

## 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 ..... 12/10/2021 14:13 (SGT)  
Date of Accident ..... 17/09/2021 08:20 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... CHANGI NORTH WAY  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBH9093G

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TAY WEI XIAN  
NRIC No ..... S9341196Z  
Email Address ..... JAVIOUR\_WEIXIAN@HOTMAIL.SG  
Mobile Phone No ..... (Phone) +65-91518109  
Alternative Phone No ..... +65-91518109

#### VEHICLE PARTICULARS

Manufacturer ..... Ktm  
Model ..... 200 DUKE  
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 ..... 200

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... 5122945041  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... TAY WEI XIAN  
NRIC No ..... S9341196Z

Date Of Birth .....	01/11/1993
Occupation .....	Indoor
Date Of Driving Pass .....	09/07/2021
Driving experience .....	2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91518109
Alt. Phone Number .....	+65-91518109
Email Address .....	JAVIOUR_WEIXIAN@HOTMAIL.SG
Address .....	BLK 142 #03-135 PASIR RIS STREET 11
Address complement .....	-
Postcode .....	510142
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 .....	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? .....	Yes
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 .....	Bedok Division Headquarters
Police Station Phone No .....	(Phone) +65-18002440000
Alt. Police Station Phone No .....	(Fax) +65-64443009
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT FOR STATEMENT

#### 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 .....	SHC2974R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi

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) .....	1

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	TAY WEI XIAN
Gender .....	Male
Phone No .....	(Phone) +65-91518109
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	28
Injuries Sustained .....	MEDICAL LEAVE FROM 17/09/2021 TO 17/10/2021 LEFT FOOT LACERATION LEFT SHIN ABRASION LEFT MEDIAL AND PROXIMAL ANTEROMEDIAL TIBIAL WOUND DEBRIDEMENT
Injured person in which vehicle? .....	FBH9093G
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN****IMPORTANT NOTICE**

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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.



Policyholder's Signature  
Date & Time: 12/10/2021  
1400HRS



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



Reporting Centre Personnel's Signature  
Name: SUMAN SUKUMAR  
NRIC/FIN No.: S990968





























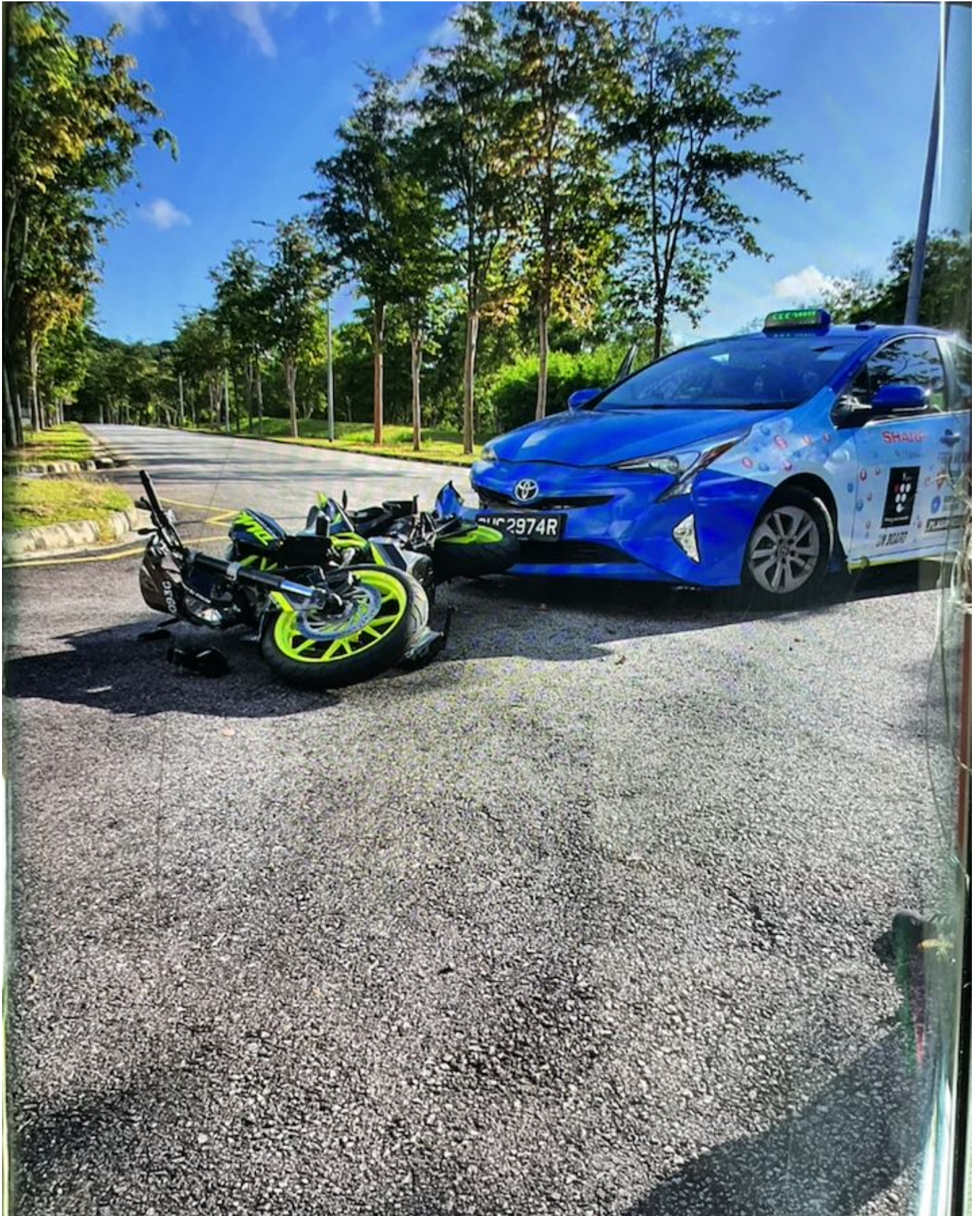














**SINGAPORE  
POLICE FORCE**

G/20210918/7024

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210918/7024

Person Name	TAY WEI XIAN (Informant)
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Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

This report is lodged at Changi NPC Kiosk 1

Signature Of Informant:

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

Date/Time:  
18/09/2021 13:04

Classification Of Case:



**SINGAPORE  
POLICE FORCE**



G/20210918/7024

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**POLICE REPORT (NP299)**

Report No. G/20210918/7024

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 18/09/2021 13:04	Video Report No.	Station Diary No.
Name Of Informant TAY WEI XIAN	Address 142 PASIR RIS STREET 11 #03-135 SINGAPORE 510142	
ID Type / ID No. NRIC NO / S9341196Z	Contact No. Home/Office: Mobile: 91518109	
Nationality SINGAPORE CITIZEN	Email Address javiour_weixian@hotmail.sg	
Occupation Customer service clerk	Sex Male	Age 27
Institution/School Name	Date of Birth 01/11/1993	Race Chinese
Date/Time Of Incident 17/09/2021 08:20 - 17/09/2021 09:00	Location Of Incident it was on a straight road along the prison warder condo near	

**Brief details.**

I was riding my motorcycle along Changi north way towards my workplace when i saw a stationary taxi SHC2974R being parked on the road side. As he was stationary, i decided to overtake him on the right and suddenly his vehicle turned out to what it seems like performing an illegal u-turn as there was no u-turn sign. As it was sudden, i sounded my horn to deter or alert him to stop what he is about to do. It seemed to me that he did not hear my horn as he continued what the u-turn. I was unable to brake in time therefore resulting in the collision between my motorcycle and his taxi. After recovering from my fall

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: 18/09/2021 13:04
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Changi NPC Kiosk 1



**SINGAPORE  
POLICE FORCE**



G/20210918/7024

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210918/7024

and from my vague memory he seemed to be claiming he did not hear my horn and i should not overtake him but at that point of time i did not argue with him as i was in a state of shock. The taxi driver called for an ambulance and when i was being transfered to the ambulance, i saw a police car as well as a police officer spoke to me briefly. I did not managed to remember the Police Officers name and as i am not aware if a police report was made therefore i am here at Changi NPC to clarify and make a police report as i am unable to do so yesterday because i was hospitalized immediately after the accident and i was only discharged today 18/9/2021 around 1130 hrs.

Subjects Involved			
Suspect			
Person Name	Unknown		
Gender	Male	Race	Chinese
Complexion	Fair	Build	Medium
Height About	175cm		
Victim			
Person Name	TAY WEI XIAN		
ID Type	NRIC NO	ID No	S9341196Z
Gender	Male	Age	27
Race	Chinese	Language	English
Occupation	Customer service clerk	Address	142 PASIR RIS STREET 11 #03-135 SINGAPORE 510142
Mobile No	91518109	Is Informant A Victim?	Yes

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

This report is lodged at Changi NPC Kiosk 1

Signature Of Informant:

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

Date/Time:  
18/09/2021 13:04

Classification Of Case: