

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	30/07/2019 16:33
Date Of Accident	25/07/2019 18:10
Exact Location Of Accident	ALONG MARYMOUNT ROAD TOWARDS THOMSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN5921L
Insured/Policyholder	
Name Of Registered Owner	GOH CHUN YI
NRIC No	S8981799D
Email Address	J2.CORP.RSPHI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97109467
Alternative Phone No	OFFICE-97109467

Vehicle Particulars

Manufacturer	HONDA
Model	CBF190WH
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SB19V03402
Cover Note Number	

Driver

Name of Driver	GOH CHUN YI
NRIC No	S8981799D
Date Of Birth	25/07/1989
Occupation	INDOOR
Date Of Driving Pass	31/10/2018
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97109467
Fax Number	
Contact Number	OFFICE-97109467
EMail Address	J2.CORP.RSPHI@GMAIL.COM

Address	NIL
Postcode	
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TRAFFIC POLICE UBI
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190729/2047 LODGED AT TRAFFIC POLICE UBI. ON 25/07/2019 AT ABOUT 6.10PM, I WAS RIDING MOTORCYCLE, FBN5921L. I WAS FROM HOME AND WAS ON MY WAY TO PICK MY WIFE UP FROM HER WORKPLACE, LOCATED IN THE VICINITY OF NORTH BUONA VISTA ROAD. I WAS TRAVELLING ALONG MARYMOUNT ROAD ON LANE 1 OF THE 3-LANE ROAD. I WANTED TO MAKE RIGHT TURN AT THE SIGNALIZED CROSS-JUNCTION OF MARYMOUNT ROAD AND MARYMOUNT LANE. I HAD APPLIED BRAKE TO SLOW DOWN AS LANE 1 WAS CONGESTED WITH TRAFFIC PREPARING TO MAKE A RIGHT TURN AT THE SAID JUNCTION. WHILST I WAS RIDING SLOWLY, I SUDDENLY FELT AN IMPACT ON THE REAR OF MY MOTORCYCLE. THE IMPACT CAUSED ME TO FALL TO MY LEFT. AFTER THE ACCIDENT, I WAS LYING ON THE ROAD. I WAS THEN HELPED TO THE CENTRE DIVIDER BY 2 MEN. IT WAS THEN THAT I REALIZED THAT A MOTOR TAXI HAD COLLIDED INTO THE REAR OF MY MOTORCYCLE. THE TAXI DRIVER WAS ONE OF THE PERSON WHO HAD HELPED ME TO GET TO THE CENTRE DIVIDER. I SOUGHT THE TAXI DRIVER'S ASSISTANCE TO CALL FOR AN AMBULANCE. WHEN THE AMBULANCE ARRIVED AT THE SCENE. I WAS CONVEYED TO TAN TOCK SENG HOSPITAL.

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	SH7169J
Vehicle Make/Model/Colour	TOYOTA / PRIUS HYBRID 1.8 CVT
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAY TENG KEE
NRIC/Passport Number	S1153394I

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	GOH CHUN YI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBN5921L
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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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 application by interested parties.
7. By the lodging 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 Insurers who have insured vehicle(s) involved in this accident (all Insurers 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, receipts 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 Insurers 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/are 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.

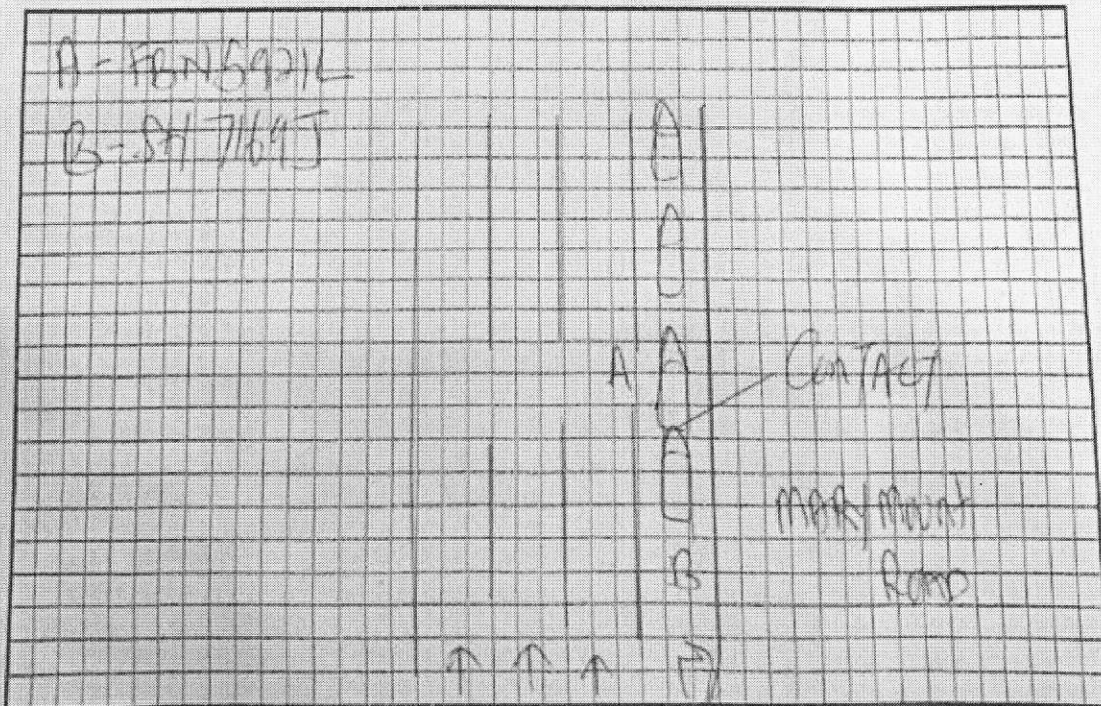
VERIFIED BY AJAX MARS
REPORTING OFFICER
MOHAMED SHARIL
BIN SATAR

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre
Personnel

Sketch Plan



Police Report



**SINGAPORE
POLICE FORCE**



T/20190729/2047

1 of 3

Report No. T/20190729/2047

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/07/2019 12:17		Vide Report No.: E/20190725/0116		Station Diary No.:
Informant's Particulars				
Name of Informant: GOH CHUN YI		Address: 27 MILTONIA CLOSE #07-13 SKIES MILTONIA SINGAPORE 768061		
ID Type / ID No.: NRIC NO / S8981799D		Contact No.: Home/Office:		Mobile: 97109467
Nationality: MALAYSIAN		Email:		
Sex: Male	Age: 30	Date of Birth: 25/07/1989	Type of Informant: Rider	
Race: Chinese		Language:		Institution / School Name:
Occupation: SENIOR ENGINEER		Driving Licence Information: Class: 2B.3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/07/2019 18:10	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 MARYMOUNT ROAD THOMSON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

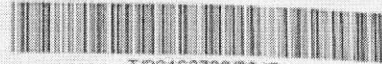
Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBN5921L	Motorcycle				Slightly Damaged	0
SH7169J	TAXI				Slightly Damaged	0

Police Report



SINGAPORE
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T/20190729/2047

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

2 of 3

Report No. T/20190729/2047

CONTINUATION OF REPORT

Brief Details.

On 25/07/2019 at about 6.10pm, I was riding motorcycle, FBN5921L. I was from home and was on my way to pick my wife up from her workplace, located in the vicinity of North Buona Vista Road. I was travelling along Marymount Road on lane 1 of the 3-lane road. I wanted to make a right turn at the signalized cross-junction of Marymount Road and Marymount Lane. I had applied brake to slow down as lane 1 was congested with traffic preparing to make a right turn at the said junction. Whilst I was riding slowly, I suddenly felt an impact on the rear of my motorcycle. The impact caused me to fall to my left.

After the accident, I was lying on the road. I was then helped to the centre divider by 2 men. It was then that I realized that a motor taxi had collided into the rear of my motorcycle. The taxi driver was one of the persons who had helped me to get to the centre divider. I sought the taxi driver's assistance to call for an ambulance. When the ambulance arrived at the scene, I was conveyed to Tan Tock Seng Hospital.

Police Report



SINGAPORE
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T/20190729/2047

3 of 3

Report No: T/20190729/2047

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:

TP /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/07/2019 12:17

Officer In Charge Of Case:

TP / GIT /

Staff Sgt YAN MINGSHENG DANIEL

Contact No: 65476252

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE



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Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 30	Date of Birth: 25/07/1989	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: SENIOR ENGINEER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

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Location: Along Road 1 Traveling Toward Road 2 MARYMOUNT ROAD THOMSON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
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Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN

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Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt YAN MINGSHENG DANIEL

Contact No.: 65476252

Signature Of Informant:

Date/Time:

29/07/2019 12:17

Classification Of Case:

Authentication Stamp
NP168



**SINGAPORE
POLICE FORCE**

Signature: _____