

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	17/01/2020 10:22
Date Of Accident	15/01/2020 08:40
Exact Location Of Accident	KAMPONG JAVA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ8988J
Insured/Policyholder	
Name Of Registered Owner	ANDREW LIAN TZE WEI
NRIC No	SXXXX516G
Email Address	ANDREW.LIAN.TW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82670198
Alternative Phone No	OTHERS-82670198

Vehicle Particulars

Manufacturer	KTM
Model	200 DUKE
Exact Purpose for which vehicle was being used at time of accident	
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5115305779
Cover Note Number	

Driver

Name of Driver	ANDREW LIAN TZE WEI
NRIC No	SXXXX516G
Date Of Birth	05/05/1982
Occupation	INDOOR
Date Of Driving Pass	18/12/2019
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82670198
Fax Number	
Contact Number	OTHERS-82670198
Email Address	ANDREW.LIAN.TW@GMAIL.COM

Address	BLK 38 #06-139 CAMBRIDGE ROAD
Postcode	210038
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	SIDE SWIPE
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?	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	KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2959999 - FAX NO: 63918499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/201200115/2084;

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGE4085U
Vehicle Make/Model/Colour	CHEVROLET / OPTRA 1.6MT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUTHUSAMY DANABALAN
NRIC/Passport Number	SXXXX896Z
Contact Number	97375417
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	ANDREW LIAN TZE WEI
Approximate Age	37
Injuries Sustain	
Injured person in which vehicle?	FBQ8988J
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 38 #06-139 CAMBRIDGE ROAD
Postcode	210038

Accident Sketch Plan
~~SAFETY 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 rescind 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: 17 Jan 2020

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vacb@vicom.com.sg

Reporting Centre Personnel's Signature

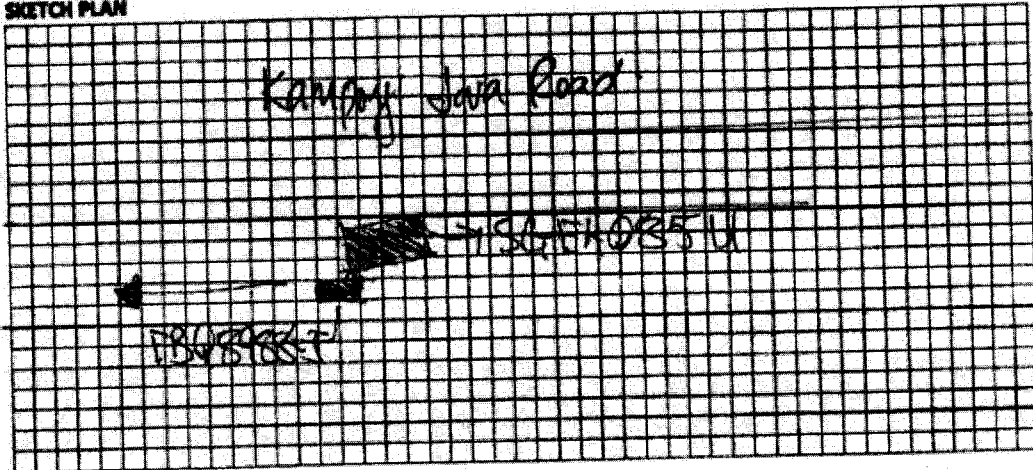
Name:

NRIC/FIN No.:

17 JAN 2020

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Rob
To Police Report

DECLARATION

(We declare the foregoing particulars are true in every respect.)

Policyholder's Signature

Date & Time: 17 Jan 2020

SIARMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

IDAC KAKI BUKIT (VAC)

25 Kaki Bukit Ave 4 #02-02

Singapore 415955

Tel: 67416897 Fax: 67492305

Email: vackb@idac.com.sg

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

17 JAN 2020

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20200115/2084

1 of 3

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20200115/2084

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/01/2020 13:08	Vide Report No.:	Station Diary No.: 35
--------------------------------------------	------------------	--------------------------

Informant's Particulars			
Name of Informant: ANDREW LIAN TZE WEI		Address: 38 CAMBRIDGE ROAD #08-139 SINGAPORE 210038	
ID Type / ID No.: NRIC NO / S8267516G		Contact No.: Home/Office: Mobile: 82670198	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 37	Date of Birth: 05/05/1982	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: BANKER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/01/2020 08:40	Type of Location: Straight Road
Location: KAMPONG JAVA ROAD to Bukit Timah Rd				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ8988J	Motorcycle	KTM	200 DUKE	Orange	Slightly Damaged	0
SGE4085U	Car	CHEVROLET		Brown		0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date	
FBQ8988J	NTUC Income Insurance Co-Operative Limited	5115305779	02/01/2020	01/01/2021	

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20200115/2084

2 of 3

Report No. T/20200115/2084

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Rider			
Name	ANDREW LIAN TZE WEI	ID No.	S8267516G
Related Vehicle	NIL	Contact No.	82670198
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
Driver			
Name	Muthusamy Danabalan	ID No.	S0133896Z
Related Vehicle	NIL	Contact No.	97375417
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 15/01/2020 at about 0840hrs I was riding along Kampong Java Rd towards Bukit Timah Road as I was from the most left lane I merged to the second lane. As I was riding on the second lane I was afraid of other vehicle driving behind me as such I was checking my back left blind spot, during the process of checking my blind spot, a vehicle from my right brushed against the ride side of my bike as such I fell. Subsequently the vehicle who hit me moved to the left side of the traffic and stopped. We exchanged our information and part ways after. The other driver was adamant that he was not at fault and did not want to settle it privately. My bike has received minor damages from the accident such as scratches on my right handle bar, right rear mirror, right fairing, right engine casing and the right side of my storage box was damaged. I then proceed down to Edgedale Medical Clinic to consult a doctor regarding the injuries I have sustained. My right knee is scratched and my right foot is swollen. According to the doctor who attended to me, he suspect that my right foot might be fractured. The doctor gave me 4 days MC for the injuries that I have sustained, lasting from 15/01/2020 to 18/01/2020. I am lodging this report as I wish to pursue this matter and I am considering to lodge a civil case against him as he did not want to settle this matter privately at the point of time.

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20200115/2084

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

3 of 3

Report No. T/20200115/2084

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:

E /

Sgt 1 CHUNG HAO RONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Signature Of Informant:

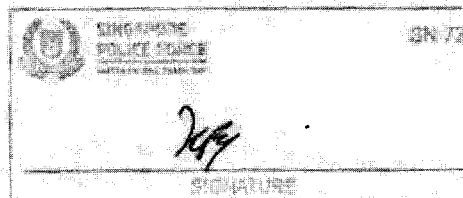
Date/Time:

15/01/2020 13:06

Classification Of Case:

Authentication Stamp

NP168



Accident Sketch Plan

Edgedale Medical Clinic (Cambridge)
BLK 40 Cambridge Road #01-115, SINGAPORE 210040
Tel: 62921088 Fax: 69043188

Medical Certificate

Date : 15 Jan 2020

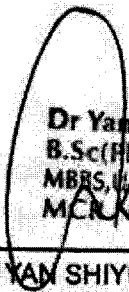
MC No. : 0000001000

This is to certify that :

Name : LIAN TZE WEI ANDREW

NRIC : S8267516G

is Unfit for Duty for 4 days
from 15 Jan 2020 to 18 Jan 2020 inclusive.


Dr Yan Shiyuan
B.Sc (Pharmacy), NUS
MBBS, University of Queensland
MCR No. M18892A

DR YAN SHIYUAN
B.Sc (Pharmacy), NUS
MBBS, University of Queensland
MCR: M18892A

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*