

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	17/09/2020 13:19
Date Of Accident	16/09/2020 13:50
Exact Location Of Accident	ALONG JURONG WEST STREET 61 (OPP. BLK 624)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP3078Z
Insured/Policyholder	
Name Of Registered Owner	CHIA YUN CHERNG
NRIC No	S7910203B
Email Address	SRAD750W@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90933009
Alternative Phone No	OFFICE-90933009

Vehicle Particulars

Manufacturer	HONDA
Model	CB300R ABS-386CC
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	CHIA YUN CHERNG
NRIC No	S7910203B
Date Of Birth	30/03/1979
Occupation	INDOOR
Date Of Driving Pass	17/02/2015
Driving Experience	5 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90933009
Fax Number	
Contact Number	OFFICE-90933009
Email Address	SRAD750W@HOTMAIL.COM

Address	NO
Postcode	
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 - HEAD ON COLLISION
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	NANYANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO: 67912972
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE TRAFFIC ACCIDENT REPORT NO. T/20200916/2129 ATTACHED

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	SHC8386Z
Vehicle Make/Model/Colour	HYUNDAI / I40 / BLUE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEE TECK SENG
NRIC/Passport Number	S0136511H
Contact Number	93254557
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	CHIA YUN CHERNG
Approximate Age	41
Injuries Sustain	
Injured person in which vehicle?	FBP3078Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 628 JURONG WEST STREET 65 #07-388
Postcode	640628

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)**


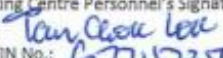
I understand, acknowledge, agree and consent that:

- (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:

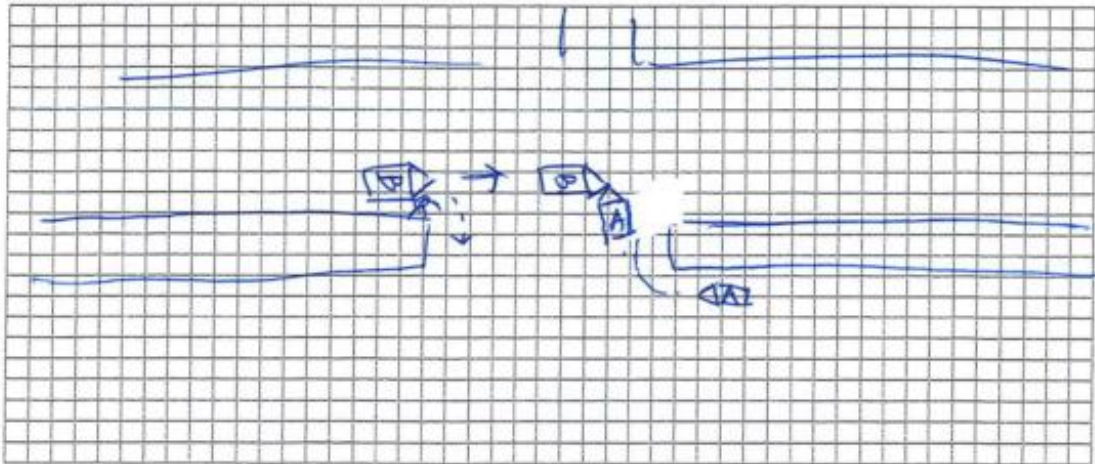
17/09/2020 1235HR

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


Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.: G771525R

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Traffic Accident Report NO. T/20200916/2129 attached.

DECLARATION

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

Policyholder's Signature
Date & Time:

GIARMC SketchPlanForm_V3

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

Reporting Centre Personnel's Signature
Name: Tan Chou Wei
NRIC/FIN No.: 97715735R



**SINGAPORE
POLICE FORCE**



T/20200916/2129

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

1 of 3
Report No. T/20200916/2129

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/09/2020 22:06	Vide Report No.:	Station Diary No.: 92
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Informant's Particulars

Name of Informant: CHIA YUN CHERNG			Address: APT BLK 628 JURONG WEST STREET 65 #07-388 SINGAPORE 640628	
ID Type / ID No.: NRIC NO / S7910203B			Contact No.: Home/Office: Mobile: 90933009	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 41	Date of Birth: 30/03/1979	Type of Informant: Rider	
Race: Chinese			Language:	Institution / School Name:
Occupation: Building and construction project manager			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/09/2020 13:50	Type of Location: Straight Road
Location: JURONG WEST STREET 61				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP3078Z	Motorcycle	HONDA	CB300R ABS MANUAL	Red	Seriously Damaged	0
SHC8386Z	Car	HYUNDAI	i40	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Traffic Accident Report Pg. 1



**SINGAPORE
POLICE FORCE**



T/20200916/2129

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20200916/2129

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP3078Z	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/00767102	08/03/2020	07/03/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	CHIA YUN CHERNG		ID No.	S7910203B
Related Vehicle	FBP3078Z (Motorcycle)		Contact No.	90933009
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	16/09/2020		Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	NIL	
Driver				
Name	LEE TECK SENG		ID No.	S0136511H
Related Vehicle	NIL		Contact No.	93254557
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 the above mentioned date, time and location. I was riding along Jurong West St 61, opposite Blk 624 and wanted to turn in my house cluster, I then stopped my bike at the side of the opening of the center divider when I see a Taxi coming towards from the opposite traffic. I then moved off after seeing the Taxi signaling right and was moving slowly to the divider, however, when I inch forward, the taxi also moved forward and hit onto my front wheel which causes me and my bike to fall. The taxi driver then got out of the taxi and we exchanged particulars at the roadside. I did not call for any medical assistance at that point of accident because I was feeling alright, however when I want to push my bike into to my house's cluster, I felt a sharp pain on my left ribcage area, hence I went to Ng Teng Fong General Hospital to get check.



**SINGAPORE
POLICE FORCE**



T/20200916/2129

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Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20200916/2129

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:
J /
Sgt 2 NG CHUN, FREDRICK

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
16/09/2020 22:06

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No: 65476414

Classification Of Case:

NP168
SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

