

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	24/04/2020 14:27
Date Of Accident	18/04/2020 16:40
Exact Location Of Accident	TAMPINES AVE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FT8318E
Insured/Policyholder	
Name Of Registered Owner	SEAH BAN GUAN
NRIC No	SXXXX688I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96369519
Alternative Phone No	OFFICE-96369519

Vehicle Particulars

Manufacturer	VESPA
Model	EXCEL-150CC 150 (A)
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	0082606503-16
Cover Note Number	

Driver

Name of Driver	SEAH BAN GUAN
NRIC No	SXXXX688I
Date Of Birth	06/05/1951
Occupation	INDOOR
Date Of Driving Pass	29/01/1977
Driving Experience	43 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96369519
Fax Number	
Contact Number	OFFICE-96369519
Email Address	NOEMAIL

Address	BLK 842E TAMPINES ST 82 #08-114
Postcode	525842
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 - CROSS JUNCTION
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

REFER TO POLICE REPORT T/20200419/7004

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	SGZ8693C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEO HONG LONG
NRIC/Passport Number	SXXXX626B
Contact Number	96988667
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	SEAH BAN GUAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FT8318E
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.:

Accident Sketch Plan

SKETCH PLAN

A = FT 8318 E
B = SGZ 8693 C

Tampines Ave 8

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20200419/7004

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/20200419/7004

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

1 of 3

Report No. T/20200419/7004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/04/2020 15:45		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: SEAH BAN GUAN		Address: APT BLK 842E TAMPINES STREET 82 #08-114 SINGAPORE 525842		
ID Type / ID No.: NRIC NO / S00806881		Contact No.: Home/Office:		Mobile: 96369519
Nationality: SINGAPORE CITIZEN		Email: wilsonseah@hotmail.com		
Sex: Male	Age: 68	Date of Birth: 06/05/1951	Type of Informant: Rider	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Retiree		Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/04/2020 16:40	Type of Location: T-Junction
Location: TAMPINES AVENUE 8				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	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
FT8318E	Motorcycle	VESPA	EXCEL 150	Green		0
SGZ8693C	Car	TOYOTA		Silver		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FT8318E	NTUC Income Insurance Co-Operative Limited	0082606503-16	01/09/2019	31/08/2020

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200419/7004

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

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Report No. T/20200419/7004

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SEAH BAN GUAN	ID No.	S0080688I
Related Vehicle	FT8318E (Motorcycle)	Contact No.	96369519
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/04/2020	Date Discharge	18/04/2020
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious
Driver			
Name	YEO HONG LONG	ID No.	S8536626B
Related Vehicle	SGZ8693C (Car)	Contact No.	96988667
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.

I am riding along the left of the dual lane on Tampines Ave 8 with intention to go straight towards Tampines Street 71 when traffic light is in my favor. Upon approaching the T-junction adjoining Tampines Avenue 8 and Tampines Street 84 and 85, there was a vehicle, SGZ8693C on the opposite direction along Tampines Ave 8 making a discretionary right turn into Tampines St 85.

While I was approaching the dual lane T-junction, there was a SBS Bus on my right of the dual lane trying to make a discretionary right turn, I believe it may have impeded the view of the driver of SGX8693C while he is making a discretionary right turn.

A collision then occurred at the above mentioned T-junction between myself with the intention to go straight and the driver making a discretionary right turn. Resulting in me suffering a head on collision against the rear left of the driver's vehicle.

I was then conveyed to CGH with the help on an ambulance.

I do have pictures taken after the accident and the details of the driver involved in the accident. There was an in car camera of the involved driver mentioned above.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200419/7004

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

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Report No. T/20200419/7004

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
THABAGESH JEYATHESH
Contact No.: 65476232

Authentication Stamp

NP168

Signature Of Informant:

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

Date/Time:
19/04/2020 15:45

Classification Of Case:

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

