

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 12/07/2021 18:54 (SGT)
Date of Accident 09/07/2021 16:05 (SGT)
Exact Location of Accident Rivervale Dr, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBS6585R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SEH CHEE NEE
NRIC No SXXXX905I
Email Address amberseh@gmail.com
Mobile Phone No (Phone) +65-90073413
Alternative Phone No +65-90073413

VEHICLE PARTICULARS

Manufacturer Honda
Model CBR150R
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 Manual
CC 149

INSURANCE COMPANY

Name of Insurance Company FWD Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number PNMC2021-00002880
Cover Note Number -

DRIVER

Name of Driver SEH EN RU
NRIC No TXXXX946A

Date Of Birth	24/05/2002
Occupation	Indoor
Date Of Driving Pass	24/06/2021
Driving experience	1 MONTH
Gender	Female
Mobile Number	(Phone) +65-91467900
Alt. Phone Number	-
Email Address	amberseh@gmail.com
Address	BLK 119A RIVERVALE DRIVE
Address complement	#09-312
Postcode	541119
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Side Swipe
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 vehicle 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	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:F/20210710/7038

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	SMS5987R
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	SEH EN RU
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	FBS6585R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	DYLAN CHIA
Phone	-
Email	-

SKETCH PLAN

IMPORTANT NOTICE

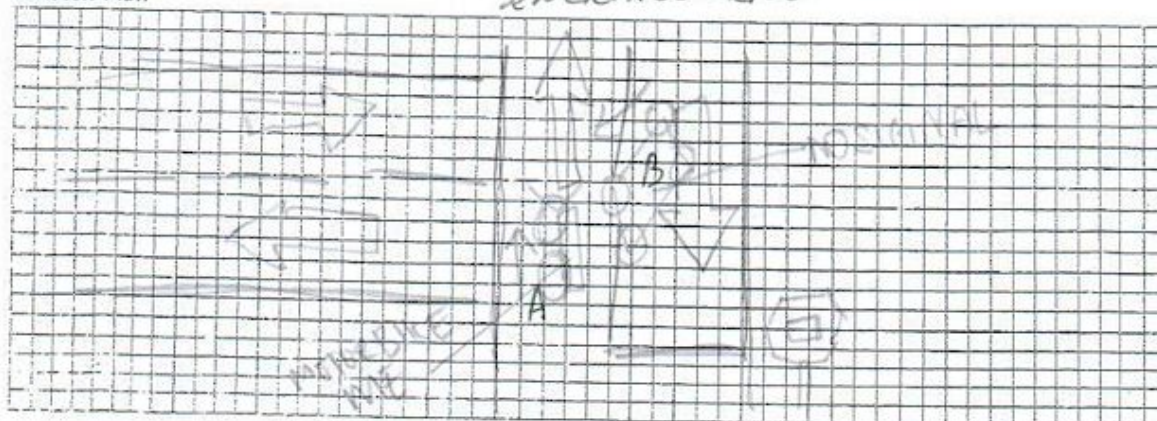
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand,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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A - FB5655R
B - 8ms5987R

Describe Circumstances of the Accident

P/s refer to the police report: E/20210710/7038

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



F/20210710/7038

1 of 2

POLICE REPORT (NP299)

Report No. F/20210710/7038

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 10/07/2021 17:57	Vide Report No.	Station Diary No.
Name Of Informant SEH EN RU	Address 119A RIVERVALE DRIVE #09-312 SINGAPORE 541119	
ID Type / ID No. NRIC NO / T0215946A	Contact No. Home/Office:	Mobile: 91467900
Nationality SINGAPORE CITIZEN	Email Address AMBERSEH@GMAIL.COM	
Occupation Student	Sex Female	Age 19
Institution/School Name	Date of Birth 24/05/2002	Race Chinese
Date/Time Of Incident 09/07/2021 16:00 - 09/07/2021 17:00	Location Of Incident RIVERVALE DRIVE	

Brief details.

I (motorcyclist) heading straight towards Blk 119A when an oncoming brown vezel car (Teo Chin Wah) abruptly turned into my lane without signalling. Head on collision cause my motorbike and I to fall. Motorbike was scratched and parts were broken. I suffered injuries like cuts with blood, bruises and pain at shoulder, left foot and right limp. Driver immediately apologised and picked my motorcycle up, asking for a private settle. Witness was my boyfriend (Dylan Chia), riding ahead of me, witnessed from his side mirror. After waiting for a quotation from my workshop, driver refused to settle privately, thus, reporting the incident after a day.

