

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 30/01/2021 10:27 (SGT)
Date of Accident 29/01/2021 13:00 (SGT)
Exact Location of Accident Mount Sinai Rd, Singapore
Additional Location Information JUNCTION OF HOLLAND GROVE ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBS1362A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SEE ENG KIAT
NRIC No SXXXX781Z
Email Address jasonsee6@gmail.com
Mobile Phone No (Phone) +65-96524240
Alternative Phone No +65-96524240

VEHICLE PARTICULARS

Manufacturer Yamaha
Model NMAX 155 ABS CVT
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 5120817740
Cover Note Number -

DRIVER

Name of Driver SEE ENG KIAT
NRIC No SXXXX781Z
Date Of Birth 10/08/1971
Occupation Outdoor

Date Of Driving Pass	05/04/1989
Driving experience	31 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96524240
Alt. Phone Number	+65-96524240
Email Address	jasonsee6@gmail.com
Address	BLK 49 STRATHMORE AVENUE #25-219
Address complement	-
Postcode	140049
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 - Head to Rear
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	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210129/2087

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	SFH869Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	YAP SIEW KHIM
Contact Number	(Phone) +65-90356415

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 SEE ENG KIAT
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? FBS1362A
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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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.
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.

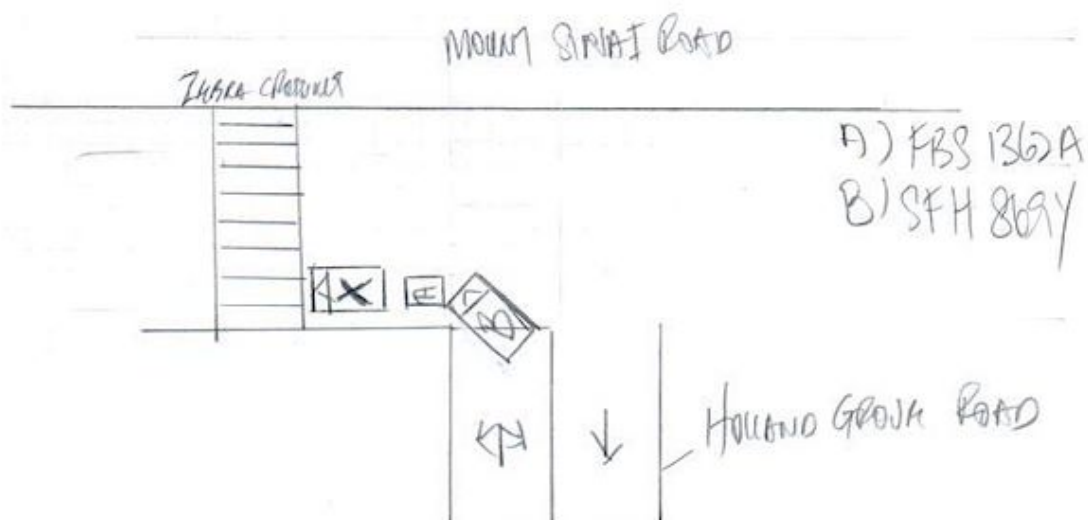
dn 29/1/21 1720

Policyholder's Signature / Date & Time

Sketch Plan

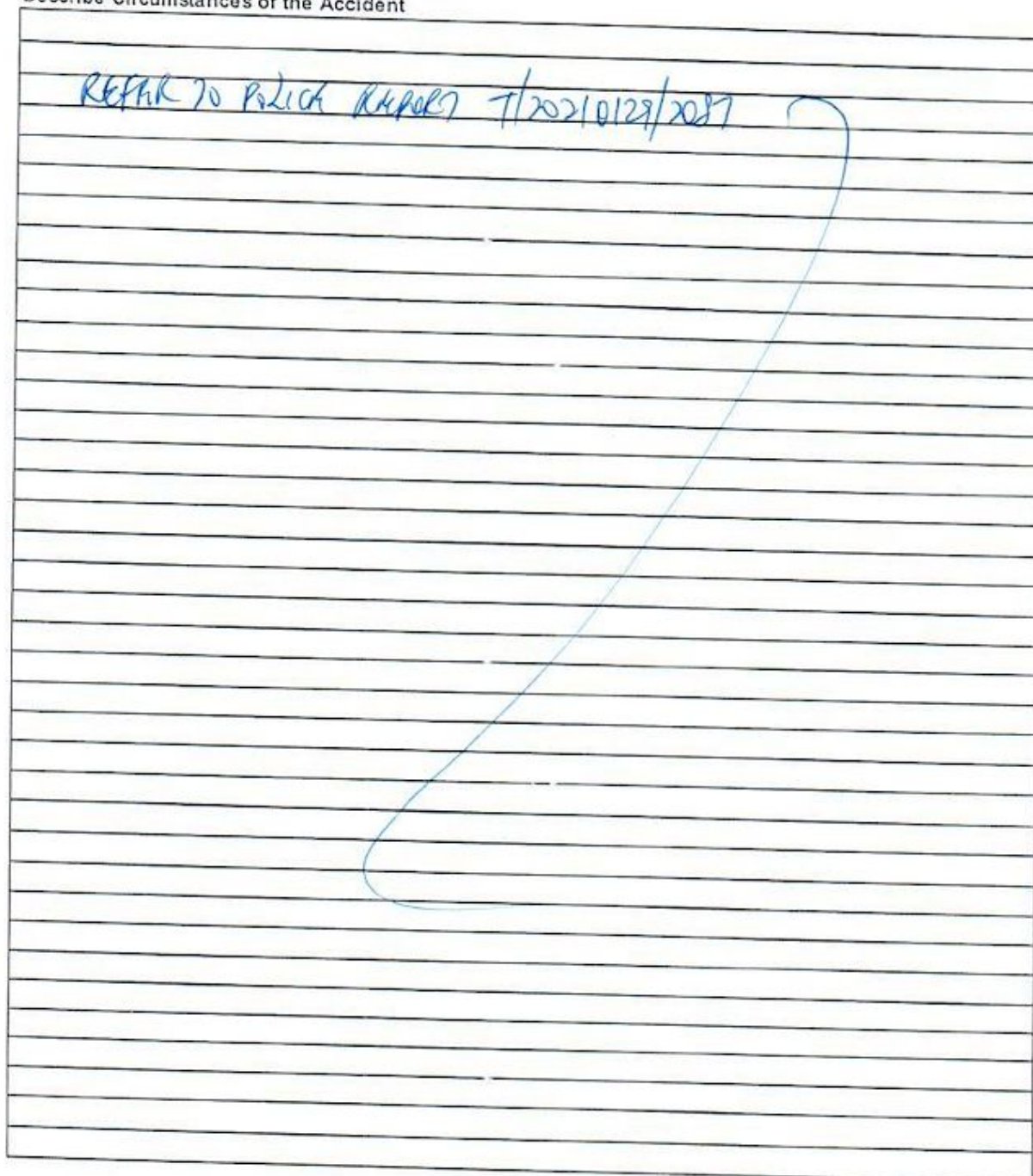
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

REFER TO POLICE REPORT T/20210129/2087



Declaration

We declare the foregoing particulars are true in every respect.

dm 29/1/21 1720
Policyholder's Signature / Date & Time

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

30/01/2021
Witnessed by Reporting Centre Personnel





































SINGAPORE POLICE FORCE



T/20210129/2087

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20210129/2087

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/01/2021, 16:20		Vide Report No.:		Station Diary No.: 33	
Informant's Particulars					
Name of Informant: SEE ENG KIAT			Address: APT BLK 49 STRATHMORE AVE #25-219 SINGAPORE 140049		
ID Type / ID No.: NRIC NO / S7127781Z			Contact No.: Home/Office: Mobile: 96524240		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 10/08/1971	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: FOOD DELIVERY RIDER			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: 29/01/2021 13:00	Type of Location: T-Junction
Location: MOUNT SINAI ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: School Crossing Warden	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS1362A	Motorcycle	YAMAHA	NMAX 155 ABS CVT	Black	Slightly Damaged	0
SFH869Y	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBS1362A	NTUC Income Insurance Co-Operative Limited	5120817740	27/01/2021	26/01/2022



**SINGAPORE
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T/20210129/2087

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Tel No: 1800-4719999

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Report No. T/20210129/2087

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SEE ENG KIAT	ID No.	S7127781Z
Related Vehicle	FBS1362A (Motorcycle)	Contact No.	96524240
Hospital/Clinic	SHALOM CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	29/01/2021	Date Discharge	29/01/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	YAP SIEW KHIM	ID No.	NIL
Related Vehicle	NIL	Contact No.	90356415
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 29 January 2021 at about 1300hrs, I was travelling along Mt Sinai Rd, riding a motorcycle bearing the bike plate number FBS1362A and was at the junction of Mt Sinai Rd and Holland Grove Rd. I was stationary in front of the yellow box. There was few cars ahead of me as there was a zebra crossing in front. The cars had stopped to let pedestrians to cross. Out of sudden, I felt a heavy impact from the back and I flew. I was still conscious but I felt uncomfortable on my shoulder. I saw that there was a car behind me bearing the car plate number SFH869Y.

The driver of the car came down and assisted me. He gave me his name and contact number to liaise. He asked me if SGD \$100/- is enough for private settlement verbally. However, I refused as the damage to my bike will be more than that and I had just bought the bike. I wish to inform that I had visited a doctor at Shalom Clinic and was given 5 days MC. I wish to inform that I felt discomfort and sore pain on my right shoulder.



**SINGAPORE
POLICE FORCE**



T/20210129/2087

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3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

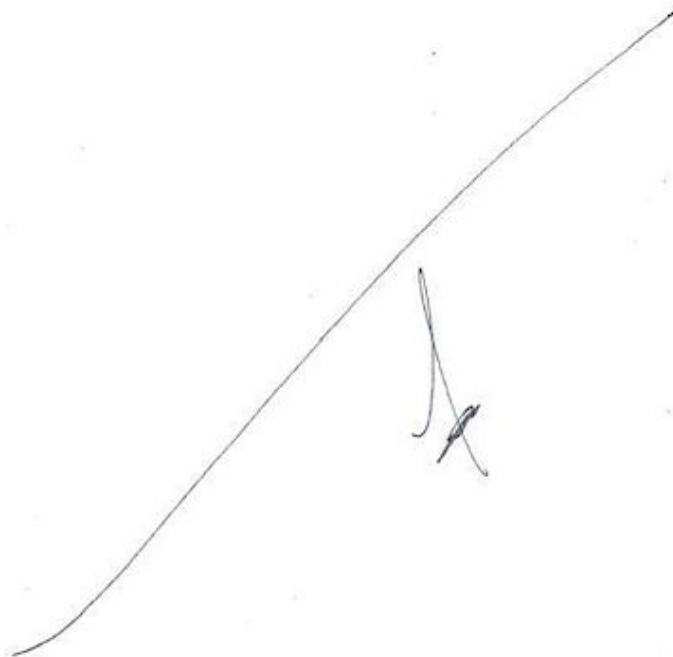
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Report No. T/20210129/2087

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 DAMIEN LEONG JUN SIAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Insp BOON YEN KIAN

Contact No.: 65476172

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

29/01/2021 16:20

Classification Of Case: