

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	21/09/2020 17:58
Date Of Accident	19/09/2020 17:20
Exact Location Of Accident	BIDEFORD RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL636D
Insured/Policyholder	
Name Of Registered Owner	TAN LI YE
NRIC No	SXXXX841B
Email Address	SHIKA_LIYE@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91873245
Alternative Phone No	OFFICE-91873245

Vehicle Particulars

Manufacturer	YAMAHA
Model	X MAX 300
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5116858215
Cover Note Number	

Driver

Name of Driver	TAN LI YE
NRIC No	SXXXX841B
Date Of Birth	09/06/1993
Occupation	INDOOR
Date Of Driving Pass	11/10/2018
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91873245
Fax Number	
Contact Number	OFFICE-91873245
EEmail Address	SHIKA_LIYE@HOTMAIL.COM

Address	12 YORK HILL #05-48
Postcode	163012
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 UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT & POLICE REPORT T/20200921/2136.

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	SHD9645P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	TAN LI YE
Approximate Age	
Injuries Sustain	MINOR ABRASION
Injured person in which vehicle?	FBL636D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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.

 21/8/2020

Policyholder's Signature
Date & Time:

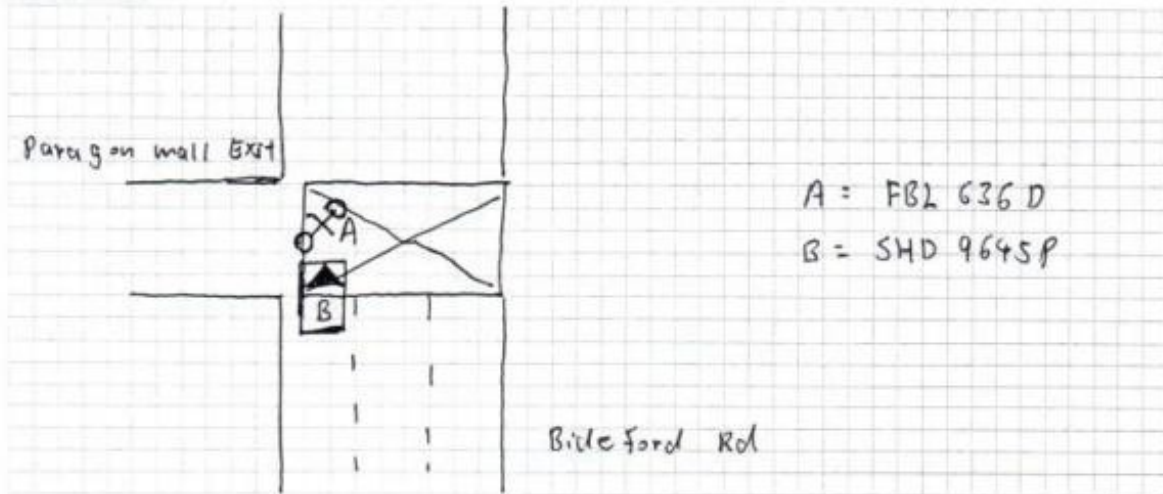
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At the point of time, the traffic light up ahead was red, and all the cars were stationary. The yellow box was clear and one other car beside me had just moved out into the yellow box, which I followed suit. The red taxi with car plate "SHD 9645 P" had reached forward a liffen and stopped, which after that I moved in and went. However after a short while, I was hit and found myself on the ground.

DECLARATION

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

lin 21/4/2020

Policyholder's Signature
Date & Time:

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

mt

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20200921/2136

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

1 of 3

Report No. T/20200921/2136

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/09/2020 19:53	Vide Report No.:	Station Diary No.: 46
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Informant's Particulars				
Name of Informant: TAN LI YE		Address: APT BLK 12 YORK HILL #05-48 SINGAPORE 163012		
ID Type / ID No.: NRIC NO / S9320841B		Contact No.: Home/Office: Mobile: 91873245		
Nationality: SINGAPORE CITIZEN		Email: shika_liye@hotmail.com		
Sex: Male	Age: 27	Date of Birth: 09/06/1993	Type of Informant: Rider	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Student		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/09/2020 17:20	Type of Location: T-Junction
Location: BIDEFORD ROAD				
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
FBL636D	Motorcycle	YAMAHA	CZD300A / XMAX300	Black	Slightly Damaged	0
SHD9645P	Car				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL636D	NTUC Income Insurance Co-Operative Limited	5116858215	20/03/2020	19/03/2021

Police Report



**SINGAPORE
POLICE FORCE**



T/20200921/2136

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

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Report No. T/20200921/2136

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	TAN LI YE	ID No.	S9320841B
Related Vehicle	FBL636D (Motorcycle)	Contact No.	91873245
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 19 September 2020 at about 5:20pm, I was riding my motorcycle bearing registration number FBL 636 D along Bideford road performing food delivery. I was at the junction of Paragon mall drop off point Exit.

At the point of time, the traffic light up ahead along Bideford rd towards Cairnhill was red and all the vehicles along the road was stationary. The traffic volume was heavy. The yellow box junction at the paragon mall exit was clear and one car on my left had inched and drove out into the yellow box which I followed suit.

Out of a sudden a red taxi bearing registration plate number SHD 9645 P which was behind the yellow box out inched forward and stopped while I was inching out slowly from the small road. I immediately stop as I was unsure if the taxi wanted to give way or drive forward.

The next moment when I was travelling out into Bideford rd the taxi driver collided onto the rear right portion of my motorbike.

As a result of the collision, I fell off my bike. There were slight damages on my motorbike. There were also some graze marks on the front Bumper of the taxi.

I wish to state that I suffered abrasions on my legs. I did not exchange particulars as I do not know what to do at that point of time. I also wish to add that I had a witness to the accident as he assisted me with my bike. His contact number is 93213330. I do not know his name.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200921/2136

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

3 of 3

Report No. T/20200921/2136

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 /
Sr Staff Sgt MUHAMMAD OSMAN BIN OMAR

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
21/09/2020 19:53

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

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

ADDENDUM


(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MMA 120082126. Vehicle Registration No: FBL G36D
Name (as shown in NRIC) : Tan Li YE NRIC/FIN/Passport No : SXXXX 8418.
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 91873245
Email Address : _____
Date of Accident : 19/9/20 Time of Accident : 17:20.
Place of Accident : Bideford Rd
Insurance Company : MTUC


(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:

Amend Add In Police Report T/20200921/2136.

 5/10/2020

Policyholder / Driver's Signature
Date:



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