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: 10/07/2021 17:57
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

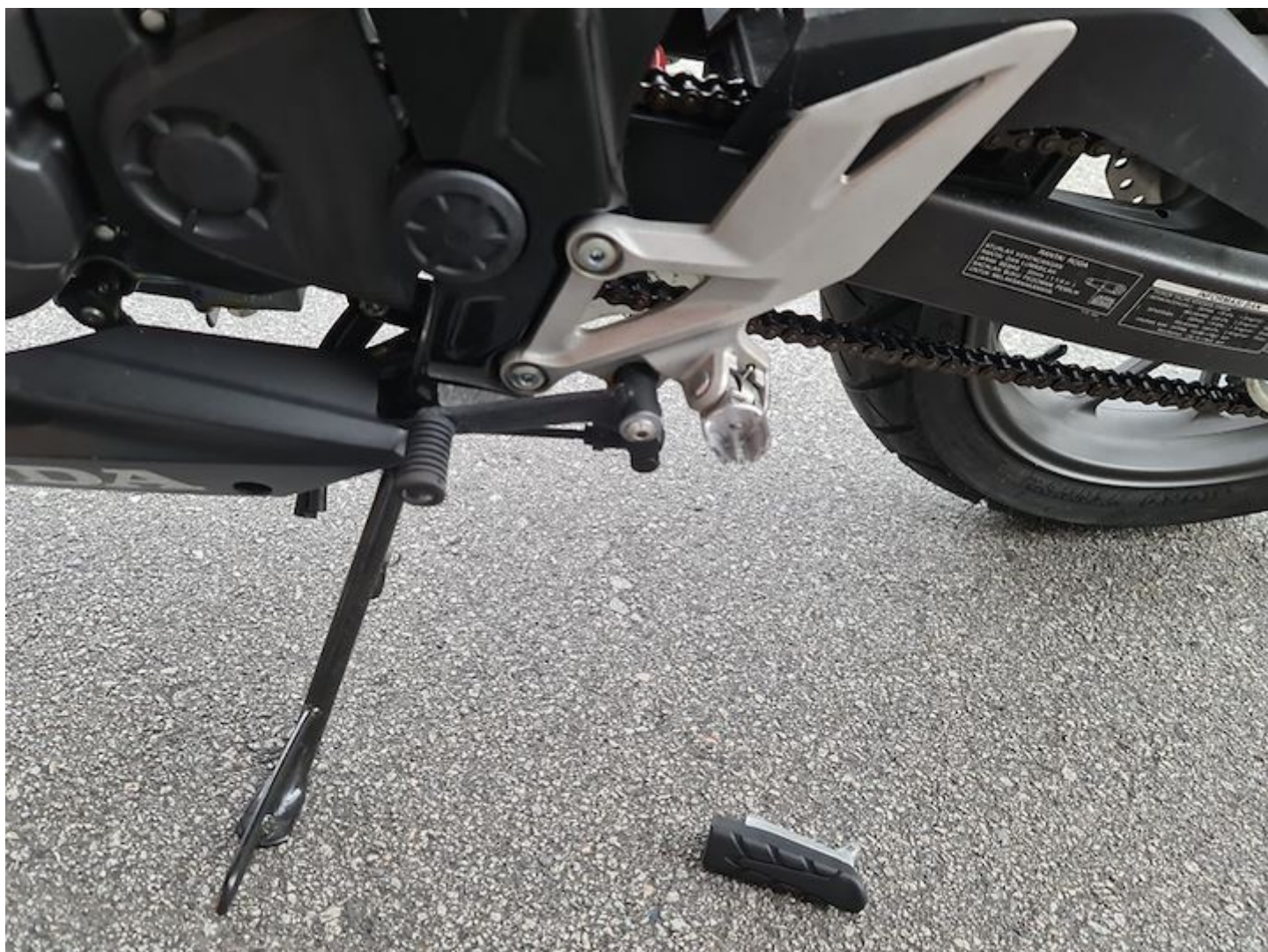
























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F/20210710/7038

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Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20210710/7038

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210710/7038

Subjects Involved			
Victim			
Person Name	SEH EN RU		
ID Type	NRIC NO	ID No	T0215946A
Gender	Female	Age	19
Race	Chinese	Language	English
Occupation	Student	Address	119A RIVERVALE DRIVE #09-312 SINGAPORE 541119
Mobile No	91467900	Is Informant A Victim?	Yes
Person Name	SEH EN RU (Informant)		

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: 10/07/2021 17:57
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	