

## 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 Actual 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 ..... 12/08/2022 14:47 (SGT)  
Reported by ..... Both  
Date of Accident ..... 01/08/2022 08:20 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PAN-ISLAND EXPRESSWAY  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBQ7242J

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHIN JIN YE  
NRIC No ..... S9870736J  
Email Address ..... jinyeeeeee98@gmail.com  
Mobile Phone No ..... (Phone) +65-97764010  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... MT15 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 - Reporting only  
Vehicle Category ..... Motorcycle  
Transmission ..... Manual  
CC ..... 155

#### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Policy Number / Cover Note Number ..... AN3197739

#### DRIVER

Name of Driver ..... CHIN JIN YE  
NRIC No ..... S9870736J  
Date Of Birth ..... 11/01/1998  
Occupation ..... Indoor

Date Of Driving Pass .....	03/11/2020
Driving experience .....	1 YEAR AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97764010
Alt. Phone Number .....	-
Email Address .....	jinye98@gmail.com
Address .....	BLK 211 BOON LAY PLACE #21-147
Address complement .....	-
Postcode .....	S640211
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? .....	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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Jurong West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002689999
Alt. Police Station Phone No .....	(Fax) +65-62672438
Police Station Address .....	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SGH527Y
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 .....	CHIN JIN YE
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBQ7242J
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

PLEASE REFER TO POLICE REPORT

PLEASE REFER TO POLICE REPORT

### Declaration

We declare the foregoing particulars are true in every respect.



2



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



Witnessed by Reporting Centre  
Personnel

# SKETCH PLAN

## IMPORTANT NOTICE

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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.



*J*

Policyholder's Signature / Date & Time



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



*J*

Witnessed by Reporting Centre Personnel

## Sketch Plan

unable to provide sketch plan





**SINGAPORE  
POLICE FORCE**



T/20220802/2096

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

1 of 3

Report No. T/20220802/2096

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/08/2022 20:48		Vide Report No.: G/20220801/0057		Station Diary No.: 169	
<b>Informant's Particulars</b>					
Name of Informant: CHIN JIN YE			Address: APT BLK 211 BOON LAY PLACE #21-147 SINGAPORE 640211		
ID Type / ID No.: NRIC NO / S9870736J			Contact No.: Home/Office: Mobile: 97764010		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 11/01/1998	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Singapore armed forces personnel			Driving Licence Information: Class: 2B Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/08/2022 08:20	Type of Location: Flyover
Location:  PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ7242J	Motorcycle	YAMAHA	MT15 MANUAL	Grey		0
SGH527Y	Car	SUZUKI	SWIFT SPORT 1.4 TURBO AUTO			0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20220802/2096

2 of 3

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20220802/2096

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ7242J	AXA INSURANCE SINGAPORE PTE LTD	P2422440	05/12/2021	04/12/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHIN JIN YE	ID No.	S9870736J
Related Vehicle	FBQ7242J (Motorcycle)	Contact No.	97764010
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	01/08/2022	Date Discharge	02/08/2022
No. of Days granted Medical Leave	05	Degree of Injury	NIL

**Brief Details.**

On 01/08/2022 at about 0820hrs, I was riding my motorcycle (VRN: FBQ7242J) travelling along PIE(CHANGI) near to Paya Lebar Flyover, I got involved in an accident and I remembered that I was conveyed to Changi General Hospital via Ambulance. I am unable to recall what had happened for the incident.

At about 1355hrs, I was told by TP IO Hafizah to lodge a traffic accident report on this matter. My motorcycle was being told by the TP. I was given 05 days of MC (MC:SSU202213331) and doctor informed that I sustained abrasion on my lower back area, right knee and left ankle area. Doctor also informed that I sustained minor head injury. That is all I can recall.



**SINGAPORE  
POLICE FORCE**

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Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999



T/20220802/2096

3 of 3

Report No. T/20220802/2096

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 /

SGT 2 LUI WENG SOON

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

STAFF SGT SYED MUHAMMAD ISA BIN

OMAR ALHABSHEE

Contact No.: 65476187

Signature Of Informant:

Date/Time:

02/08/2022 20:48

Classification Of Case:

NP168















