

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 | 04/12/2019 10:01 |
| Date Of Accident | 28/11/2019 08:30 |
| Exact Location Of Accident | SLE TWDS TUAS |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | FBL3391P |
| Insured/Policyholder | |
| Name Of Registered Owner | CHIA TAI NGAU |
| NRIC No | S26394271 |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98856710 |
| Alternative Phone No | OFFICE-98856710 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | HONDA |
| Model | CBR150R MANUAL |
| 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 FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | PNMC2019-00004066 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | CHIA RONG JIA, QUELLY |
| NRIC No | T0041838I |
| Date Of Birth | 27/11/2000 |
| Occupation | INDOOR |
| Date Of Driving Pass | 29/07/2019 |
| Driving Experience | 0 YEAR AND 3 MONTH |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-88282533 |
| Fax Number | |
| Contact Number | OFFICE-88282533 |
| E-Mail Address | NOEMAIL |

| | |
|---|----------------------------------|
| Address | BLK 505 JELAPANG ROAD #07-456 |
| Postcode | 670505 |
| 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? | 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? | 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) | 2 |
| Passenger 1 | NAME: : DRELYN TAN LI YUN GENDER: : FEMALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 42 FAJAR ROAD , POSTCODE: 679005 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-8929999 - FAX NO: 67673650 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20191129/2173.

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 | SML524M |
| 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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YN3449A
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
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 CHIA RONG JIA, QUELLY
Approximate Age
Injuries Sustain HEAD, ARM, KNEES & RIGHT SHOULDER
Injured person in which vehicle? FBL3391P
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name DRELYN TAN LI YUN
Approximate Age
Injuries Sustain ARMS & LEG
Injured person in which vehicle? FBL3391P
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report **correctly** on the details of the accident to speed up the claims process.
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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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (ii) For complying with requirements under my regulations, laws or court orders.

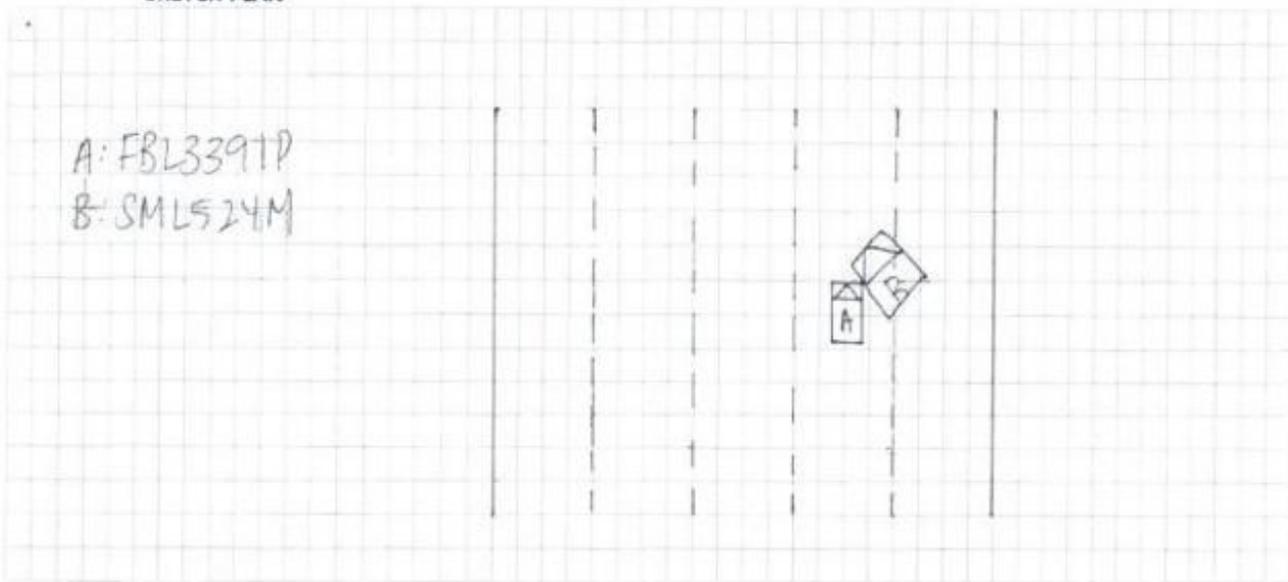
Policy holder's signature
Date / time:

Driver's signature
(if driver is not policy holder)
Date / time:

reporting centre personnel's Signature
Date / time:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report

DECLARATION

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

Policy holder's signature
Date & time:

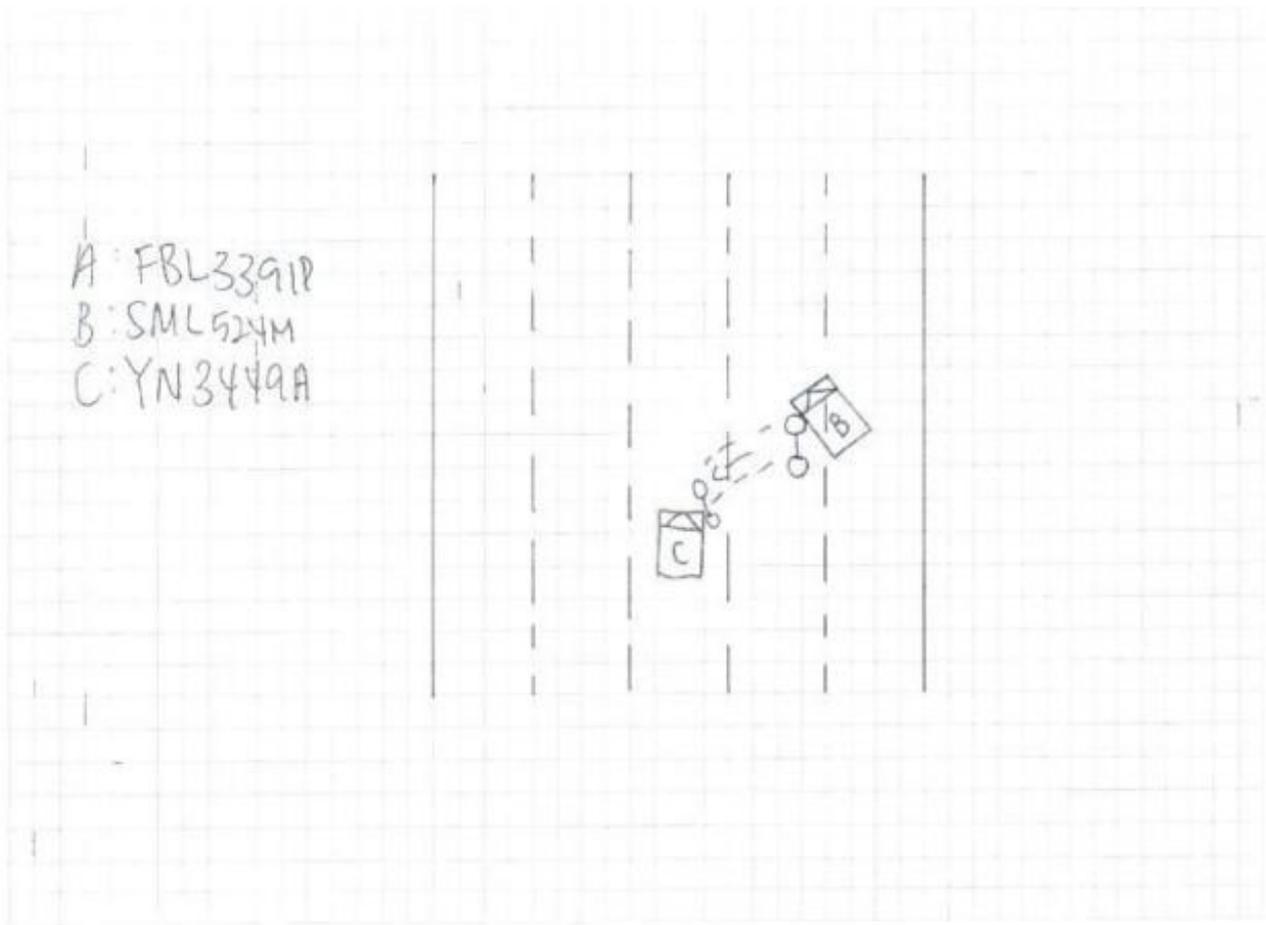


Driver's signature
(if driver is not policy holder)
Date & time:



reporting centre personnel's Signature
NRIC/FIN No.:

Accident Sketch Plan



Police Report



**SINGAPORE
POLICE FORCE**



T/20191129/2173

1 of 3

Report No. T/20191129/2173

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------|--------------------------|
| Date/Time Report Made: 29/11/2019 20:51 | Video Report No.: | Station Diary No.: 75 |
|--|-------------------|--------------------------|

Informant's Particulars

| | | | | | |
|---|------------|------------------------------|---|--|---|
| Name of Informant: CHIA RONG JIA, QUELLY | | | Address: APT BLK 505 JELAPANG ROAD #07-456 SINGAPORE 670505 | | |
| ID Type / ID No.: NRIC NO / T0041838I | | | Contact No.: | | Mobile: 88282533 |
| Nationality: MALAYSIAN | | | Email: | | |
| Sex: Female | Age: 19 | Date of Birth: 27/11/2000 | Type of Informant: Rider | | |
| Race: Chinese | | | Language: English | | Institution / School Name: Republic Poly |
| Occupation: Student | | | Driving Licence Information: Class: | | Date of Expiry: |

General Information of the Accident

| | | | | |
|---|---------------------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 28/11/2019 08:30 | Type of Location: Straight Road |
| Location: Along Road 1 SELETAR EXPRESSWAY | | | | |
| SLE towards Tuas | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Heavy |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|------|-------|-------|-----------|-----------------|
| FBL3391P | Motorcycle | | | | | 1 |

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20191129/2173

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

2 of 3
Report No. T/20191129/2173

CONTINUATION OF REPORT

| Rider | | | |
|-----------------------------------|-------------------------|--|-----------------------------------|
| Name | CHIA RONG JIA, QUELLY | ID No. | T0041838I |
| Related Vehicle | NIL | Contact No. | 88282533 |
| Hospital/Clinic | KHOO TECK PUAT HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 28/11/2019 | Date Discharge | 29/11/2019 |
| No. of Days granted Medical Leave | 07 | Degree of Injury | Slight |
| Pillion | | | |
| Name | DRELYN TAN | ID No. | NIL |
| Related Vehicle | NIL | Contact No. | 93803753 |
| Hospital/Clinic | KHOO TECK PUAT HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 28/11/2019 | Date Discharge | NIL |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Slight |

Brief Details.

On 28/11/2019 at about 0830hrs, I was riding on SLE towards Tuas. As there was a heavy jam, I was cutting in between two vehicles, one of the vehicles on my right suddenly signaled and straight away changed lane to the left. Thus, I was knocked off my bike together with my friend Dreyin. I noticed that the vehicle that hit me was navy blue. However, I do not recall any other details about the vehicle. Subsequently, I was conveyed to Khoo Teck Puat Hospital together with Dreyln, where I have gotten 7 Days of MC until 4 Dec.

I do not know the extent of damage to my vehicle and to the other party. However, my friend, Dreyin received a letter from SCDF for claims against them. I have suffered from abrasion on my head, both hands, both knees and right shoulder. I also suffered from contusion on my right pelvic area.

Police Report



SINGAPORE
POLICE FORCE



T/20191129/2173

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

3 of 3

Report No. T/20191129/2173

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: J / SC2 AARON PUAH CHIN HOW  | Signature Of Informant:  |
| Signature Of Interpreter: Not applicable | Date/Time: 29/11/2019 20:51 |
| Officer In Charge Of Case: TP / GIT / Staff Sgt NUR ADELINA BINTE MOHAMMAD FUAT Contact No.: 65476066 | Classification Of Case: |
| Authentication Stamp NP168 |  SIGNATURE |

Police Report



Traffic Police Department
Charge Office
10 Ubi Avenue 3
Singapore 408865

NP 168 No: 01
Report Number: T/20191129/2173
Name: Chia Rong Jia, Quelly
Address: Blk 505 Jelapang Road #07-456 670505
NRIC No: T0041838I
Tel No: 88232533
Date: 30/11/2019
Accident Date / Time: 28/11/2019 @ 0830hrs
Vehicle(s) involved: FBL3391P(Black Honda CBR150R) driven by: Chia Rong Jia, Quelly

Dear Sir / Madam

I wish to amend as follows:

I was driving on the second lane when one of the vehicle on my right suddenly signaled and straight away veered to the left into my lane, which caused a collision between the front of my bike and the right side of the vehicle

I wish to state that I did not cut in between two vehicles.

I also wish to state that the pillion rider who was on my bike with me is Drelyn Tan.
That's all.


Yours faithfully

Bukit Panjang NPC
1 Segar Road #01-05
Singapore

Police Report



Traffic Police
AMENDMENT

Traffic Police Department
Charge Office
10 Ubi Avenue 3
Singapore 408865

NP 168 No: 02
Report Number: T/2019/129/217
Name: Chia Rong Jia, Quelly
Address: Blk 505 Jelapang road #07-456
NRIC No: T00418381
Tel No: 88232533
Date: 04/12/2019
Accident Date / Time: 28/11/2019 @ 0830hrs
Vehicle(s) involved: FBL3391P (Black Honda CBR150R) Driven by: Chia Rong Jia, Quelly

Dear Sir / Madam

I wish to amend as follows:

I wish to state that, the vehicle that had collided onto me on 28/11/2019, I now have the vehicle registration plate number: SML524M.

Also, due to the collision, my vehicle surged forward and collided onto another vehicle in front of me, the vehicle in front of me is a SCDF vehicle (YN3449A)

That's all.


Quelly Chia Rong Jia
T00418381

Yours faithfully

Bukit Panjang NPC
1 Segar Road #01-05
Singapore 677738
Tel: 6992 9999


T130353

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE
3 Collyer Quay #02-00 Singapore 493070
Tel: (65) 522-2000 Fax: (65) 522-1991
Operating Hours: Monday to Friday, 09:30 - 17:00
Weekends & Public Holidays: 10:00 - 17:00

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MAA0916932 Vehicle Reg/registration No: FBI8391P
Vehicle shown on VRC: CHIA KONG JIA, QUELLY NRIC/FIN/Passport No: 700418381
[*Vehicle Driver / Vehicle Owner(s)] Please delete as appropriate
Address: 81E 505 JERONG ROAD #07-456 Singapore (470505)
Contact (Tel): 8 Mobile No.: 8228 2533
Email Address: _____
Date of Accident: 28/11/2019 Time of Accident: 07:30
Place of Accident: SLE TOWARDS TVAS
Insurance Company: FWD

(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:

REFER TO PAGE 2
AND AMENDED POLICE REPORT.

Policyholder / Driver's Signature
Date: _____

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