

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	02/12/2019 14:03
Date Of Accident	28/11/2019 20:30
Exact Location Of Accident	SELETAR WEST LINK CTE L/P 46
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM4817S
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Insured/Policyholder

Name Of Registered Owner	LOVIE ELIZABETH LAU LE YI (LIU LEYI)
NRIC No	S8935743H
Email Address	LVZ.NINE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96971029
Alternative Phone No	OFFICE-96971029

Vehicle Particulars

Manufacturer	DUCATI
Model	SCRAMBLER CAFE RACER
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	THIRD PARTY
Fleet Policy	NO
Policy Number	SI19V05692/VMS/R01
Cover Note Number	

Driver

Name of Driver	LOVIE ELIZABETH LAU LE YI (LIU LEYI)
NRIC No	S8935743H
Date Of Birth	09/10/1989
Occupation	INDOOR
Date Of Driving Pass	20/01/2017
Driving Experience	2 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96971029
Fax Number	
Contact Number	OFFICE-96971029
Email Address	LVZ.NINE@GMAIL.COM

Address	BLK 467 ADMIRALTY DRIVE #12-203
Postcode	750467
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE STATEMENT.

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 Witness 1

Name	AHMAD SUFIANDI BIN JUMADI
Phone Number	90693467
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SME6066R
Vehicle Make/Model/Colour	LEXUS IS300H
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN CHONG GUAN
NRIC/Passport Number	S0232298F
Contact Number	96624858

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

DETAILS OF INJURED PERSON 1	
Name	LOVIE ELIZABETH LAU LE YI
Approximate Age	
Injuries Sustain	LEG AND HAND
Injured person in which vehicle?	FBM4817S
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:

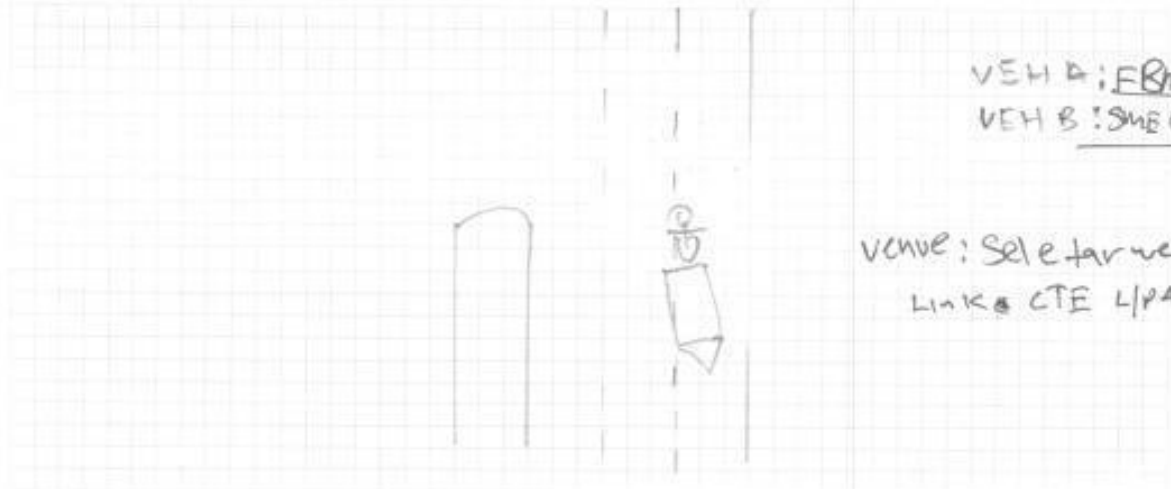
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

FORM 100 (Rev 1/2019)

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police statement

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/20191129/7005

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

1 of 3

Report No. T/20191129/7005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/11/2019 11:21		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LOVIE ELIZABETH LAU LE YI			Address: APT BLK 467 ADMIRALTY DRIVE #12-203 SINGAPORE 750467		
ID Type / ID No.: NRIC NO / S8935743H			Contact No.: Home/Office:		Mobile: 96971029
Nationality: SINGAPORE CITIZEN			Email: lovie.lau@gmail.com		
Sex: Female	Age: 30	Date of Birth: 09/10/1989	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: CUSTOMER RELATIONS OFFICER			Driving Licence Information: Class: 2		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/11/2019 20:30	Type of Location: Straight Road
Location: SELETAR WEST LINK				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 70 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
FBM4817S	Motorcycle	DUCATI	DUCATI SCRAMBLE R CAFE RACER	Black	Slightly Damaged	0
SME6066R	Car	LEXUS		Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM4817S	LIBERTY INSURANCE PTE LTD	SI19V05692	08/05/2019	15/05/2020

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191129/7005

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

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Report No. T/20191129/7005

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LOVIE ELIZABETH LAU LE YI	ID No.	S8935743H
Related Vehicle	FBM4817S (Motorcycle)	Contact No.	96971029
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2 Date of Expiry: NIL
Date Treatment	28/11/2019	Date Discharge	28/11/2019
No. of Days granted Medical Leave	07	Degree of Injury	Serious
Driver			
Name	TAN CHONG GUAN	ID No.	S0232298F
Related Vehicle	SME6066R (Car)	Contact No.	96624858
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.

My bike was moving at speed of 70km/h on Seletar West Link. It was dark and I was on the middle lane when the Lexus car, SME6066R, did a sudden U-turn from my right with no signal lights on. I did an e-brake and tried to avoid by moving to the left lane. Still without signal lights on, he moved to the left as well. I could not avoid and rear-ended him.

No landmarks, no videos or pictures.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191129/7005

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

3 of 3

Report No. T/20191129/7005

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Signature Of Interpreter:
Not applicable

Date/Time:
29/11/2019 11:21

Officer In Charge Of Case:
TP / TPIB /
PHUA TIAK YEE
Contact No.: 65472077

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



A close-up photograph of a motorcycle's front section. The image shows a black plastic fairing with a silver-colored metal bracket attached to it. Below the bracket, a black plastic component, possibly a headlight housing or a part of the front fender, is visible. In the background, the engine's cooling fins and a portion of the front wheel are visible. The overall scene is brightly lit, suggesting an outdoor or well-lit indoor environment.

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S685500200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNAH9158679 Vehicle Registration No: FAM Y817S
Name (as shown in NRIC) : LOUIE ELIZABETH LOU LA YI (LOU LA YI) NRIC/FIN/Passport No : S8935743H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No.: 96871029
Email Address : _____
Date of Accident : 28/10/19 Time of Accident : 20:30
Place of Accident : SUNAR WAT LUK C/A L/P 46
Insurance Company: LIBERTY

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To Insert 7 WITNESS PARTICULAR : AHMAD SUFIANDI Bin JUMAD
U/P NO: 96893467

Policyholder / Driver's Signature
Date:

03/12/2019
Reporting Centre Personnel's Signature
Name: Boo L. Mahon
NRIC/FIN No.:
Date: