SN07226F000F / NTUC Income Insurance Co-operative Ltd
ENTRY DATE & TIME: 15/06/2022 15:16 (SGT)
SUBMITTED BY: Soh Li Kuan Vincent
VERSION: 1 (15/06/2022 15:16 (SGT))

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 witholding 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	15/06/2022 15:16 (SGT)
Date of Accident	14/06/2022 19:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YISHUN AVENUE 9 AND YISHUN STREET 21, T-JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN5121D

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANSEL ERIC MARTIN
NRIC No	T0131151J
Email Address	anseleric29@gmail.com
Mobile Phone No	(Phone) +65-98214663
Alternative Phone No	+65-98214663

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Xabre
Variant	TFX150
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	150

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5127200903
Cover Note Number	-

DRIVER

Name of Driver	ANSEL ERIC MARTIN
NRIC No	T0131151J

Date Of Birth	29/09/2001
Occupation	Indoor
Date Of Driving Pass	20/04/2022
Driving experience	2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98214663
Alt. Phone Number	+65-98214663
Email Address	anseleric29@gmail.com
Address	BLK 297 #08-69
Address complement	YISHUN STREET 20
Postcode	760297
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 to Rear
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	A SELVI
Gender	Female

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

REFER TO POLICE REPORT : T/20220615/7019 AND SKETCH PLAN

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	SND5148M
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NUR HATIKA
NRIC No	S9400307E
Contact Number	(Phone) +65-98419906
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	A SELVI
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	50
Injuries Sustained	SUFFERED BRUISING ON RIGHT LEG. SUFFERED LEFT ANKLE SWOLLEN. SUFFERED BACK PAIN. SUFFERED MINOR BURN ON LEFT RING FINGER
Injured person in which vehicle?	FBN5121D
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	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 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

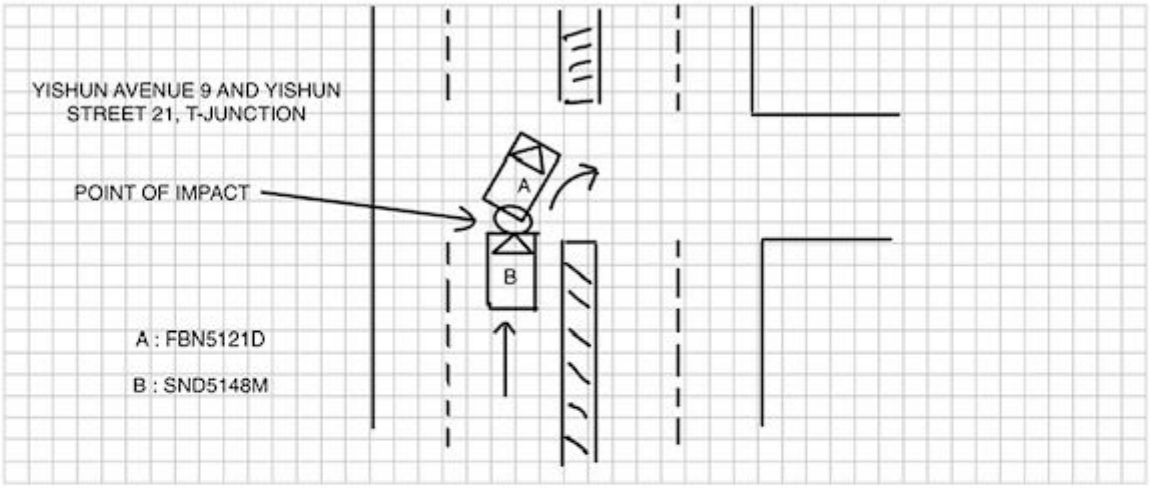
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time: 15/06/2022 1500HRS

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

Reporting Centre Personnel's Signature
Name: VINCENT SOH
NRIC/FIN No.: S991138

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT : T/20220615/7019

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 15/06/2022 1500HRS	(If driver is not the policyholder) Date & Time:	Name: VINCENT SOH NRIC/FIN No.: S991138

GIARMC SketchPlanForm_V3 2

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10

IMAGES #11

SINGAPORE POLICE FORCE

T/20220615/7019

Report No. T/20220615/7019

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
15/06/2022 15:06		

Informant's Particulars

Name of Informant: ANSEL ERIC MARTIN			Address: 297 YISHUN STREET 20 #08-69 SINGAPORE 760297	
ID Type / ID No.: NRIC NO / T0131151J			Contact No.: Home/Office: Mobile: 98214663	
Nationality: SINGAPORE CITIZEN			Email: ANSELERIC29@GMAIL.COM	
Sex: Male	Age: 20	Date of Birth: 29/09/2001	Type of Informant: Rider	
Race: Indian			Language: English	Institution / School Name:
Occupation:			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/06/2022 19:00	Type of Location: T-Junction
Location: YISHUN AVENUE 9				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two 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	Conditio	No of
FBN5121D	Motorcycle	YAMAHA	XABRE TFX150	Silver		0
SND5148M	Car			Maroon		1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

SINGAPORE POLICE FORCE

T/20220615/7019

Report No. T/20220615/7019

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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN5121D	NTUC Income Insurance Co-Operative Limited	5127200903	28/04/2022	27/04/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Rider				
Name	ANSEL ERIC MARTIN		ID No.	T0131151J
Related Vehicle	FBN5121D (Motorcycle)		Contact No.	98214663
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	
Pillion				
Name	A SELVI		ID No.	S7280348E
Related Vehicle	FBN5121D (Motorcycle)		Contact No.	93865282
Hospital/Clinic	NATIONAL HEALTHCARE GROUP POLYCLINICS (YISHUN)		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	15/06/2022	Date	15/06/2022	
No. of Days granted Medical Leave	03	Degree of	Slight	
Driver				
Name	NUR HATIKA		ID No.	S9400307E
Related Vehicle	SND5148M (Car)		Contact No.	98419906
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	

SINGAPORE POLICE FORCE

T/20220615/7019

3 of 4

Report No. T/20220615/7019

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

CONTINUATION OF REPORT

Brief Details.

I had just pumped petrol and turned out to the left from Esso at Yishun Avenue 9 and intended to make a right at the traffic junction into Yishun street 21. I stopped to the left of the car in the first lane and had my right signal on as it was a red light. Once the traffic light turned green I moved off forward and was in front of the car. As there was oncoming traffic from opposite direction. I slowed down before making the right turn. At that point I was hit from the back and my bike fell on its left side. My pillion, my mom, also fell of the bike. Once I got up I saw that the front bumper of the other party car was on partially on my rear wheel. The driver then came out of the vehicle and assisted me to get my motorcycle out from under the car. I then pushed my motorcycle to the side of the road at Yishun Street 21. We exchanged particulars and left scene. On the next following day, I brought my pillion to visit the nearest polyclinic and she was given 3 days mc for the injuries.

SINGAPORE POLICE FORCE

T/20220615/7019

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

Report No. T/20220615/7019

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: 15/06/2022 15:06
Officer In Charge Of Case: TP / TPIB / MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	Classification Of Case:

NP168