

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 20/01/2021 16:38 (SGT)
Date of Accident 06/01/2021 20:00 (SGT)
Exact Location of Accident Buangkok Dr, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBM8907P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner YEE CHEE SIONG
NRIC No SXXXX100E
Email Address JOSEPH73.JY@GMAIL.COM
Mobile Phone No (Phone) +65-91816548
Alternative Phone No +65-91816548

VEHICLE PARTICULARS

Manufacturer Honda
Model Cb150r
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 ThirdPartyFireTheft
Fleet Policy No
Policy Number 5117396527
Cover Note Number -

DRIVER

Name of Driver YEE CHEE SIONG
NRIC No SXXXX100E
Date Of Birth 22/03/1973
Occupation Indoor

Date Of Driving Pass	19/02/1990
Driving experience	30 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91816548
Alt. Phone Number	+65-91816548
Email Address	JOSEPH73.JY@GMAIL.COM
Address	BLK 467A FERNVALE LINK #11-505
Address complement	-
Postcode	791467
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 - Cross Junction
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?	Yes
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	Kampong Java Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-1800295999
Alt. Police Station Phone No	(Fax) +65-63913442
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210111/2061

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	GBK11L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-

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 YEE CHEE SIONG
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? FBM8907P
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? Yes

SKETCH PLAN

IMPORTANT NOTICE

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- 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 as investigation.**
- 6) 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.
- 7) By the lodgment of this report to 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
 - ii. For complying with the requirements under any regulations, law or court orders.



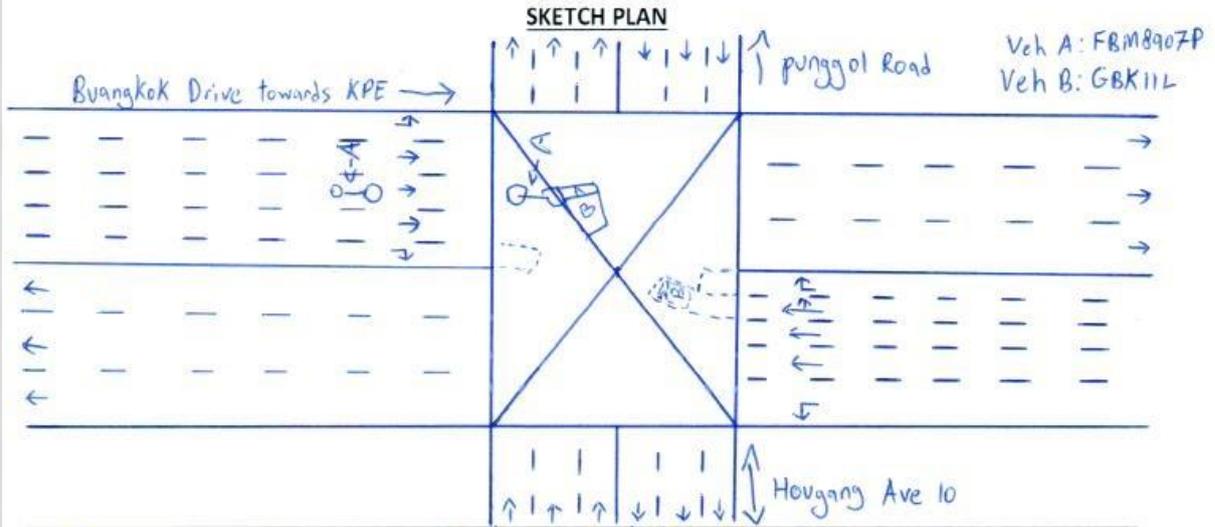
 Policyholder's Signature
 Date & Time:



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



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



Refer to police report T/20210111/2061

(The remaining text in this section is crossed out with a large diagonal line.)

DECLARATION

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



Policyholder's Signature
Date & Time:



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



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


















**SINGAPORE
POLICE FORCE**


T/20210111/2061

1 of 3

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20210111/2061

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/01/2021 13:29	Vide Report No.:	Station Diary No.: 37
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Informant's Particulars

Name of Informant: JOSEPH YEE CHEE SIONG		Address: APT BLK 467A FERVALE LINK #11-505 SINGAPORE 791467	
ID Type / ID No.: NRIC NO / S7311100E		Contact No.: Home/Office: Mobile: 91818548	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 47	Date of Birth: 22/03/1973	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: Valuer		Driving Licence Information: Class: 2B	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 06/01/2021 20:00	Type of Location: X-Junction
Location: BUANGKOK DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM8907P	Motorcycle	HONDA	CB150R MANUAL	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM8907P	NTUC Income Insurance Co-Operative Limited	5117396527	15/05/2020	14/05/2021



**SINGAPORE
POLICE FORCE**



T/20210111/2051

2 of 3

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20210111/2051

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	JOSEPH YEE CHEE SIONG	ID No.	S7311100E
Related Vehicle	FBM8907P (Motorcycle)	Contact No.	91816548
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	07/01/2021
No. of Days granted Medical Leave	14	Degree of Injury	Serious

Brief Details.

On 6/1/2021 at about at about 2020hrs, I was riding my motorcycle FBM8907P along Buangkok Drive towards KPE. As I was approaching the traffic junction of Buangkok Drive and Hougang Ave 10, I observed that there was a black vehicle at the opposite direction of Buangkok Drive waiting for its turn to perform a right turn in Hougang Ave 10, and I also observed that the traffic junction traffic light was green. Therefore, I slow down my motorcycle and proceed through the traffic junction.

In midst of travelling through the traffic junction, I noticed that the said black vehicle had accelerated and I do not have time to react. Afterwhich, the said vehicle had collided onto the right side my vehicle. The accident caused me to flew out of my motorcycle. I then could not recall what happened next and I only remembered that there was a lot of passerby, and eventually I was conveyed to ambulance to Tan Tock Seng Hospital.

On 7/1/2021, I was discharged from Tan Tock Seng Hospital. During my stay in Tan Tock Seng Hospital I did a couple of checks and the Doctor revealed that the back of my left palm sustained fractured, right feet swollen, abrasions on the right arm and my front left tooth broken. The Doctor from Tan Tock Seng Hospital then issued me an medical certificate for 14 days, start from 6/1/2021 to 19/1/2021.



**SINGAPORE
POLICE FORCE**



T/20210111/2061

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Report No. T/20210111/2061

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

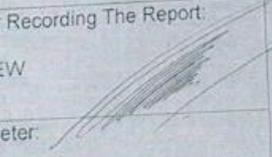
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
E /
Sgt 2 JANSON CHEW

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt TAN JUN YAN
Contact No.: 65476311

Authentication Stamp
NP168


SIGNATURE

Signature Of Informant:

Date/Time:
11/01/2021 13:29

Classification Of Case: