

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	21/06/2021 16:43 (SGT)
Date of Accident	15/06/2021 09:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Along Hougang Avenue 7
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC2347Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN CHEE SAN
NRIC No	SXXXX640B
Email Address	erofia2@gmail.cm
Mobile Phone No	(Phone) +65-97540931
Alternative Phone No	+65-97540931

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Anf 125
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
Transmission	Auto
CC	125

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5047369572-10
Cover Note Number	-

DRIVER

Name of Driver	TAN CHEE SAN
NRIC No	SXXXX640B

Date,Of Birth	01/02/1950
Occupation	Indoor
Date Of Driving Pass	19/12/1983
Driving experience	37 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97540931
Alt. Phone Number	+65-97540931
Email Address	erofia2@gmail.cm
Address	BLK 191 SERANGOON CENTRAL #13-305
Address complement	-
Postcode	820191
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 on collision
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	Punggol Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006049999
Alt. Police Station Phone No	(Fax) +65-64468015
Police Station Address	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to Police Report

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	SFH8286B
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 CHEE SAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	71
Injuries Sustained	18 Days Medical Leave: injuries on arms, subarachnoid hemorrhage
Injured person in which vehicle?	FBC2347Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

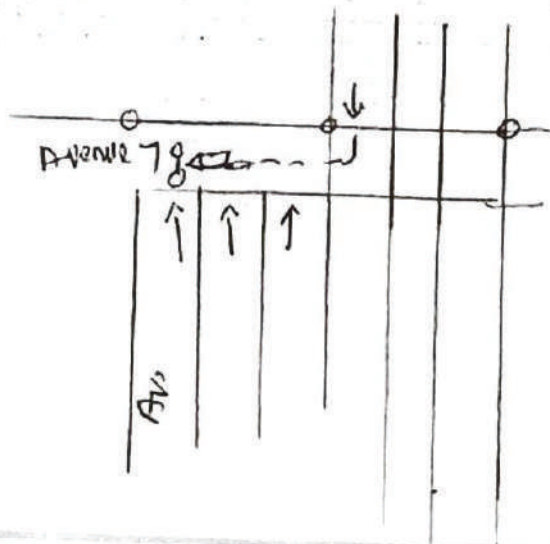
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 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
 8. Consent under the Personal Data Protection Act (PDPA)
- I understand, 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.

[Signature] X
Policyholder's Signature / Date & Time

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

IDAC SIN MING (VICOM LTD)
385 SIN MING DRIVE S(575718)
Witnessed by Reporting Centre
Personnel

Sketch Plan



Describe Circumstances of the Accident

refer to police Report no T/20210617/2014

Declaration

We declare the foregoing particulars are true in every respect.

Robert X
Policyholder's Signature / Date & Time

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

IDAC SIN MING(VICOM LTD)
385 SIN MING DRIVE S(575718)
Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20210617/2014

1 of 3

Report No. T/20210617/2014

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/06/2021 10:58	Vide Report No.:	Station Diary No.: 25
Informant's Particulars		
Name of Informant: TAN CHEE SAN	Address: APT BLK 191 PUNGGOL CENTRAL #13-305 SINGAPORE 820191	
ID Type / ID No.: NRIC NO / S0834640B	Contact No.: Home/Office:	Mobile: 97540931
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male	Age: 71	Date of Birth: 01/02/1950
Type of Informant: Rider		
Race: Chinese	Language:	Institution / School Name:
Occupation: Taxi Driver	Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/06/2021 09:00	Type of Location: T-Junction
Location: HOUGANG AVENUE 7				
Weather: Sunny	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working		Traffic Volume: Light	
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
FBC2347Y	Motorcycle	HONDA	ANF125	Red	Slightly Damaged	0
SFH8286B	Car				No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC2347Y	NTUC Income Insurance Co-Operative Limited	5047369572-10	26/12/2020	25/12/2021



**SINGAPORE
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T/20210617/2014

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Tel No: 1800-6049999

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Report No. T/20210617/2014

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	TAN CHEE SAN	ID No.	S0834640B
Related Vehicle	FBC2347Y (Motorcycle)	Contact No.	97540931
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	15/06/2021	Date Discharge	16/06/2021
No. of Days granted Medical Leave	18	Degree of Injury	Serious

Brief Details.

On the 15/06/2021 at about 9am, I was riding vehicle bearing plate number FBC2347Y along Punggol Central towards Punggol East and was riding on the straight road on the most left lane when nearing the Church of Nativity, there was a vehicle bearing plate number SFH8286B was on the opposite side and wanting to make a right turn from his road towards Hougang Avenue 7. The traffic light was on the green man and I was riding straight, however the vehicle was making a right turn and did not stop for me to proceed. In order to avoid any collision, I brake and skidded on the road. There was ambulance who attended to the scene and I was conveyed to Sengkang General Hospital. I was given 18 days medical leave. I suffer injuries on both of my arms as well as suffer a subarachnoid hemorrhage. I do not know the damage to my motorcycle as I was conveyed to the hospital.

That is all.



**SINGAPORE
POLICE FORCE**



T/20210617/2014

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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Report No. T/20210617/2014

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:

F /

Sgt 2 SYAZWANI BINTE RAZALI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI MOHAMMAD ABDILLAH BIN PALIL

Contact No.: 65476246

Signature Of Informant:

Date/Time:

17/06/2021 10:58

Classification Of Case:

Authentication Stamp
NP168



SN 158

SIGNATURE