

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 16/02/2021 17:05 (SGT)
Date of Accident 13/02/2021 14:30 (SGT)
Exact Location of Accident Balestier Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number fbf8265u

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner DAEMIAN SIAH LEI
NRIC No SXXXX677Z
Email Address CEDRICSIAHYI@GMAIL.COM
Mobile Phone No (Phone) +65-92334383
Alternative Phone No +65-92334383

VEHICLE PARTICULARS

Manufacturer Honda
Model Cbr
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 5064845740-06
Cover Note Number -

DRIVER

Name of Driver CEDRIC SIAH YI
NRIC No SXXXX646F
Date Of Birth 02/03/1992
Occupation Outdoor

Date Of Driving Pass	24/05/2018
Driving experience	2 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92324383
Alt. Phone Number	-
Email Address	CEDRICSHYI@GMAIL.COM
Address	BLK 179 TOA PAYOH CENTRAL #10-460
Address complement	-
Postcode	310179
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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	3
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	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 T/20210215/2037

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	SLQ6069G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLD5883Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	CEDRIC SIAH YI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	LEG, HAND AND SHOULDER
Injured person in which vehicle?	fbf8265u
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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8. Consent under the Personal Data Protection Act (PDPA)


I understand, acknowledge, agree and consent that:

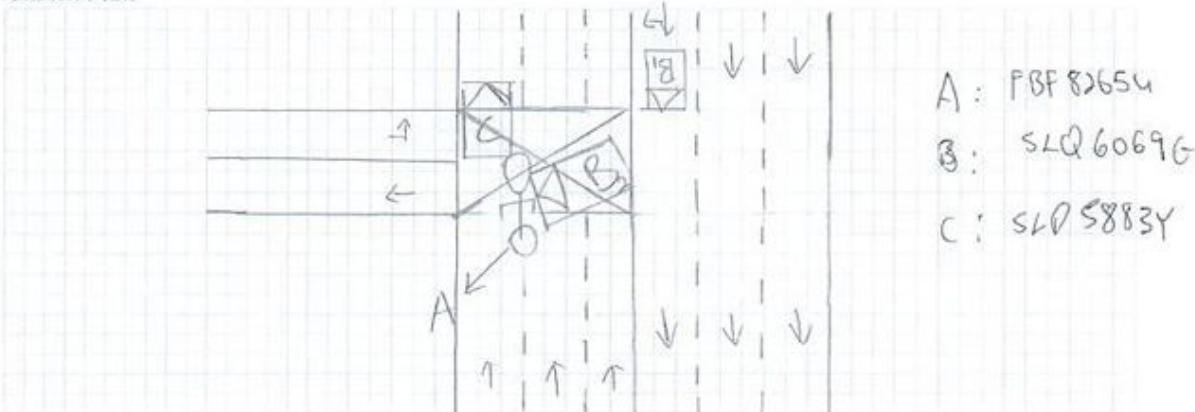
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.


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:
T/20210215/2037

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

Witnessed by Reporting Centre
Personnel

























**SINGAPORE
POLICE FORCE**



T/20210215/2037

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

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Report No. T/20210215/2037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/02/2021 12:27		Vide Report No.: E/20210213/0133		Station Diary No.:	
Informant's Particulars					
Name of Informant: CEDRIC SIAH YI			Address: 179 TOA PAYOH CENTRAL #10-460 SINGAPORE 310179		
ID Type / ID No.: NRIC NO / S9207646F			Contact No.: Home/Office: Mobile: 92324383		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 28	Date of Birth: 02/03/1992	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: ASSISTANT MANAGER(F&B)			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/02/2021 14:30	Type of Location: T-Junction
Location: BALESTIER ROAD				
Weather: Cloudy		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
FBF8265U	Motorcycle	HONDA	CBR 150R M	Black		0
SLD5883Y	Car	AUDI	Q3 1.4 TFSI S TRONIC (17")	Grey		0
SLQ6069G	Car	HONDA	VEZEL HYBRID 1.5 AUTO	Silver		0



**SINGAPORE
POLICE FORCE**



T/20210215/2037

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

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Report No. T/20210215/2037

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF8265U	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CEDRIC SIAH YI	ID No.	S9207646F
Related Vehicle	NIL	Contact No.	92324383
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/02/2021	Date Discharge	13/02/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

ON THE STATED DATE, TIME AND LOCATION

ON 13/02/2021 AT ABOUT 1428 HOURS, I WAS RIDING THE VEHICLE BEARING A PLATE NUMBER (FBF8265U) ALONG BALESTIER ROAD. AS I WAS RIDING STRAIGHT IN A T-JUNCTION, A CAR BEARING THE PLATE NUMBER (SKQ6069G) FROM THE OPPOSITE DIRECTION WAS MAKING A RIGHT TURN AND HIT THE RIGHT SIDE OF MY VEHICLE. I LOST CONTROL OF THE BIKE AND IT HIT A STATIONARY VEHICLE (SLD5883Y) THAT WAS ON MY LEFT. AS A RESULT FROM THE IMPACT, MY BODY GOT THROWN OVER AND I SUFFERED A FEW MINOR INJURIES FROM IT. I WAS THEN CONVEYED TO TAN TOCK SENG HOSPITAL A&E AND GOT A 3 DAYS MC. A FEW DAYS LATER, IO FERROZ GAVE ME A CALL AND ASKED ME TO MAKE MY WAY TO TPHQ TO LODGE A POLICE REPORT ACCORDINGLY. THAT'S ALL

IO IN-CHARGE: IO FERROZ



**SINGAPORE
POLICE FORCE**



T/20210215/2037

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Report No. T/20210215/2037

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

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:
TP /
SC2 MOHAMMAD DANISH SYAH BIN MOHD
KASSIM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt MOHAMMED FEROUZ BIN HUSSEIN
Contact No.: 65476206

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
15/02/2021 12:27

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: