



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	28/07/2021 15:14 (SGT)
Date of Accident	09/05/2021 21:55 (SGT)
Exact Location of Accident	Ang Mo Kio, Singapore
Additional Location Information	ANG MO KIO AVENUE 10
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBS4495E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHIA TIAN HOCK
NRIC No	SXXXXX271F
Email Address	sabinachia@hotmail.com
Mobile Phone No	(Phone) +65-96902178
Alternative Phone No	+65-96902178

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	XMAX ABS MANUAL
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	250

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	-
Cover Note Number	AN3192640

DRIVER

Name of Driver	CHIA TIAN HOCK
NRIC No	SXXXXX271F



Date Of Birth	17/09/1961
Occupation	Indoor
Date Of Driving Pass	30/03/1979
Driving experience	42 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96902178
Alt. Phone Number	+65-96902178
Email Address	sabinachia@hotmail.com
Address	APT BLK 310C ANG MO KIO AVENUE 1 #23-367
Address complement	-
Postcode	S563310
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 - Major/Minor Rd
Weather Conditions	CANNOT RECALL
Road Surface	CANNOT RECALL

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

PLEASE REFER TO POLICE REPORT CASE ID:T/20210712/7051

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG3585E
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	CHIA TIAN HOCK
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBS4495E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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 making 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

28 JUL 2021 14:52h

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



Witnessed by Reporting Centre Personnel

Describe Circumstances of the Accident

please refer to police report. Case ID: T/20210712/7051

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

28 JUL 2021

(Arolms)

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





Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210712/051

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

1 of 3

Report No. T/20210712/051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 12/07/2021 21:13	Video Report No F/20210509/0258	Station Diary No
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Informant's Particulars

Name of Informant CHIA TIAN HOCK			Address 310C ANG MO KIO AVENUE 1 #23-367 SINGAPORE 563310		
ID Type / ID No NRIC NO / S1505271F			Contact No Home/Office Mobile 96902178		
Nationality SINGAPORE CITIZEN			Email sabinachia@hotmail.com		
Sex Male	Age 59	Date of Birth 17/09/1961	Type of Informant Rider		
Race Chinese			Language English	Institution / School Name	
Occupation Carpenter			Driving Licence Information Class	Date of Expiry	

General Information of the Accident

General Information of the Accident				
Type of Accident	Injury Attended by Police	Drink Drive No	Date/Time of Accident 09/05/2021 21:55	Type of Location X-Junction
Location ANG MO KIO AVENUE 10				
Weather		Road Surface		Road Speed Limit
Traffic Flow		Traffic Control		Traffic Volume
Type of Collision				Anyone conveyed by ambulance Yes

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of
FBS4495E	Motorcycle	YAMAHA	XMAX+ABS +MANUAL	Black		0

Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
FBS4495E	AXA INSURANCE SINGAPORE PTE LTD	AN3192640	23/04/2021	22/04/2022



**SINGAPORE
POLICE FORCE**



T/20210712/051

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

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Report No T/20210712/051

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHIA TIAN HOCK	ID No.	S1505271F
Related Vehicle	FBS4495E (Motorcycle)	Contact No	96902178
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	10/05/2021	Date	07/07/2021
No. of Days granted Medical Leave	58	Degree of	Serious

Brief Details

As I have hit my head during the accident, I do not recall the accident.



SINGAPORE POLICE FORCE

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



T/20210712/7051

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Report No T/20210712/7051

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

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 12/07/2021 21:13
Officer In Charge Of Case TP / TPB / MUHAMMAD FARHAN BIN SAIRI Contact No 65476224	Classification Of Case
Authentication Stamp NP168	













