

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 Submission 08/12/2020 10:38 (SGT)
Date of Accident 06/12/2020 11:50 (SGT)
Exact Location of Accident Margaret Dr, Singapore
Additional Location Information JUNCTION OF JALAN PENJARA
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBR6251J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SIE LIEN
NRIC No SXXXX614E
Email Address tanthylai@gmail.com
Mobile Phone No (Phone) +65-88771648
Alternative Phone No (Home) +65-88771648

VEHICLE PARTICULARS

Manufacturer Sym
Model JET 14 200I ABS
Variant -
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 - Claiming third party
Vehicle Category Motorcycle

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5118918027
Cover Note Number -

DRIVER

Name of Driver TAN THYE LAI
NRIC No SXXXX990A
Date Of Birth 20/08/1965
Occupation Outdoor

Date Of Driving Pass	12/10/1995
Driving experience	25 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88771985
Alt. Phone Number	-
Email Address	tanthyelai@gmail.com
Address	BLK 714 #12-139 CLEMENTI WEST STREET 2
Address complement	-
Postcode	120714
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT AND ATTACHED; REMARKS:TYPE OF ACCIDENT PLEASE REFER TO ATTACHED AND POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH6285M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Taxi
Name of Driver	-

Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	REFER TO POLICE REPORT AND ATTACHED
Details of property damaged in accident	REFER TO POLICE REPORT AND ATTACHED
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN THYE LAI
Address	BLK 714 #12-139 CLEMENTI WEST STREET 2
Address Complement	-
Post Code	120714
Approximate Age Years Old	55
Injuries Sustained	REFER TO POLICE REPORT AND ATTACHED
Injured person in which vehicle?	FBR6251J
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	MR. YAP LIK HOCK
Phone	(Phone) +65-94529961
Email	-


SKETCH PLAN**IMPORTANT NOTICE**


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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)**

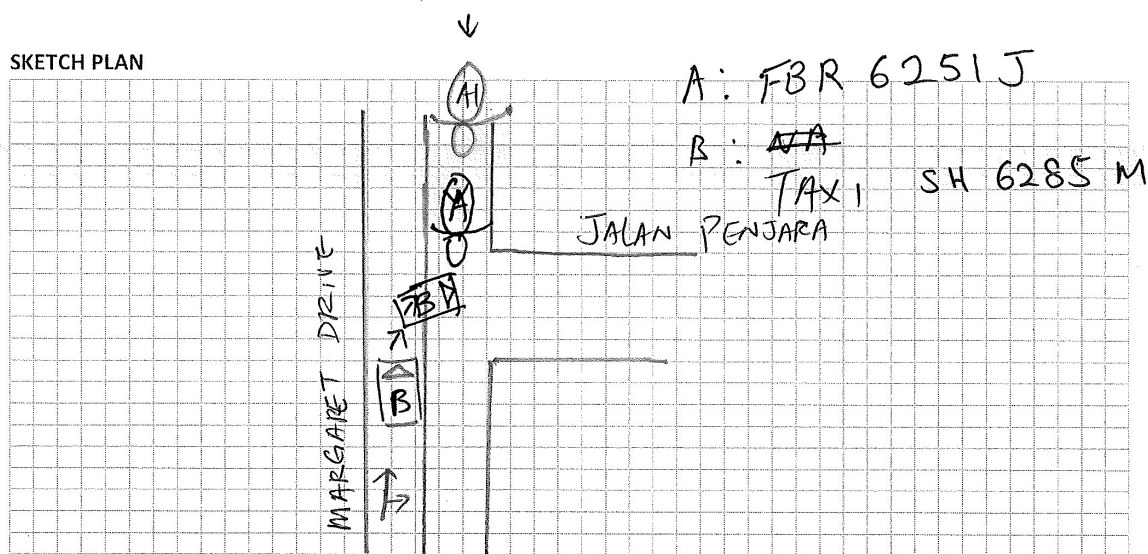
I understand, acknowledge, agree and consent that:

- (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.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer To Police Report: T/20201207/2064

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

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

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



























SINGAPORE POLICE FORCE



T/20201207/2064

1 of 3

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20201207/2064

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/12/2020 13:54	Vide Report No.: E/20201206/0118	Station Diary No.: 50
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Informant's Particulars

Name of Informant: TAN THYE LAI			Address: APT BLK 714 CLEMENTI WEST STREET 2 #12-139 SINGAPORE 120714		
ID Type / ID No.: NRIC NO / S1695990A			Contact No.: Home/Office:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/12/2020 11:50	Type of Location: T-Junction
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Location:

MARGARET DRIVE

Weather: Clear	Road Surface: Dry	Road Speed Limit:
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Moderate
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 Passeng
FBR6251J	Motorcycle	SYM	JET 14 200I ABS		Seriously Damaged	0
SH6285M	Car	HYUNDAI	AE IONIQ		Slightly	0



**SINGAPORE
POLICE FORCE**



T/20201207/2064

2 of

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

Report No. T/20201207/

CONTINUATION OF REPORT

Brief Details.

On 06/12/2020 at about 1150hrs, I was riding in my motor vehicle (FBR6251J) along Margaret Drive towards Strathmore Avenue.

At the junction of Jln Penjara & Margaret Drive, I was riding straight. There was another taxi vehicle (SH6285M) on the opposite lane, along Margaret Drive, turning right into Jalan Pengara. I was unable to react in time and hit onto the taxi vehicle. Ambulance and traffic police were at scene vide E/20201206/0118. The driver of the taxi vehicle is namely Lim Tian Ngee (S6927570B).

On 06/12/2020, I went Alexandra Hospital and was given 7 days of medical leave. I suffered abrasion on the right side of my body.

I then came to lodge a police report. There is also a witness in the accident namely Yap Lik Hock (HP 94529961) and he provided me a footage of the accident.



**SINGAPORE
POLICE FORCE**



T/20201207/2064

3 of 3

Report No. T/20201207/2064

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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:

D /

Sgt 3 TAN WEN HONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/12/2020 13:54

Officer In Charge Of Case: