

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 08/03/2021 18:16 (SGT)
Date of Accident 06/03/2021 14:00 (SGT)
Exact Location of Accident Upper Pickering St, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBF5392E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN BOON WAH (CHEN WENHUA)
NRIC No SXXXX045G
Email Address JXIIKA97@GMAIL.COM
Mobile Phone No (Phone) +65-93203201
Alternative Phone No +65-93203201

VEHICLE PARTICULARS

Manufacturer Honda
Model Wave
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 5119535960
Cover Note Number -

DRIVER

Name of Driver TAN BOON WAH (CHEN WENHUA)
NRIC No SXXXX045G
Date Of Birth 11/08/1980
Occupation Indoor

Date Of Driving Pass	07/04/1999
Driving experience	21 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93203201
Alt. Phone Number	+65-93203201
Email Address	JXIIKA97@GMAIL.COM
Address	BLK 6 EVERTON PARK #05-12
Address complement	-
Postcode	080006
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	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	Central Division Headquarters
Police Station Phone No	(Phone) +65-18002240000
Alt. Police Station Phone No	(Fax) +65-62200877
Police Station Address	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT A/20210308/7000

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	SMH2078S
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	TAN BOON WAH (CHEN WENHUA)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	FBF5392E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

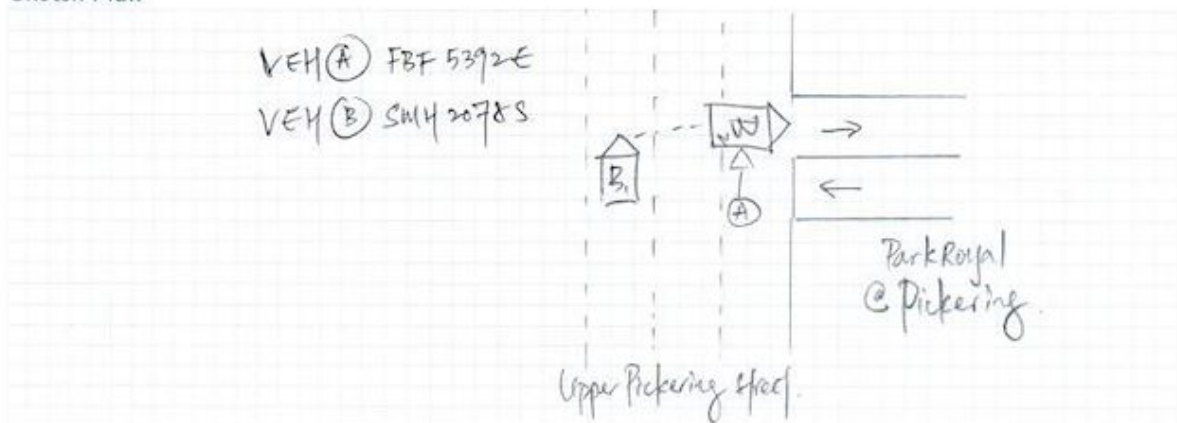
SKETCH PLAN

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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' 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.

		
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to Police Report A/20210308/7000

[illegible]

Declaration

We declare the foregoing particulars are true in every respect.

R.

Policyholder's Signature / Date &
Time

R.

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



Witnessed by Reporting Centre
Personnel





















A/20210308/7000

A/20210308/7000

POLICE REPORT (NP299)

Police Station Of Origin
Central Division HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 08/03/2021 00:18	Vide Report No.	Station Diary No.		
Name Of Informant TAN BOON WAH	Address 6 EVERTON PARK #05-12 SINGAPORE 080006			
ID Type / ID No. NRIC NO / S8024045G	Contact No. Home/Office:	Mobile: 93203201		
Nationality SINGAPORE CITIZEN	Email Address tanboonwah1980@gmail.com			
Occupation Self employed	Sex Male	Age 40	Date of Birth 11/08/1980	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 06/03/2021 14:00	Location Of Incident UPPER PICKERING STREET			

On the above mentioned date and time, I was riding my bike FBF5392E along the extreme right lane of Upper Pickering Street.

As I was approaching the entrance/exit of Parkroyal Hotel, which was on my right, I was looking out to make sure that no vehicle was exiting the exit of Parkroyal Hotel.

After checking clear, I continued to proceed straight when suddenly, I saw a white vehicle flashing across me. I immediately jammed on my brakes but to no avail.

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Not applicable	
Signature Of Interpreter:	Date/Time:
Not applicable	08/03/2021 00:18
Officer In-Charge Of Case:	Classification Of Case:

 Accident report **SN092138000G**



**SINGAPORE
POLICE FORCE**



A/20210308/7000

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20210308/7000

I felt a massive impact brushing against my front wheel causing my bike to fall to the right.

As I was falling down, my body was knocked while I was in the air and thus causing the right side of my body to be slammed hard on the ground.

I rolled on the ground wincing in pain. When I looked up, I realised that the white vehicle which had collided into me was SMH2078S.

Ambulance and traffic Police were at scene.

Paramedics assisted me to my feet and I could walk. Hence, I declined to be conveyed.

There was a witness at the scene who sent me the video footage of what had happened.

SMH2078S which was on the third lane from the right of Upper Pickering street had overshoot the entrance of Parkroyal Hotel and made an abrupt 90 degree right turn just as I was passing the said entrance as it had wanted to turn into said hotel.

The right portion of SMH2078S knocked my front wheel and as I was falling, SMH2078S knocked me again resulting in me slamming onto the ground.

Initially, I only suffered abrasions on both my knees and right shin. I also felt pain on both my elbows and

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

08/03/2021 00:18

Classification Of Case:



**SINGAPORE
POLICE FORCE**



A/20210308/7000

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20210308/7000

arms. However, the pain over my left elbow grew increasingly sharp and worse.

My neck, shoulders and back areas also started feeling sore.

I went to Singapore General Hospital later the same afternoon and was discharged the same evening with 7 days MC for multiple injuries caused by the accident.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/03/2021 00:18
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	