

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	02/10/2019 11:13
Date Of Accident	01/10/2019 08:30
Exact Location Of Accident	SLIP RD BOON LAY WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK426Z
Insured/Policyholder	
Name Of Registered Owner	TAN SHU HAO
NRIC No	S9103633I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81861154
Alternative Phone No	OFFICE-81861154

Vehicle Particulars

Manufacturer	TRIUMPH
Model	TIGER 800 XR LRH
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V00790/VMS/R00
Cover Note Number	

Driver

Name of Driver	TAN SHU HAO
NRIC No	S9103633I
Date Of Birth	31/01/1991
Occupation	INDOOR
Date Of Driving Pass	05/04/2017
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81861154
Fax Number	
Contact Number	OFFICE-81861154
Email Address	NOEMAIL

Address	BLK 979 JURONG WEST STREET 93 #08-321
Postcode	640979
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	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191001/2065.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJE6186M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	92349804
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	TAN SHU HAO
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBK426Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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:

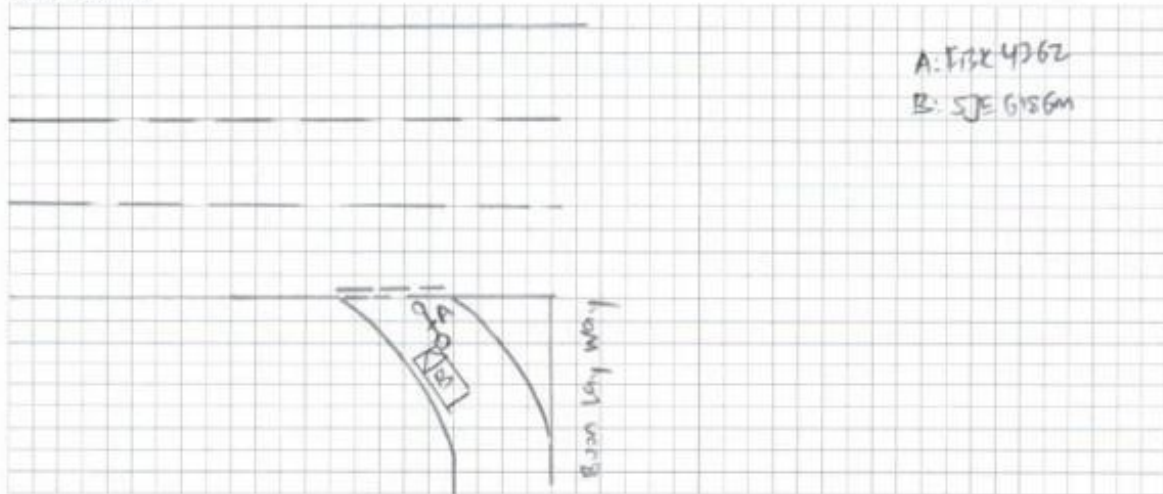
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

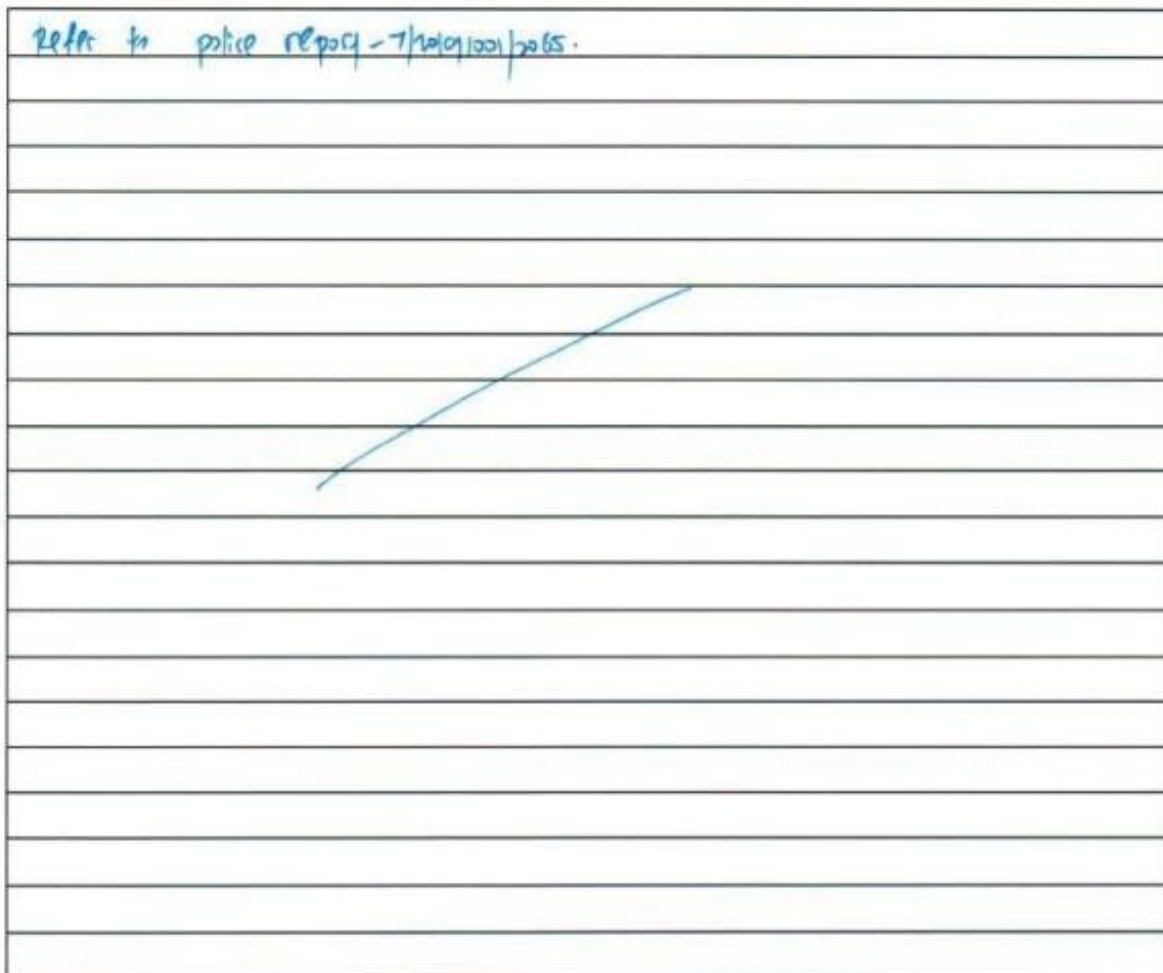
SKETCH PLAN

A: TSK 4362
B: SJE 6186M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/10/2019/2065.



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's Signature
Name:
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20191001/2065

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20191001/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/10/2019 12:48	Vide Report No.:	Station Diary No.: 43
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Informant's Particulars

Name of Informant: TAN SHU HAO			Address: APT BLK 979 JURONG WEST STREET 93 #08-321 SINGAPORE 640979	
ID Type / ID No.: NRIC NO / S91036331			Contact No.:	Mobile: 81861154
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 28	Date of Birth: 31/01/1991	Type of Informant: Rider	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Social worker (general)			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/10/2019 08:30	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 BOON LAY WAY JALAN BOON LAY Filter lane from Boon Lay way towards Jalan Boon Lay				
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 Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK426Z	Motorcycle					0
SJE6186M	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T/20191001/2065

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20191001/2065

CONTINUATION OF REPORT

Rider			
Name	TAN SHU HAO		ID No. S9103633I
Related Vehicle	FBK426Z (Motorcycle)		Contact No. 81861154
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	01/10/2019		Date Discharge 01/10/2019
No. of Days granted Medical Leave	03		Degree of Injury NIL
Driver			
Name	Unknown Driver		ID No. NIL
Related Vehicle	SJE6186M (Car)		Contact No. 92349804
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 01/10/2019 at about 0830hrs, I was riding my motorcycle bearing registration plate number FBK426Z along Boon Lay Way towards commonwealth.

While I was on the filter lane leading to Jalan Boon Lay, I made a stop in front of the pedestrian crossing as there was one old lady tried to cross the road. While I was waiting I felt the car waiting behind was too close to my motorcycle, I then move forward further to keep some distance. However, the driver inched forward and managed to squeeze beside my motorcycle on my left.

After the old lady crossed the road, I started to move forward first and immediately after I move off I was knocked down onto the ground. I could not stand up immediately as I was in pain and have difficulty in breathing.

Shortly after Traffic Police and Ambulance arrived at scene and I was conveyed by ambulance for treatment. My motorcycle was also towed away by the Traffic Police and the officer advised me to lodge a Traffic Accident Report.

I was wearing GoPro however only the front camera was recording, and I have downloaded the footage. The other car is one white color Toyota bearing registration plate number SJE6186M. I was given three days MC from 01/10/2019 to 03/10/2019.

Police Report



**SINGAPORE
POLICE FORCE**



T/20191001/2065

Police Station Of Origin;
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20191001/2065

CONTINUATION OF REPORT

Police Report



SINGAPORE
POLICE FORCE



T/20191001/2065

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20191001/2065

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:

D /
Sgt 3 MIAO TIAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
01/10/2019 12:48

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt NORAMEERA BINTE MOHAMED
HUSSEIN

Contact No.: 65476236

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SN 34

SIGNATURE

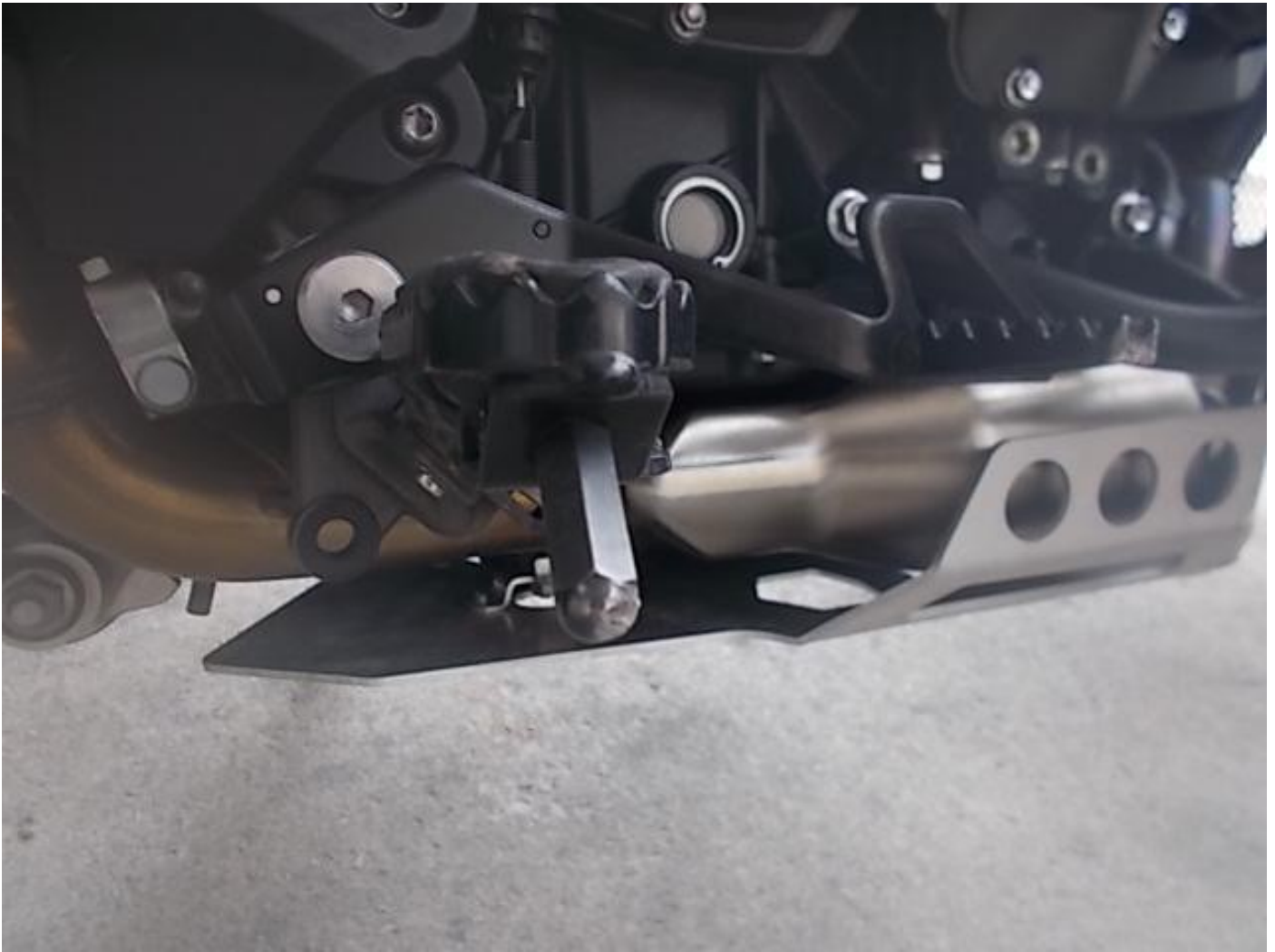
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