

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	25/11/2019 11:37
Date Of Accident	20/11/2019 19:20
Exact Location Of Accident	AMK AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ1793E
Insured/Policyholder	
Name Of Registered Owner	TAN PHECK POH
NRIC No	S1758542H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97434466
Alternative Phone No	OFFICE-97434466

Vehicle Particulars

Manufacturer	PIAGGIO
Model	VESPA GT200A
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	PNMC2018-00004523
Cover Note Number	

Driver

Name of Driver	DARREN LIM JUN YANG
NRIC No	S9537277E
Date Of Birth	13/10/1995
Occupation	INDOOR
Date Of Driving Pass	30/12/2015
Driving Experience	3 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97434466
Fax Number	
Contact Number	OFFICE-97434466
Email Address	NOEMAIL

Address	BLK 475B UPPER SERANGOON CRESCENT #09-533
Postcode	532475
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JLY2890 (PRIVATE CAR)
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?	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	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/20191121/2078.

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	JLY2890
Vehicle Make/Model/Colour	
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	DARREN LIM JUN YANG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FZ1793E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

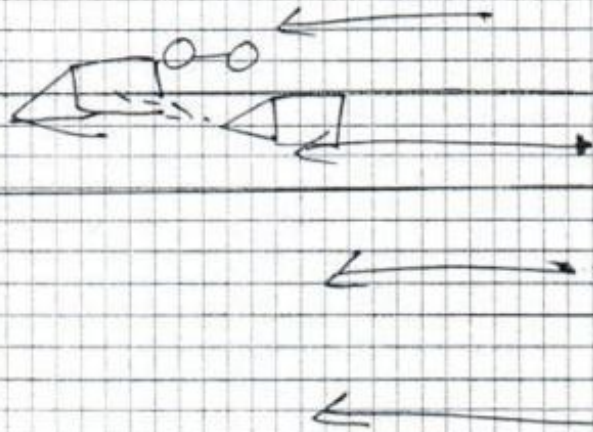
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



A) FZ1793E

B) JLY2890

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

as per police Report 7/20191121/2078

DECLARATION

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

Policyholder's Signature
Date & Time :

x 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/20191121/2078

1 of 3

Report No. T/20191121/2078

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/11/2019 12:39	Vide Report No.:	Station Diary No.: 94
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Informant's Particulars			
Name of Informant: DAFFIN LIM JUN YANG		Address: APT BLK 475B UPPER SERANGOON CRESCENT #09-533 SINGAPORE 532475	
ID Type / ID No.: NRIC NO / S9537277E		Contact No.: Home/Office:	Mobile: 97434466
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 24	Date of Birth: 13/10/1995	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name: SUSS
Occupation: Student		Driving Licence Information: Class: 2,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/11/2019 19:20	Type of Location: Straight Road
Location: Along Road 1 ANG MO KIO AVENUE 3				
HEADING FROM HOUGANG TO AMK				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FZ1793E	Motorcycle				Slightly Damaged	0
JLY2890	Car					0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20191121/2078

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

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Report No: T/20191121/2078

CONTINUATION OF REPORT

Rider			
Name	DARREN LIM JUN YANG	ID No.	S9537277E
Related Vehicle	FZ1793E (Motorcycle)	Contact No.	97434466
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2,3 Date of Expiry: NIL
Date Treatment	20/11/2019	Date Discharge	21/11/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	TING HUONG CHIEN	ID No.	A53894223
Related Vehicle	JLY2890 (Car)	Contact No.	60185752775
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.

3E) On the stated date, time and location, I was involved in an accident.

I was riding my motorbike (FZ1793E), along Ang Mo Kio Avenue 3 (from Hougang to AMK). I was on the most right lane. While riding, all of a sudden a car (JLY2890) came out from the left lane abruptly and tried to go into my lane. In the process, the vehicle hit on to me and I fell and skidded.

The car stopped. An outsider came and assisted me to call for ambulance and traffic police. I managed to exchange particulars with the said driver.

Ambulance came however I wasn't conveyed. I also talked to the TP officer.

I was subsequently fetched by a friend and went to Mount Alvernia Hospital the same night and receive 5 day MC. I suffered abrasions on my left knees and both elbows.

Police Report



**SINGAPORE
POLICE FORCE**



T/20191121/2078

3 of 3

Report No. T/20191121/2078

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

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 MUHAMMAD HAIKAL BIN LATIFF

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/11/2019 12:39

Officer In Charge Of Case:

TP / GIT /

Classification Of Case:

Contact No.:

SN 085

Authentication Stamp

NP165



Signature: _____

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

