

# 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 ..... 12/05/2022 16:49 (SGT)  
Date of Accident ..... 12/05/2022 13:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ALONG BALESTIER ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBL9942K

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TAN KIM SENG  
NRIC No ..... S9812838G  
Email Address ..... KIMSENG98@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-98150310  
Alternative Phone No ..... +65-98150310

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Cb190r  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Motorcycle  
Transmission ..... Manual  
CC ..... 190

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... 5126424909  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TAN KIM SENG  
NRIC No ..... S9812838G

Date Of Birth .....	25/04/1998
Occupation .....	Indoor
Date Of Driving Pass .....	10/03/2022
Driving experience .....	2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98150310
Alt. Phone Number .....	+65-98150310
Email Address .....	KIMSENG98@GMAIL.COM
Address .....	BLK 332 YISHUN RING ROAD #08-1372
Address complement .....	-
Postcode .....	760332
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 .....	Side Swipe
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? .....	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 .....	Tanglin Division Headquarters
Police Station Phone No .....	(Phone) +65-18003910000
Alt. Police Station Phone No .....	(Fax) +65-63964900
Police Station Address .....	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### 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 .....	SLT4870G
Vehicle Manufacturer .....	Mazda
Vehicle Model .....	5
Vehicle Variant .....	-
Vehicle Colour .....	Blue
Vehicle Category .....	Private car

Name of Driver .....	CHOO BOON CHYE
NRIC No .....	S1112104G
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

PASSENGER 1

Name .....	UNKNOWN
Gender .....	Female

### INJURED PERSONS DETAILS

INJURED 1

Name of injured person .....	TAN KIM SENG
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	24
Injuries Sustained .....	PAIN OVER LEFT NECK, SHOULDER & NECK. SPRAIN ON LEFT SHIN
Injured person in which vehicle? .....	FBL9942K
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

**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: 12/05/2022

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



Reporting Centre Personnel's Signature  
Name: GADDAFI  
NRIC/FIN No.: S993841















**SINGAPORE  
POLICE FORCE**



E/20220512/7022

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## POLICE REPORT (NP299)

Report No. E/20220512/7022

Police Station Of Origin  
Tanglin Division HQ  
21 Kampong Java Road SINGAPORE  
228892  
Tel No:1800-3910000

Date/Time Report Made 12/05/2022 14:55	Vide Report No.	Station Diary No.
Name Of Informant TAN KIM SENG	Address 332 YISHUN RING ROAD #08-1372 SINGAPORE 760332	
ID Type / ID No. NRIC NO / S9812838G	Contact No. Home/Office:	Mobile: 98150310
Nationality SINGAPORE CITIZEN	Email Address KIMSENG98@GMAIL.COM	
Occupation Delivery	Sex Male	Age 24
	Date of Birth 25/04/1998	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 12/05/2022 13:00	Location Of Incident BALESTIER ROAD	

**Brief details.**

On the stated date and time, I was riding my bike (FBL9942K) along Balestier road.

After the intersection of Shan Road, I was slowly making a gradual lane change into the lane on my left when suddenly, a huge impact hit against my right handle bar.

I was caught completely off guard and lost my balance as a result.

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: 12/05/2022 14:55
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



E/20220512/7022

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20220512/7022

My bike toppled to the left and I fell with the bike. I managed to get up on my own and realised that Vehicle (SLT4870G) had overtaken me while I was making a lane change and hit my right handle bar causing me to fall.

I injured my left shin, neck and left shoulder due to the accident.

I went to Livewell Medical Clinic beside the accident scene to seek treatment and was given 7 days MC for my injuries.

Subjects Involved			
Victim			
Person Name	TAN KIM SENG		
ID Type	NRIC NO	ID No	S9812838G
Gender	Male	Age	24
Race	Chinese	Language	English
Occupation	Delivery	Address	332 YISHUN RING ROAD #08-1372 SINGAPORE 760332
Mobile No	98150310	Is Informant A Victim?	Yes
Person Name	TAN KIM SENG (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:

12/05/2022 14:55

Classification Of Case: