

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	08/04/2020 10:25
Date Of Accident	26/03/2020 22:15
Exact Location Of Accident	ALONG PASIR RIS DR 4 TWDS JLN LOYANG BESAR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP6773E
Insured/Policyholder	
Name Of Registered Owner	TANG YOKE LIAN(CHEN YULIAN)
NRIC No	SXXXX411E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90629530
Alternative Phone No	OTHERS-90629530

Vehicle Particulars

Manufacturer	SYM
Model	EXCEL
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5116884797
Cover Note Number	

Driver

Name of Driver	TANG YOKE LIAN(CHEN YULIAN)
NRIC No	SXXXX411E
Date Of Birth	25/11/1986
Occupation	INDOOR
Date Of Driving Pass	23/11/2016
Driving Experience	3 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90629530
Fax Number	
Contact Number	OTHERS-90629530
E-Mail Address	NOEMAIL

Address	BLK 483 PASIR RIS DR 4 #12-465
Postcode	510483
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?	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
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

PLS REFER TO THE POLICE REPORT:T/20200330/2075

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	SMP6038P
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	TANG YOKE LIAN(CHEN YULIAN)
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBP6773E
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 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. 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.

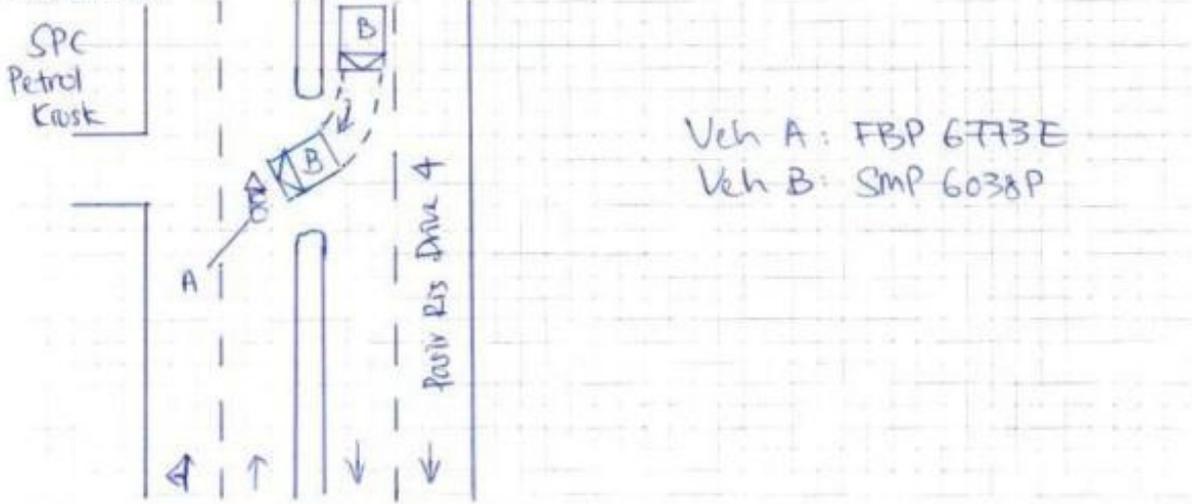
X
4 APR 20
Policyholder's Signature
Date & Time:

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

08/04/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

Report No: T / 20200330 / 2075

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time: 4 APR 20

[Signature]
Driver's Signature
(if driver is not the policyholder)
Date & Time:

[Signature] 08/04/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20200330/2075

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

2 of 3

Report No. T/20200330/2075

CONTINUATION OF REPORT

Brief Details.

On 26/03/2020 at about 10.15pm, I was riding motorcycle, FBP6773E. I was travelling along Pasir Ris Drive 4 towards Jalan Loyang Besar on lane 1 of the 2-lane road. I was from Century Square shopping mall and I was on my way home. Whilst travelling along Pasir Ris Drive 4, I was approaching an SPC petrol kiosk on my left side. As I was driving past the said petrol kiosk, I observed that motor car, SMP6038P, was travelling on the opposite direction and wanted to make a right turn into the petrol kiosk. I noticed that the motor car had slowed down, thus I assumed that the motor car would come to a stop to allow me to pass as I had the right of way. However, as I was riding past the motor car, the motor car suddenly made the right turn into the petrol kiosk. I was unable to react to avoid the collision as I was very close to the motor car when the motor car made the right turn. The motor car then collided into the right side of my motorcycle.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



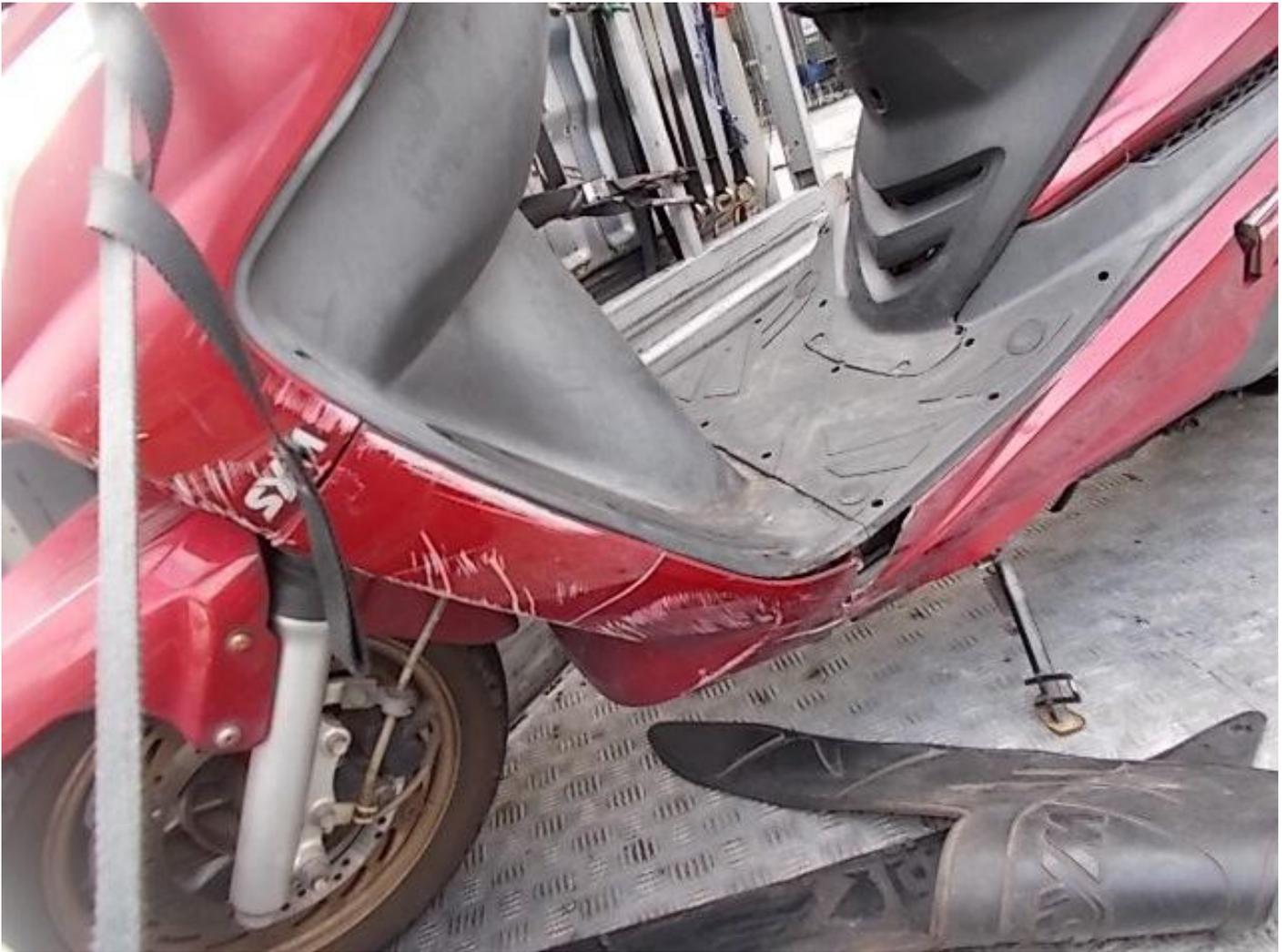
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20200330/2075

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408655
Tel No: 65470000

1 of 3

Report No: T/20200330/2075

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/03/2020 16:25	Vide Report No.: G/20200326/0235	Station Diary No.:
--	-------------------------------------	--------------------

Informant's Particulars			
Name of Informant: TANG YOKE LIAN		Address: APT BLK 483 PASIR RIS DRIVE 4 #12-465 SINGAPORE 510483	
ID Type / ID No.: NRIC NO / S8638411E		Contact No.:	Mobile: 90609530
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 33	Date of Birth: 25/11/1986	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: SALES ADMIN		Driving Licence Information: Class: 2B,2A,2,3A	Date of Expiry:

General information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/03/2020 22:15	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 PASIR RIS DRIVE 4 JALAN LOYANG BESAR				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
FBP6773E	Motorcycle	SYM	EXCEL II 150 A	Red	Slightly Damaged	0
SMP6038P	Car				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP6773E	NTUC Income Insurance Co-Operative Limited	5116884797	24/03/2020	23/03/2021

Police Report



**SINGAPORE
POLICE FORCE**



T/20200330/2075

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 654-70000

2 of 3

Report No: T/20200330/2075

CONTINUATION OF REPORT

Brief Details.

On 26/03/2020 at about 10.15pm, I was riding motorcycle, FBP6773E. I was travelling along Pasir Ris Drive 4 towards Jalan Loyang Besar on lane 1 of the 2-lane road. I was from Century Square shopping mall and I was on my way home. Whilst travelling along Pasir Ris Drive 4, I was approaching an SPC petrol kiosk on my left side. As I was driving past the said petrol kiosk, I observed that motor car, SMP6038P, was travelling on the opposite direction and wanted to make a right turn into the petrol kiosk. I noticed that the motor car had slowed down, thus I assumed that the motor car would come to a stop to allow me to pass as I had the right of way. However, as I was riding past the motor car, the motor car suddenly made the right turn into the petrol kiosk. I was unable to react to avoid the collision as I was very close to the motor car when the motor car made the right turn. The motor car then collided into the right side of my motorcycle.

Police Report



SINGAPORE
POLICE FORCE



T/20200330/2075

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

3 of 3

Report No. T/20200330/2075

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: TP / Sr Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 30/03/2020 16:25
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476394	Classification Of Case:
Authentication Stamp NP/68	<div data-bbox="603 1899 721 2007" data-label="Image"></div> <div data-bbox="730 1919 932 1989" data-label="Text"><p>SINGAPORE POLICE FORCE</p></div> <div data-bbox="510 2072 635 2101" data-label="Text"><p>Signature:</p></div> 