

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 28/03/2022 16:22 (SGT)
Date of Accident 26/03/2022 17:30 (SGT)
Exact Location of Accident Cashew Rd, Singapore
Additional Location Information CASHEW ROAD SINGAPORE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBP6452G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHEN ZI YAN
NRIC No S9976961J
Email Address CHENZIYAN01171999@GMAIL.COM
Mobile Phone No (Phone) +65-97591988
Alternative Phone No +65-97591988

VEHICLE PARTICULARS

Manufacturer Honda
Model Cb150r
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 149

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number AN3198636
Cover Note Number AN3198636

DRIVER

Name of Driver CHEN ZI YAN
NRIC No S9976961J

| | |
|--|--------------------------------|
| Date Of Birth | 17/01/1999 |
| Occupation | Indoor |
| Date Of Driving Pass | 04/01/2022 |
| Driving experience | 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97591988 |
| Alt. Phone Number | +65-97591988 |
| Email Address | CHENZIYAN01171999@GMAIL.COM |
| Address | APT BLK 625 SENJA ROAD #27-154 |
| Address complement | - |
| Postcode | 670625 |
| 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 - Change/cross lane |
| Weather Conditions | Raining |
| Road Surface | Wet |

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? | No |
| 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 | Geylang Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18008486999 |
| Alt. Police Station Phone No | (Fax) +65-68486799 |
| Police Station Address | 1 Cassia Link Singapore 397618 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED
STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD
TEL 67415336

ATTACHMENT(S)

| | |
|---|------------|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Reasons for not uploading a video of the accident | WITH OWNER |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SNC4371X |
| Vehicle Manufacturer | - |
| Vehicle Model | - |

| | |
|---|----------------------------|
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | HASLINA BINTE ABDULD JABAL |
| NRIC No | S7641889F |
| Contact Number | (Phone) +65-91116083 |
| 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 | CHEN ZIY AN |
| Gender | Male |
| Phone No | (Phone) +65-97591988 |
| Address | APT BLK 625 SENJA ROAD #27-154 |
| Address Complement | - |
| Post Code | 670625 |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | FBP6452G |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | - |

SKETCH PLAN

IMPORTANT NOTICE

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5. **Any false reporting may be referred to the Police for investigation.**
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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 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

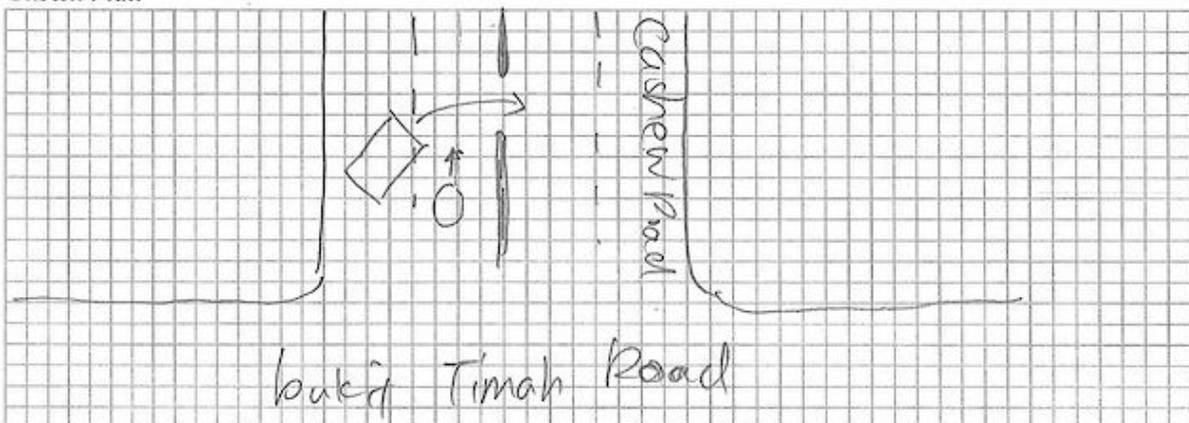
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan


















**SINGAPORE
POLICE FORCE**


T/20220328/2062

1 of 3

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

Report No. T/20220328/2062

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 28/03/2022 15:30 | Vide Report No.: | Station Diary No.: 70 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | |
|--|------------|---|-----------------------------|
| Name of Informant: CHEN ZIYAN | | Address: APT BLK 625 SENJA ROAD #27-154 SINGAPORE 670625 | |
| ID Type / ID No.: NRIC NO / S9976961J | | Contact No.: | Mobile: 97591988 |
| Nationality: CHINESE | | Email: | |
| Sex: Male | Age: 23 | Date of Birth: 17/01/1999 | Type of Informant: Rider |
| Race: Chinese | | Language: | Institution / School Name: |
| Occupation: DELIVERY | | Driving Licence Information: Class: 2B | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|------------------|------------------------------------|---|--|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 26/03/2022 17:30 | Type of Location: Straight Road |
| Location: CASHEW ROAD | | | | |
| Weather: Raining | | Road Surface: Wet | | Road Speed Limit: |
| Traffic Flow: Dual Carriage Way | | Traffic Control: Not Controlled | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|-------|------------------|-------|----------------------|-----------------|
| FBP6452G | Motorcycle | HONDA | CB150R MANUAL | Green | Seriously Damaged | 0 |
| SNC4371X | Car | | | | Slightly Damaged | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|------------------------------------|--------------|------------|-------------|
| FBP6452G | AXA INSURANCE SINGAPORE PTE LTD | P2466577 | 15/01/2022 | 14/01/2023 |



**SINGAPORE
POLICE FORCE**



T/20220328/2062

2 of 3

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

Report No. T/20220328/2062

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-------------------------------------|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | CHEN ZIYAN | ID No. | S9976961J |
| Related Vehicle | FBP6452G (Motorcycle) | Contact No. | 97591988 |
| Hospital/Clinic | HEALTHWISE MEDICAL CLINIC & SURGERY | Class of Driving Licence & Expiry Date | Class: 2B Date of Expiry: NIL |
| Date Treatment | 28/03/2022 | Date Discharge | 28/03/2022 |
| No. of Days granted Medical Leave | 04 | Degree of Injury | Slight |
| Driver | | | |
| Name | Haslina Binte Abuld Jabal | ID No. | S7641889F |
| Related Vehicle | SNC4371X (Car) | Contact No. | 91116083 |
| 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.

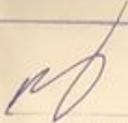
On the above mentioned date and time, i was riding my motorcycle (FBP6452G) at the said location. I was riding on the 2nd lane of the road and there were another vehicle (SNC4371X) which was at the 1st lane of the road, suddenly filtered to my lane and made an illegal U-turn at the said road and causing me to collide with the side of its vehicle.

I would like to state that i suffered injuries due to the accident.

Amended by Sgt Lotus



Sgt Lotus, Singapore
Police Centre
301 New Bridge Road
POLICE CENTRE
Singapore, 059513


Signature
Singapore Police Force



**SINGAPORE
POLICE FORCE**



T/20220328/2062

3 of 3

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

Report No. T/20220328/2062

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:
G / SGT 1 MOHAMMAD
FARIZUAN BIN NASRUDDIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
28/03/2022 15:30

Officer In Charge Of Case:
TP / AEIT /
INSP (1) BOON YEN KIAN
Contact No.: 65476172

Classification Of Case:

NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: _____ Vehicle Registration No: FBP 6452G

Name (as shown in NRIC): CHEN ZIYAN NRIC/FIN/Passport No: S9976961J

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: APT BLK 625 SENJA ROAD #27-154 Singapore (670625)

Contact (Tel): _____ Mobile No.: 975 91988

Email Address: _____

Date of Accident: 26/03/2022 Time of Accident: 1730

Place of Accident: CASHEW ROAD

Insurance Company: _____

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

- VIDEO WITH OWNER.
- AMENDMENT POLICE REPORT.

Policyholder / Driver's Signature
Date:

PROGRESSIVE CAR CARE PTE LTD
 Blk 3022A Ubi Road 1 # 01-45/46
 Singapore 408716
 Tel: 6741 5336 Fax: 6741 7208
 Email: claims@procarcare.com.sg
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: