

SS1Y22160009 / SME MOTOR PTE LTD  
ENTRY DATE & TIME: 06/01/2022 16:28 (SGT)  
SUBMITTED BY: Chia Pei Ying  
VERSION: 1 (12/02/2022 10:41 (SGT))

Your NCD will be affected due to late reporting

## 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	06/01/2022 16:28 (SGT)
Date of Accident	18/12/2021 08:40 (SGT)
Exact Location of Accident	Galistan Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR9544B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHAI YIN
NRIC No	S1056476Z
Email Address	lihuafan73@gmail.com
Mobile Phone No	(Phone) +65-91281115
Alternative Phone No	+65-91281115

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	Private car
Transmission	Auto
CC	1500

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5093867652-04
Cover Note Number	-

### DRIVER

Name of Driver	CHAI YIN
NRIC No	S1056476Z

Date Of Birth	10/09/1946
Occupation	Indoor
Date Of Driving Pass	24/04/1970
Driving experience	51 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91281115
Alt. Phone Number	+65-91281115
Email Address	lihuafan73@gmail.com
Address	61H CHOA CHU KANG ROAD
Address complement	-
Postcode	689396
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 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	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

## CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20211222/2109.

## 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	FBD112R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-



Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

## INJURED PERSONS DETAILS

## INJURED 1

Name of injured person	RIDER OF VEH B
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBD112R
Were seat belts worn?	-
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.

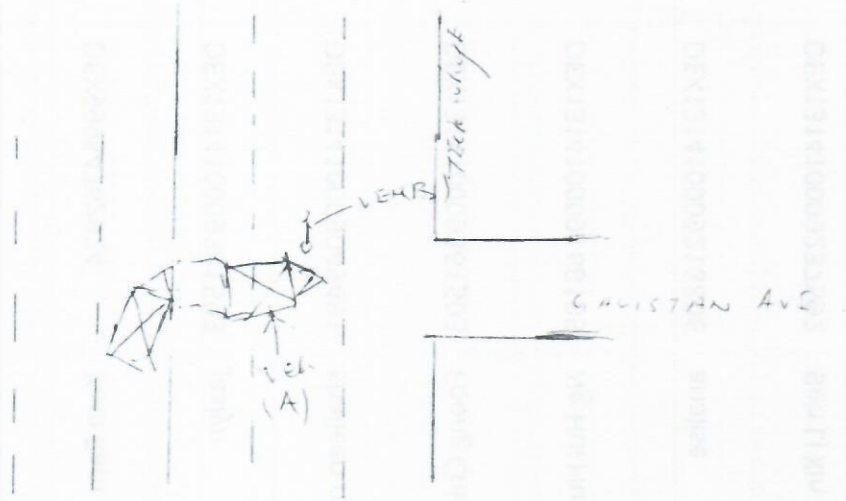
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name  
NRIC/FIN No:



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report

## DECLARATION

I/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

Reporting Centre Personnel Signature  
Name  
NRIC/ID No



# SINGAPORE POLICE FORCE



T/20211222/2109

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

1 of 3

Report No. T/20211222/2109

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/12/2021 23:31	Vide Report No.: T/20211219/2020	Station Diary No.: 116
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**Informant's Particulars**

Name of Informant: CHAI YIN			Address: 61H CHOA CHU KANG ROAD SINGAPORE 689396	
ID Type / ID No.: NRIC NO / S1056476Z			Contact No.: Home/Office:	Mobile: 91281115
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 75	Date of Birth: 10/09/1946	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name
Occupation: Managing director/Chief executive officer			Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/12/2021 08:40	Type of Location: Straight Road
Location:  GALISTAN AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume No Traffic	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD112R	Motorcycle					0
SLR9544B	Car	HONDA	VEZEL HYBRID 1.5X AUTO	Black	Seriously Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20211222/2109

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Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

Report No: T 20211222 2109

**CONTINUATION OF REPORT**

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLR9544B	NTUC Income Insurance Co-Operative Limited	5093867652-04	14/09/2021	13/09/2022

<b>Details of Person Involved</b>				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
<b>Driver</b>				
Name	CHAI YIN	ID No	S1056476Z	
Related Vehicle	SLR9544B (Car)	Contact No	91281115	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class 3 Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

**Brief Details.**

On 19/12/2021 at about 1020hrs, I lodged a traffic accident report reference T/20211219/2020 for an accident that happened on 18/12/2021 at about 0842hrs. I wish to amend the report that the accident is an injury type of accident and not fatal. The rider was conveyed by ambulance. I also wish to include the motorcycle vehicle number which is FBD112R.

On 18/12/2021 at about 0842hrs, I was driving along Choa Chu Kang Road near the Singpost. I was going to make a right turn to Galistan Avenue. I stopped at the give way line and checked for oncoming traffic, as the traffic was clear I proceeded to make a right turn. However, while making a right turn I realized two motorcycles was approaching towards my direction and tried to stop. But I was not able to stop in time which made one of the motorcyclist to bang on to my vehicle's front bumper. Subsequently the motorcyclist toppled from his vehicle and landed on the floor. I then stopped my vehicle and made a check on the motorcyclist, he was injured on his head and leg area. Subsequently, ambulance and traffic police arrive to the scene shortly after that the motorcyclist was conveyed to hospital via ambulance. I was then told by traffic police to lodge a police report. I wish to state that my vehicle do not have in car camera.



**SINGAPORE  
POLICE FORCE**



T/20211222/2109

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

3 of 3

Report No. T/20211222/2109

**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  
J/  
Other MUHAMMAD FIRDAUS  
BIN SAHROL

Signature Of Informant

Signature Of Interpreter:  
Not applicable

Date Time  
22 '12 2021 23 31

Officer In Charge Of Case:  
TP / GIT /

Classification Of Case

Contact No.:

Authentication Stamp  
NP168: