

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 06/09/2021 16:05 (SGT)
Date of Accident 28/07/2021 18:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE CHANGI BEFORE CTE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBF8265U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner DAEMIAN SIAH LEI
NRIC No SXXXX677Z
Email Address DAEMIANSIAH@GMAIL.COM
Mobile Phone No (Phone) +65-92324383
Alternative Phone No (Home) +65-92324383

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 Auto
CC 150

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 5064845740-07
Cover Note Number -

DRIVER

Name of Driver CEORIC SIAH YI
NRIC No SXXXX646F

Date Of Birth	02/03/1992
Occupation	Indoor
Date Of Driving Pass	24/05/2018
Driving experience	3 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92334383
Alt. Phone Number	-
Email Address	DAEMIANSIAH@GMAIL.COM
Address	179 TOA PAYOH CENTRAL #10-460
Address complement	-
Postcode	310179
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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 - Change/cross lane
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

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	SJT2110D
Vehicle Manufacturer	Honda
Vehicle Model	Airwave
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	CEDRIC SIAH YI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBF8265U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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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.

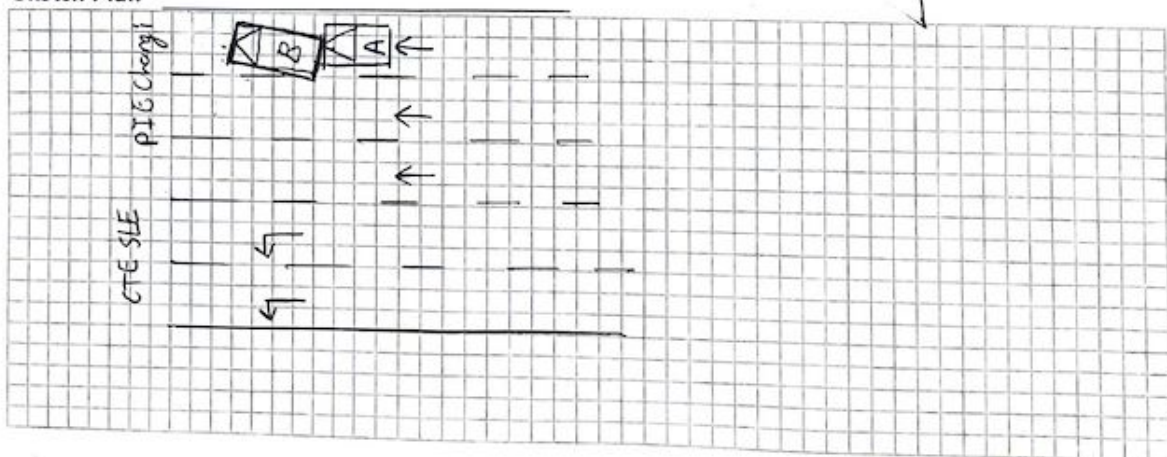
(collectively the "Purposes")

- (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.

[Signature]
Policyholder's Signature / Date & Time

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

[Signature]
Witnessed by Reporting Centre Personnel

Sketch Plan

vehicle A - FBF8265U
vehicle B - SJT2110D

Describe Circumstances of the Accident

On the 28 July 2021 at around 18:30, I was riding my ~~bike~~ motorcycle, vehicle A going straight in lane 1. I was travelling in the direction of PIE towards Changi. A car, vehicle B bearing the plate number SJJ21100 suddenly ^{I without signalling} ^{upon entering the lane} filtered into my lane and braked immediately. This caused me to impact his rear right portion with my vehicle front. This caused me to be thrown off my motorcycle and my vehicle fell to the right. TP and ambulance was called. I was conveyed to Tan Tock Seng Hospital where I was treated. I was needed for 1 night and was discharged 29 July with 3 days of medical leave.

Declaration

We declare the foregoing particulars are true in every respect.

x 

Policyholder's Signature / Date & Time

x 

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



Witnessed by Reporting Centre Personnel



















**SINGAPORE
POLICE FORCE**



T/20210801/7020

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20210801/7020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/08/2021 23:13		Vide Report No.: E/20210728/0119		Station Diary No.:	
Informant's Particulars					
Name of Informant: CEDRIC SIAH YI			Address: 179 TOA PAYOH CENTRAL #10-460 SINGAPORE 310179		
ID Type / ID No.: NRIC NO / S9207646F			Contact No.: Home/Office: Mobile: 92324383		
Nationality: SINGAPORE CITIZEN			Email: CEDRICSIAH@GMAIL.COM		
Sex: Male	Age: 29	Date of Birth: 02/03/1992	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Unemployed			Driving Licence Information: Class: 2B		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/07/2021 18:30	Type of Location: Expressway
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBF8265U	Motorcycle					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20210801/7020

3 of 3

Report No. T/20210801/7020

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD SYARIFUDDIN MUHAMMAD
AJMAIN
Contact No.: 65476367

Authentication Stamp
NP168

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

Date/Time:
01/08/2021 23:13

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20210801/7020

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20210801/7020

CONTINUATION OF REPORT

Rider			
Name	CEDRIC SIAH YI	ID No.	S9207646F
Related Vehicle	FBF8265U (Motorcycle)	Contact No.	92324383
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	28/07/2021	Date	29/07/2021
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

On the stated date and time, I was travelling along the 1st lane of the stated location on my vehicle FBF8265U. Suddenly, vehicle SJT2110D swerved into my lane from my left hand side. I was unable to stop in time and collided into its vehicle right rear portion with my vehicle front portion. The impact flung me off my bike and I landed just beside the expressway divider. I injured my left arm and right thigh with suspected spinal injuries in the process. Ambulance later conveyed me to Tan Tock Seng hospital where I received treatment and was warded overnight for observation for 1 night for my injuries sustained during the accident and I also received 5 days days mc with follow up at polyclinic.