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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	06/07/2020 13:45
Date Of Accident	06/07/2020 08:15
Exact Location Of Accident	NEW UPP CHANGI RD TWDS SIMS AVE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FY1770B
Insured/Policyholder	
Name Of Registered Owner	TAN YOCK BENG
NRIC No	SXXXX198B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93861231
Alternative Phone No	OFFICE-93861231
Vehicle Particulars	
Manufacturer	HONDA
Model	TITAN CG125M
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	REPORTING ONLY
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	5032626757-11
Cover Note Number	
Driver	

Name of Driver TAN YOCK BENG
NRIC No SXXXX198B

Date Of Birth 15/05/1942

Occupation OUTDOOR

Date Of Driving Pass 09/09/1981

Driving Experience 38 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93861231

Fax Number

Contact Number OFFICE-93861231

EMail Address NOEMAIL

Address BLK 408 BEDOK NORTH AVE 2 #11-50

Postcode 460408

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 COLLIDED INTO PEDESTRIAN

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

1

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

...

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 20 CHAI CHEE DRIVE, POSTCODE: 469045, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-2448999 - **FAX NO**: 62446558

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT T/20200706/2015

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

Vehicle Make/Model/Colour PEDESTRIAN

Details Of Properties

Vehicle Category NA/UNKNOWN

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 5. Any false reporting may be referred to the Police for investigation.
- 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.
- 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 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 ...
 - 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:
 - 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:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

KETCH PLAN	
ESCRIBE CIRCUMSTANCE	
Refer to	Police Report 7/20200706 /2015
F	ticulars are true in every respect.
licyholder's Signature ite & Time:	Driver's Signature Reporting Centre Personnel's Signature (If driver is not the policyholder) Name: Date & Time: NRIC/FIN No.:

POLICE REPORT





Police Station Of Origin: Bedok South N.P.C

20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

1 of 3 Report No. T/20200706/2015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/07/2020 09:53		Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
Name of Informant: TAN YOCK BENG			Address: APT BLK 408 BEDOK NORTH AVENUE 2 #11-50 SINGAPORE 460408		
ID Type / ID No.: NRIC NO / S1183198B			Contact No.: Home/Office:	Mobile: 93861231	
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Male	Age: 78	Date of Birth: 15/05/1942	Type of Informant: Rider		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Self-Employed			Driving Licence Informatio	n: Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/07/2020 08:15	Type of Location Straight Road	
	CHANGI ROAD 9A Chai Chee Rd tov	ward Sims Ave East			
Weather: Ro		Road Surface: Dry		Road Speed Limit: 60 Km/h	
		Traffic Control: Not Controlled		Traffic Volume: Light	
One Way					

Details of V	ehicle Involve	d			IN SECTION	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FY1770B	Motorcycle	HONDA	TITAN CG125M	Blue	No Damage	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FY1770B	NTUC Income Insurance Co-Operative Limited	5032626757-11	06/01/2020	05/01/2021

POLICE REPORT





Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

2 of 3 Report No. T/20200706/2015

CONTINUATION OF REPORT

Any Pedestrian	Involved: No			P. LANGE	San
No. of Pedestr	ians Injured: NIL				
Rider	Injured. INIL	Use of P	edestria	an Cros	ssing: NA
Name	TAN YOCK BENG				The state of the s
0.0000000	TOCK BENG		ID No.		S1183198B
Related Vehicle	EV1770P (Market				01103190B
	FY1770B (Motorcycle)		Cont	act No.	93861231
Hospital/Clinic	NIL		Samuel 140.		93001231
	1312		Class	s of	Class: 2B
			Drivin	ng	Date of Expiry: NII
			Licen	ice &	
Date Treatment	NIL	10	Expir	y Date	
No. of Days gran	Date Disc	charge	NIL		
	ited Medical Leave NIL	Degree o	fInjury	NIL	
Name	Unknwon	A SUPERINTENANT OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED		THE REAL PROPERTY.	A STREET
	2000000116000000		ID No		NIL
Related Vehicle	NIL				
	2015				96384823
lospital/Clinic	NIL				te teconoriesta roca co
	477795		Class		Class: NIL
			Driving		Date of Expiry: NIL
ata Territ			Licenc	e a	
ate Treatment	NIL	Date Disch	Expiry		
o. or Days grant	ed Medical Leave NIL	Date Discr	large	NIL	
2 - 0 - 0 - 11	ed Medical Leave NIL	Degree of	Imirum.	NIL	

Brief Details.

On the 06/07/2020 at about 0800hrs, I was travelling along New Upper Changi Rd towards Sims Ave East, While approaching the Traffic light Near that is link to B/29A Chai Chee Rd, the traffic light was green, hence, I proceeded, subsequently, there was a female pedestrian running across the traiffc light road and I am unable to stop in time, the left side of my motor collided onto her, she fell and sustain some injury. I alighted my motorbike and she informed she do not need any medical attention as it was minor bruises. She did not give her particulars to me and told me she is fine, she left her contact number to me.

POLICE REPORT





Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

3 of 3 Report No. T/20200706/2015

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: G / Sgt 3 HO CHUAN SAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/07/2020 09:53
Officer In Charge Of Case: TP / AEIT / Staff Sgt WON SHEWITH FORCE Contact No.: 0 15 ICE FORCE	Classification Of Case:
Authentication Stamp NP168 SIGNATURE	



Accident Photo



Accident Photo











Accident Photo







