



**SINGAPORE  
POLICE FORCE**



T/20190827/2008

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

1 of 3

Report No. T/20190827/2008

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/08/2019 01:49	Vide Report No.:	Station Diary No.: 37
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**Informant's Particulars**

Name of Informant: TAN HUI MING ZAC			Address: APT BLK 416 YISHUN AVENUE 11 #09-353 SINGAPORE 760416		
ID Type / ID No.: NRIC NO / S9638987F			Contact No.: Home/Office: Mobile: 96537956		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 22	Date of Birth: 23/10/1996	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: National Service Full Time			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/08/2019 19:30	Type of Location: Straight Road
Location: Along Road 1 YISHUN AVENUE 1 Yishun Dam				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Chain collision involving 3 vehicles				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBJ4521K	Motorcycle	YAMAHA	YZF-R15 MANUAL	Blue	Slightly Damaged	0
SHC5170Z	Car	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red		0
SMM7468R	Car	HONDA	ODYSSEY 2.4L AT SR	Blue		0



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**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBJ4521K	TENET SOMPO INSURANCE PTE. LTD.	D18MTMC01007260	12/11/2018	30/11/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	TAN HUI MING ZAC		ID No.	S9638987F
Related Vehicle	FBJ4521K (Motorcycle)		Contact No.	96537956
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	26/08/2019		Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight	

**Brief Details.**

On 26/08/2019 at 1930hrs, I was riding my motorcycle bearing registration number FBJ4521K at along Yishun Ave 1 on a 3-lane road. I was riding in between lane 1 and lane 2. There was a taxi bearing registration number SHC5170Z which was at lane 1 travelling straight. The taxi was too near to the centre dividing line and have collided onto the rear right portion of my motorcycle.

This has cause my motorcycle to collide onto a vehicle bearing registration number - SMM7468R which was at lane 2 going straight. My motorcycle then swerves back and hit onto the taxi again. Subsequently, I fall off from the motorcycle.

There is no camera on my motorcycle which could have captured the incident. The injuries I sustained are lower back pain, abrasion on my left knee and ankle area, sprain on my right thumb. The damages on my motorcycle are scratches on the exhaust and right portion of the rear light.



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Report No. T/20190827/2008

**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:

L /

Sgt 2 LIM SUI LING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/08/2019 01:49

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp  
NP168



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

SN 085

Singapore Police Force



## 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	29/08/2019 13:14
Date Of Accident	26/08/2019 19:30
Exact Location Of Accident	ALONG YISHUN AVENUE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ4521K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN HUI MING ZAC
NRIC No	S9638987F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96537956
Alternative Phone No	OFFICE-96537956

### Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R15-150CC (M)
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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MTMC01007260
Cover Note Number	

### Driver

Name of Driver	TAN HUI MING ZAC
NRIC No	S9638987F
Date Of Birth	23/10/1996
Occupation	INDOOR
Date Of Driving Pass	31/10/2018
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96537956
Fax Number	
Contact Number	OFFICE-96537956
Email Address	NOEMAIL

Address	BLOCK 416 YISHUN AVENUE 11 #09-353
Postcode	760416
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	WET

#### 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?	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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

Please refer to the attached Sketch Plan and the Police Report for the accident details.

#### 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	SHC5170Z
Vehicle Make/Model/Colour	RENAULT LATITUDE 2.0L DCI AUTO D/AB 4 DR
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)

1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SMM7468R

Vehicle Make/Model/Colour

HONDA ODYSSEY 2.4L AT SR

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)

1

#### DETAILS OF INJURED PERSON 1

Name

TAN HUI MING ZAC

Approximate Age

22

Injuries Sustain

LOWER BACK PAIN, ABRASION ON LEFT KNEE AND ANKLE AREA,  
SPRAIN ON RIGHT THUMB

Injured person in which vehicle?

FBJ4521K

Were seat belts worn?

Was this injured conveyed to hospital by  
ambulance?

NO

Address

BLOCK 416 YISHUN AVENUE 11  
#09-353

Postcode

760416

**SKETCH PLAN**

**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. 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:

- (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: 29/8/19  
12:30pm

Driver's Signature

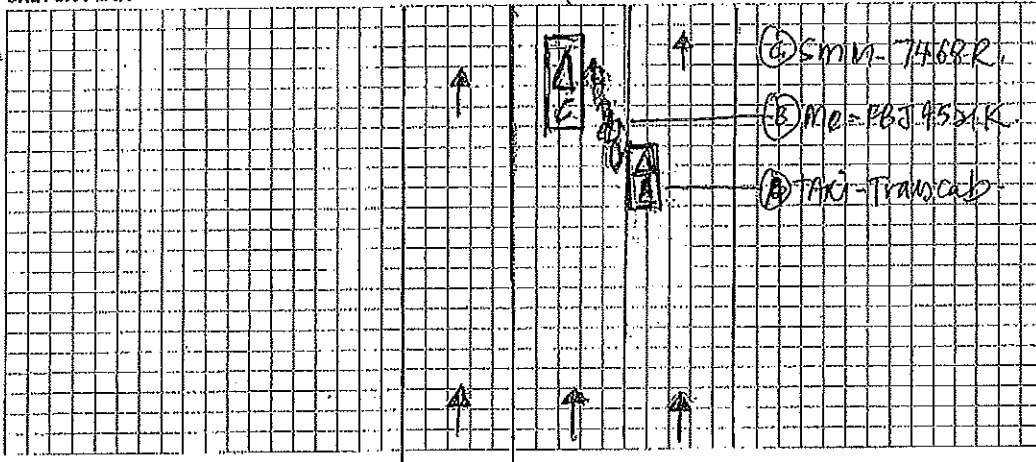
(If driver is not the policyholder)  
Date & Time: 29/8/19  
12:30pm

Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to photo report nr: T/20190827/2018.

DECLARATION

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

ZE  
Policyholder's Signature  
Date & Time: 29/8/19  
12:30pm  
GIAI/VAC SketchPlanForm\_V3

ZE  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 29/8/19  
12:30pm

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

