

# 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 ..... 22/02/2021 09:47 (SGT)  
Date of Accident ..... 19/02/2021 12:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... TANJONG KATONG RD TWDS DUNEARN RD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SGB6058B

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TAY BEE LIAN  
NRIC No ..... S1643526J  
Email Address ..... JOSEPHINE\_TAY\_888@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-91117998  
Alternative Phone No ..... +65-91117998

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... C180  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... -  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private car

### INSURANCE COMPANY

Name of Insurance Company ..... AIG  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 1800080021-02  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TAY BEE LIAN  
NRIC No ..... S1643526J  
Date Of Birth ..... 19/11/1964  
Occupation ..... Indoor

Date Of Driving Pass .....	14/03/1991
Driving experience .....	29 YEARS AND 11 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-91117998
Alt. Phone Number .....	+65-91117998
Email Address .....	JOSEPHINE_TAY_888@HOTMAIL.COM
Address .....	7A BOSCOMBE RD
Address complement .....	-
Postcode .....	439764
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 .....	Collided into Motorcyclist
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	HOON WEE TENG
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Marine Parade Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004428999
Alt. Police Station Phone No .....	(Fax) +65-62447678
Police Station Address .....	300 Marine Parade Road Singapore 449296
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT NO: T/20210219/2077. MARINE PARADE NPC.

#### 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 .....	FBE5706P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	FWD
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

### INJURED PERSONS DETAILS

INJURED 1

Name of injured person .....	MOHAMMAD NUR KHAIRUL B. ADMAD
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	ARM AND TOE
Injured person in which vehicle? .....	FBE5706P
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN**

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5. Any false reporting may be referred to the Police for 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 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.

*[Handwritten Signature]*

Policyholder's Signature  
Date & Time

20/01/2021  
09:50 AM

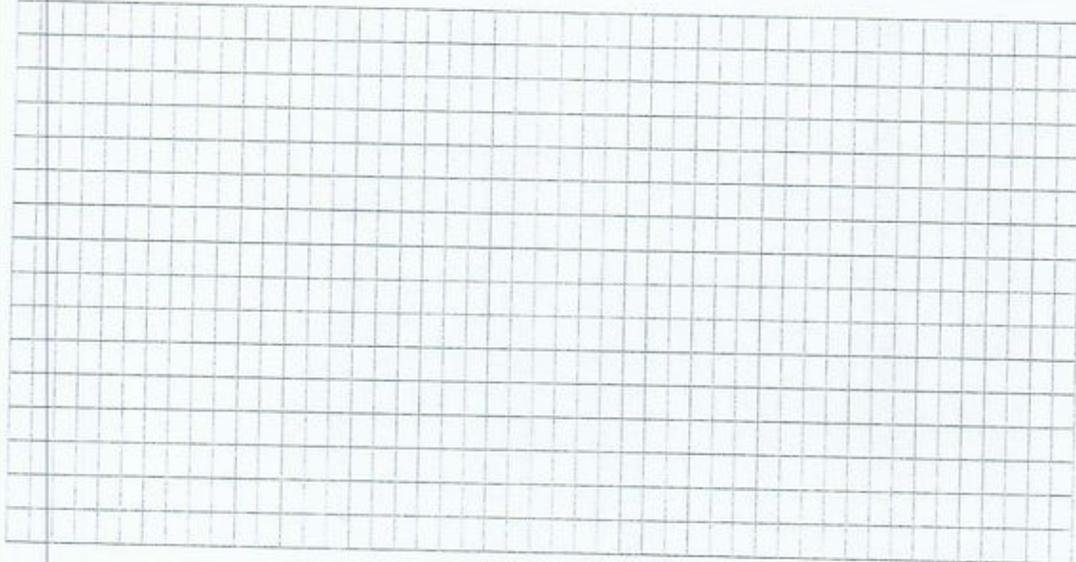
Cycle & Carriage Industries Pte Ltd

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

Reporting Centre  
Name:

**Vincent Seah**  
Cycle & Carriage Industries Pte Ltd  
Body Care & Repair Center  
1401 H.P. 8332 0062 Fax: 08751272  
Email: vincentseah@cyclecarriage.com.sg

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Refer Police Report*

DECLARATION

We declare the foregoing particulars are true in every respect.

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

*[Handwritten Signature]*

Policyholder's Signature

Date & Time

*20/07/2021*

*09:00am*

Cycle & Carriage Industries Pte Ltd

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's

Name:

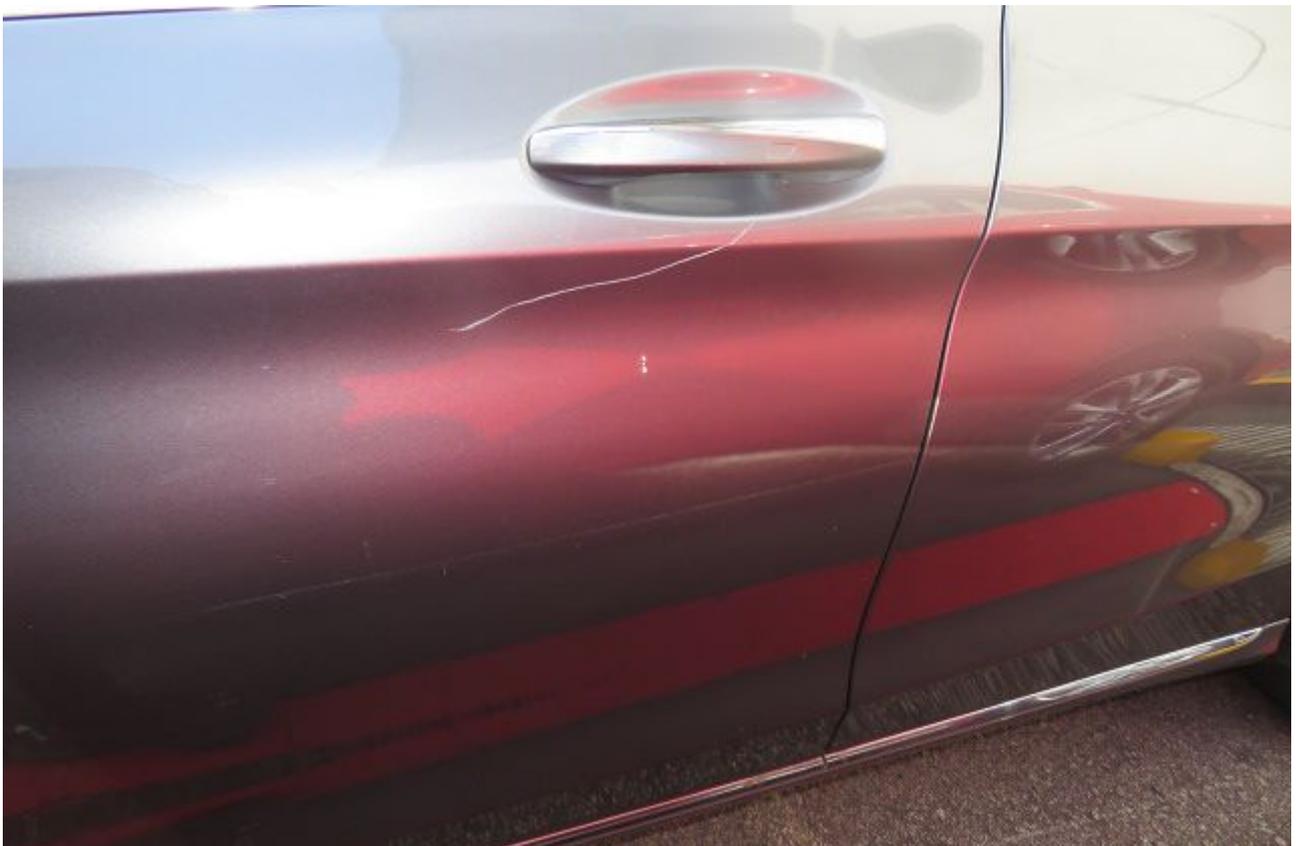
*Cycle & Carriage Industries Pte Ltd  
Body Care & Repair Center  
DID: 671 4401 IP: 8332 0062 Fax: 672 1273  
Email: vincent.seah@cyclcarriagerepair.com.sg*

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**SINGAPORE  
POLICE FORCE**


T/20210219/2077

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

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Report No. T/20210219/2077

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/02/2021 16:01	Vide Report No.:	Station Diary No.: 48
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**Informant's Particulars**

Name of Informant: TAY BEE LIAN		Address: 7A BOSCOMBE ROAD SINGAPORE 439764	
ID Type / ID No.: NRIC NO / S1643526J		Contact No.: Home/Office: Mobile: 91117998	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 56	Date of Birth: 19/11/1964	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Housewife		Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 19/02/2021 12:30	Type of Location: Straight Road
Location: TANJONG KATONG ROAD				
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 - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE5706P	Motorcycle					0
SGB6058B	Car	MERCEDES BENZ	C180 AVANTGAR DE (R17 LED)	Grey	Slightly Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20210219/2077

Police Station Of Origin:  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

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Report No. T/20210219/2077

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGB6058B	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800080021-02	13/07/2020	12/07/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMMAD NUR KHAIRUL BIN AHMAD	ID No.	S8831856J
Related Vehicle	FBE5706P (Motorcycle)	Contact No.	83092017
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	Slight
Driver			
Name	TAY BEE LIAN	ID No.	S1643526J
Related Vehicle	SGB6058B (Car)	Contact No.	91117998
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	HOON WEE TENG WILL	ID No.	S1596118Z
Related Vehicle	SGB6058B (Car)	Contact No.	96419368
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



**SINGAPORE  
POLICE FORCE**



T/20210219/2077

Police Station Of Origin:  
Marine Parade N.P.C  
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Report No. T/20210219/2077

**CONTINUATION OF REPORT**

**Brief Details.**

On 19/02/2021 at about 1230hrs, I was driving my car on the most right lane along Tanjong Katong Road towards Dunman Road direction. Suddenly, a motorcycle hit onto the left side of my car and the rider fell down. My husband and I are not injured. We alighted to make a check. The male rider sustained abrasions on one of his arms and small scrapes on one of his big toe. There were some slight scratches on both left car doors of my car.

The rider has some friends at the nearby Deliveryroo <sup>Claud J</sup> Club Kitchen and they called ambulance and Traffic Police. We exchanged particulars with the rider. I called my vehicle insurance company and was advised to lodge a traffic accident report. We then left and went home to take the vehicle insurance. A female officer from Traffic Police contacted me to go back to the scene as the Traffic Police officer wanted to see my car and view my in car footage. We then went back to the scene and met up with Traffic Police officer Muhd Khair Amin. The officer then provided me a case card for incident E/20210219/0094 and to forward the footage to IO Beifeng. My husband then forwarded the footage to IO Beifeng.



# SINGAPORE POLICE FORCE



T/20210219/2077

Police Station Of Origin:  
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449296  
Tel No: 1800-4428999

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Report No. T/20210219/2077

## 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:  
G /  
Sr Staff Sgt HUANG JINYING, EVELYN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
19/02/2021 16:01

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt NG BEIFENG  
Contact No.: 65476845

Classification Of Case:

Authentication Stamp  
NP168

SIGNATURE