

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	18/12/2020 12:48 (SGT)
Date of Accident	17/12/2020 16:30 (SGT)
Exact Location of Accident	Near 140 Bedok North Ave 3, Singapore
Additional Location Information	BEDOK NORTH AVENUE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN1742M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SENG YI BENJAMIN (SHEN YI)
NRIC No	SXXXX086G
Email Address	BENJAMINSENGYI@GMAIL.COM
Mobile Phone No	(Phone) +65-92476835
Alternative Phone No	(Home) +65-92476835

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	SNIPER T150
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	ThirdParty
Fleet Policy	No
Policy Number	5112879165-01 (TP)
Cover Note Number	-

DRIVER

Name of Driver	SENG YI BENJAMIN (SHEN YI)
NRIC No	SXXXX086G

Date Of Driving Pass	16/05/2018
Driving experience	2 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92476835
Alt. Phone Number	(Home) +65-92476835
Email Address	BENJAMINSENGYI@GMAIL.COM
Address	APT BLK 110 LENGKONG TIGA #07-227
Address complement	-
Postcode	410110
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Raining
Road Surface	Wet

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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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	SHC2885P
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Taxi
Name of Driver	-

Contact Number (Phone) +65-97509903
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person SENG YI BENJAMIN (SHEN YI)
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? FBN1742M
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

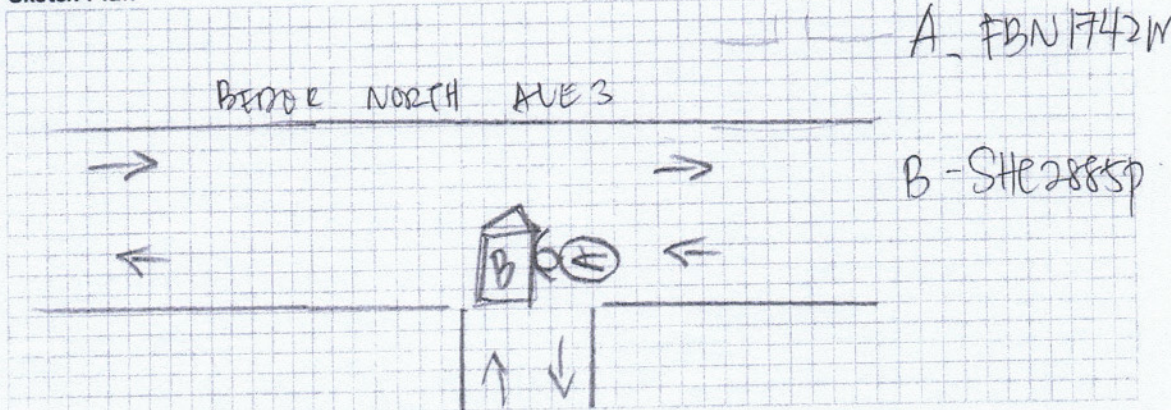
IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vcom.com.sg


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

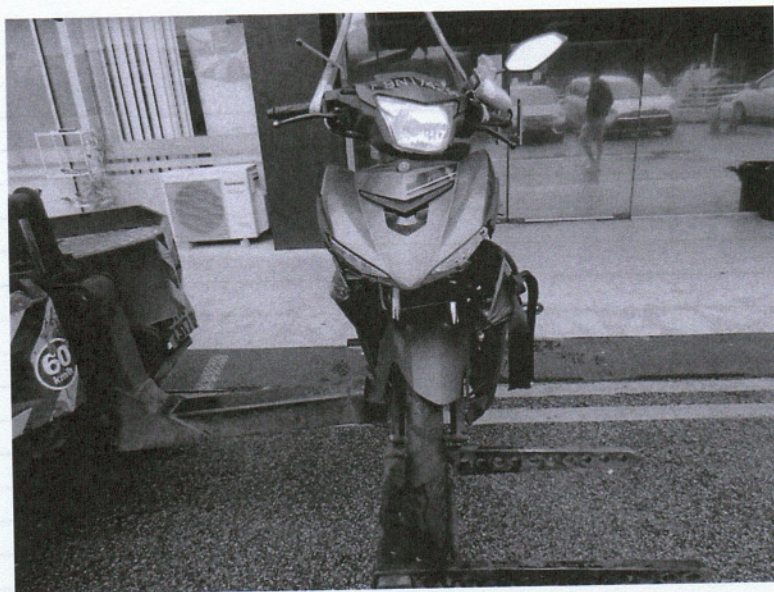


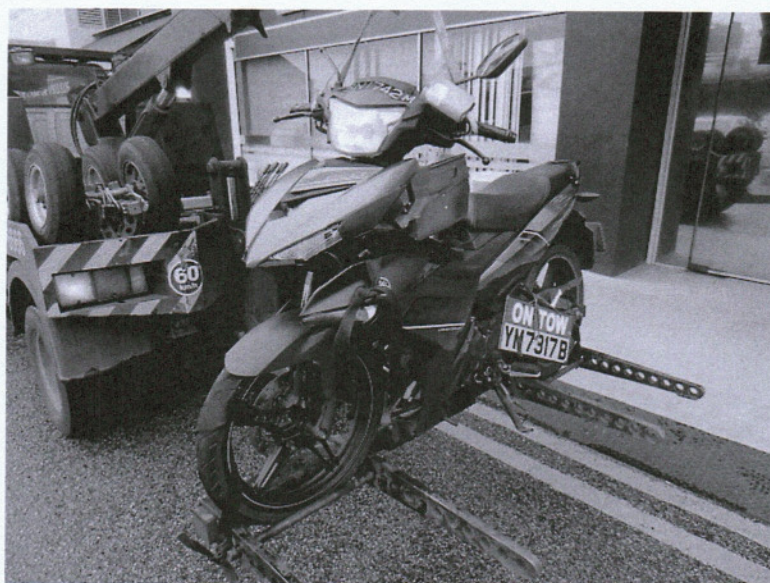
Refer to police report.

[Signature]

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Witnessed by Reporting Centre
Personnel





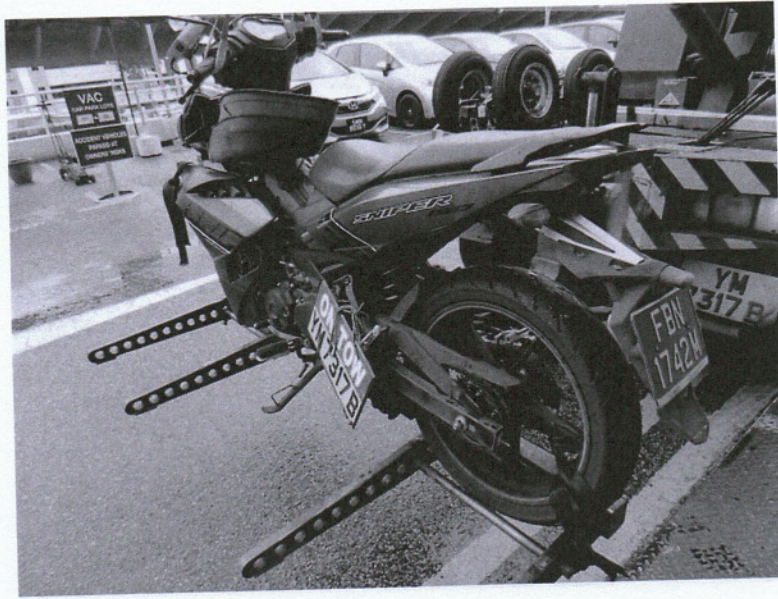






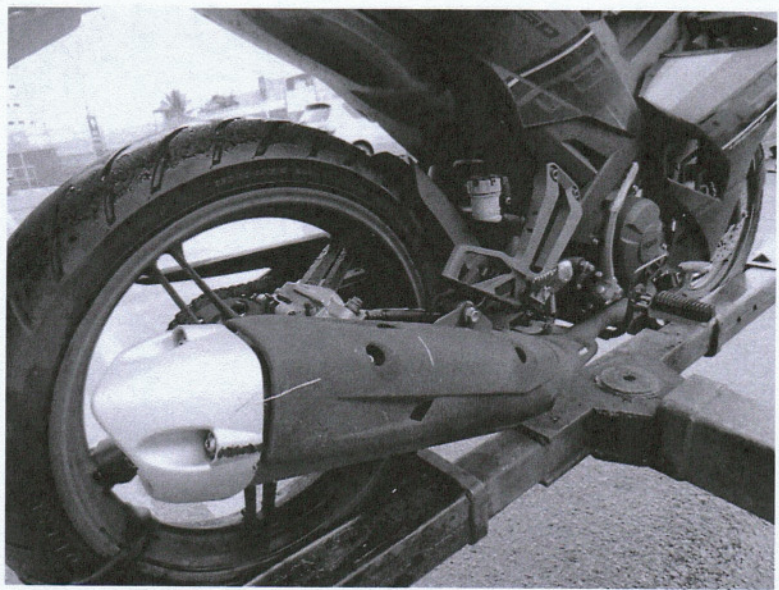














SINGAPORE DRIVER	
Name	LEE JIN
Age	25
Date of Birth	20/05/1999
Place	Chinese
Language	English
Occupation	Student
Class of License	Class B, C, D
Date of Expiry	20/05/2025

General Information of the Accident			
Type of Accident	Other	Date of Accident	20/05/2025
Location	BECK NORTH AVENUE 3		
Weather	Clear	Road Surface	Asphalt
Lighting	Day	Vehicle Condition	Good
Time of Day	10:00 AM	Driver's License	Valid
Type of Collision	Frontal Impact - Head To Side		
Vehicle Involved	Hyundai i30		
Damage to Vehicle	Front End		

Vehicle No.	Type	Make	Model	Year	Color	Damage
12345678	Car	HYUNDAI	i30	2020	White	Front End
87654321	Motorcycle	YAMAHA	SNIPER	2019	Black	None

Details of Vehicle Insurance



**SINGAPORE
POLICE FORCE**



T/20201218/7002

1 of 3

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

Report No. T/20201218/7002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/12/2020 01:20	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: SENG YI BENJAMIN			Address: 110 LENGKONG TIGA #07-227 SINGAPORE 410110		
ID Type / ID No.: NRIC NO / S9906086G			Contact No.: Home/Office: Mobile: 92476835		
Nationality: SINGAPORE CITIZEN			Email: BENJAMINSENGYI@GMAIL.COM		
Sex: Male	Age: 21	Date of Birth: 22/02/1999	Type of Informant: Rider		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: NSF			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/12/2020 16:30	Type of Location: Straight Road
Location: BEDOK NORTH AVENUE 3				
Weather: Raining		Road Surface: Wet	Road Speed Limit: 50 Km/h	
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	Conditio	No of
FBN1742M	Motorcycle	YAMAHA	SNIPER T150	Green		0
SHC2885P	Car	HYUNDAI	I-20	Blue	Slightly Damaged	2

Details of Vehicle Insurance



**SINGAPORE
POLICE FORCE**



T/20201218/7002

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

2 of 3

Report No. T/20201218/7002

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN1742M	NTUC Income Insurance Co-Operative Limited	5112879165-01	25/09/2020	24/09/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	SENG YI BENJAMIN		ID No.	S9906086G
Related Vehicle	FBN1742M (Motorcycle)		Contact No.	92476835
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date	17/12/2020		Date	17/12/2020
No. of Days granted Medical Leave		03	Degree of	Slight
Driver				
Name	ANG KIM CHONG		ID No.	S0893221B
Related Vehicle	SHC2885P (Car)		Contact No.	97509903
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3,4,5 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL

Brief Details.

I was travelling on my motorbike FBN1742M along Bedok North Avenue 3 in the direction towards New Upper Changi Road. Comfort Taxi SHC2885P suddenly appeared across my path thereby causing my vehicle to collide into the right driver side of SHC2885P. As a consequence of the collision, i fell and sustained injuries (reference CGH medical report) and damaged to my motorcycle FBN1742M. Apparently, SHC2885P was attempting to make a right turn from Bedok North Street 2 across Bedok North Avenue 3 towards the direction of PIE.



**SINGAPORE
POLICE FORCE**



T/20201218/7002

3 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20201218/7002

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

No.	Name	Address	Phone No.	Occupation	Relationship	Remarks
1	SEAH YI SENJIAN	10 Ubi Avenue 3	65470000	Police Officer	Informant	Not applicable
2	CHANG GENERAL HOSPITAL	10 Ubi Avenue 3	65470000	Police Officer	Informant	Not applicable
3	CHANG GENERAL HOSPITAL	10 Ubi Avenue 3	65470000	Police Officer	Informant	Not applicable
4	CHANG GENERAL HOSPITAL	10 Ubi Avenue 3	65470000	Police Officer	Informant	Not applicable
5	CHANG GENERAL HOSPITAL	10 Ubi Avenue 3	65470000	Police Officer	Informant	Not applicable
6	CHANG GENERAL HOSPITAL	10 Ubi Avenue 3	65470000	Police Officer	Informant	Not applicable
7	CHANG GENERAL HOSPITAL	10 Ubi Avenue 3	65470000	Police Officer	Informant	Not applicable
8	CHANG GENERAL HOSPITAL	10 Ubi Avenue 3	65470000	Police Officer	Informant	Not applicable
9	CHANG GENERAL HOSPITAL	10 Ubi Avenue 3	65470000	Police Officer	Informant	Not applicable
10	CHANG GENERAL HOSPITAL	10 Ubi Avenue 3	65470000	Police Officer	Informant	Not applicable

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

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

Authentication Stamp

Signature Of Informant:

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

Date/Time:
18/12/2020 01:20

Classification Of Case: