taxi on my left side bearing registration number: SHC1189Y, drove off and the front right wheel rolled over my left foot. It had caused me to loss my balance and dropped my motorcycle on the car on my right side, bearing registration number: SLU3577U. It had cause dents on the front left passenger door on the car. The taxi driver and I then exchanged particulars.

The driver of SLU3577U then called for paramedic, and I was conveyed into Changi General Hospital.

I was discharged from CGH on the same day with 7 days MC, EMD2019147360.

I had sustained the following injuries:

- 1) Swollen left ankle

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190728/2049

3 of 4

Police Station Of Origin:  
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Report No. T/20190728/2049

CONTINUATION OF REPORT

- 2) Bruises on my left toe.
- 3) Pain on my left calf



POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190728/2049

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

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Report No. T/20190728/2049

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:

G /

Sgt 3 TAN MENG LIANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/07/2019 12:35

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NORAMEERA BINTE MOHAMED  
HUSSEIN

Contact No.: 65476236

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo





Accident Photo



Accident Photo







Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo

