

Email: sm@idac.com.sg Tel no: 6555 6888

***If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.**

Date of Accident: 26 / 12 / 2021 (dd/mm/yy)

Time of Accident: 15 : 15 (24-HR-FORMAT)

Vehicle No.: PBR 889J Vehicle Make & Model / Engine (cc): _____ Private Hire: (Y / N)

Exact location of Accident: Orchard Road

Policyholder's Name / IC No.: Heinrich Tan Sio Hoong 9479712H ROC/UEN (Company): _____

Driver's Name / IC No.: _____ (As Above) ☒

Driver's Contact No.: 9811 7068 Company Contact No / Owner Contact No: _____

Driver's Address: _____

Owner Email address: HEINRICH.NTU@GMAIL.COM Insurance Company: _____

Driver Email address: _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job): ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

***No. of Passengers (Including Driver):** _____

*Passenger Name: _____

Gender: Male / Female x()

*Passenger Name: _____

Gender: Male / Female x()

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No Remarks: _____

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Jurong East N.P.C

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SHC 8454K

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

SKETCH PLAN

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. The 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.

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

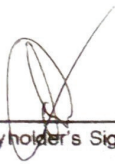
A: FBR 889
B: SHC 845

Describe Circumstances of the Accident

As a police Report No T/20211226/2070

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



Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20211226/2070

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/12/2021 22:28		Vide Report No.:		Station Diary No.: 90	
Informant's Particulars					
Name of Informant: HEINRICH TAN SIO HOONG			Address: APT BLK 238 JURONG EAST STREET 21 #16-386 SINGAPORE 600238		
ID Type / ID No.: NRIC NO / S9479712H			Contact No.: Home/Office: Mobile: 98117068		
Nationality: MALAYSIAN			Email: Heinrich.ntu@gmail.com		
Sex: Male	Age: 27	Date of Birth: 22/03/1994	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Civil engineer (general)			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/12/2021 15:15	Type of Location: Straight Road
Location: ORCHARD ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
FBR889J	Motorcycle	HONDA	ADV150 ABS CVT	White	Seriously Damaged	0
SHC8454K	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR889J	AXA INSURANCE SINGAPORE PTE LTD	AN3190580	24/02/2021	23/02/2022



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CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	HEINRICH TAN SIO HOONG	ID No.	S9479712H
Related Vehicle	FBR889J (Motorcycle)	Contact No.	98117068
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	26/12/2021	Date Discharge	26/12/2021
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Driver			
Name	HO CHWEE KIM	ID No.	S1369071E
Related Vehicle	SHC8454K (Car)	Contact No.	96172904
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 26/12/2021 at about 1515hrs, I was on my motorcycle FBR889J along Orchard Road towards Bras Basah Road, waiting for traffic light at the junction of Orchard Road and Oldham Lane. When the traffic light turned green, I slowly moved off however a bus was coming out from the bus stop, I then stopped to give way to the bus. Immediately after I stopped my motorcycle, I felt a strong impact from the rear which caused me lost balance and fell onto the ground.

The back of my head hit onto the ground when I fell with my helmet on, I felt giddiness after that but was able to stand up. I then saw the blue taxi Comfort DelGro which collided onto my motorcycle.

I believed the passerby called Police for assistance as there was Traffic police attended to the scene thereafter, however I do not have the case number. I also managed to exchange particulars with the taxi driver.

My motorcycle was towed away and I went to SGH by taxi for medical treatment. I suffered minor head injury and abrasions on my right thigh and knees. I was given 5 days MC from 26 December 2021 to 30 December 2021 inclusive.



**SINGAPORE
POLICE FORCE**



T/20211226/2070

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CONTINUATION OF REPORT



**SINGAPORE
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T/20211226/2070

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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
D /
Sgt 3 MIAO TIAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt ROIZMAN BIN MOHAMED POSARI
Contact No.: 65476131

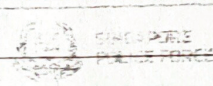
Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
26/12/2021 22:28

Classification Of Case:

SN 34



SIGNATURE