

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	23/11/2021 17:13 (SGT)
Date of Accident	22/11/2021 18:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SIN MING AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM7064C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUANG CHIAT YONG
NRIC No	SXXXX936F
Email Address	yongchuang4@gmail.com
Mobile Phone No	(Phone) +65-91792965
Alternative Phone No	+65-91792965

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	SNIPER T150
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	150

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	-
Cover Note Number	AN3190086

DRIVER

Name of Driver	CHUANG CHIAT YONG
NRIC No	SXXXX936F

Date Of Birth	04/06/1997
Occupation	Indoor
Date Of Driving Pass	15/01/2016
Driving experience	5 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91792965
Alt. Phone Number	+65-91792965
Email Address	yongchuang4@gmail.com
Address	97B UPPER THOMSON ROAD #12-06
Address complement	-
Postcode	S574328
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	FBR7955E
Insurance Company of Other Vehicle Owned by Driver	NTUC Income Insurance Co-operative Ltd

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Major/Minor Rd
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	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
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?	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	AN1332A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

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	CHUANG CHIAT YONG
Gender	Male
Phone No	(Phone) +65-91792965
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBM7064C
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

SKETCH PLAN

IMPORTANT NOTICE

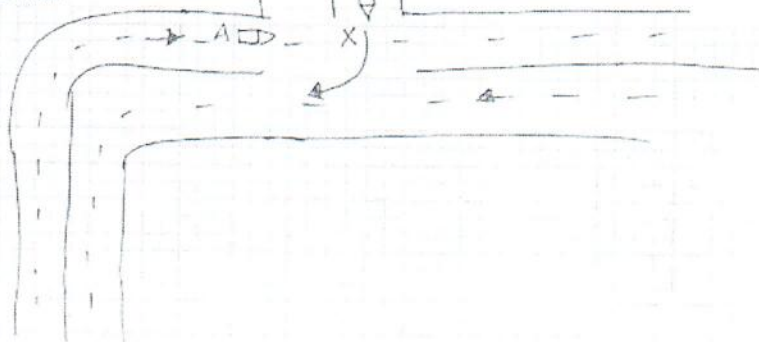
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 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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.

Policyholder's Signature / Date & Time
23 NOV 2021

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A: FB070646
B: AN1332A

Describe Circumstances of the Accident

Please refer to Police report


Declaration

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


Policyholder's Signature / Date &
Time 23 NOV 2021

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




Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20211122/2131

Police Station Of Origin:
Bishan N P C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 3

Report No: T/20211122/2131

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/11/2021 22:32	Vide Report No.	Station Diary No. 138
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Informant's Particulars

Name of Informant: CHUANG CHIAT YONG	Address: 97B UPPER THOMSON ROAD #12-06 SINGAPORE 574328		
ID Type / ID No.: NRIC NO / S9718936F	Contact No.: Home/Office: Mobile: 91792965		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 24	Date of Birth: 04/06/1997	Type of Informant: Driver
Race: Chinese	Language: English	Institution / School Name	
Occupation: ASSISTANT	Driving Licence Information: Class: 2B, 2A, 2, 3		Date of Expiry:

General Information of the Accident

Type of Accident	Injury Attended by Police	Drink Drive No	Date/Time of Accident 22/11/2021 18:20	Type of Location Straight Road
Location SIN MING AVENUE				
Weather Sunny		Road Surface Dry		Road Speed Limit
Traffic Flow One 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
AN1332A	Motorcycle	VESPA	SPRI	Gray	Slightly Damaged	0
FBM7064C	Motorcycle	YAMAHA	SNIPER T150	Yellow	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM7064C	AXA INSURANCE SINGAPORE PTE LTD	AN3190086	20/01/2021	19/01/2022



SINGAPORE
POLICE FORCE



T/20211122/2131

2 of 3

Police Station Of Origin:

Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

Report No: T/20211122/2131

CONTINUATION OF REPORT

Brief Details.

On 22/11/2021 at about 1821hrs, I was driving my vehicle (FBM7064C) at sin ming avenue. The traffic volume was light, and the road surface was dry. I was driving straight along sin ming avenue and there was a vehicle (AN1332A) going out of the car park and he did not check before turning and I had collided into his vehicle. I alighted to make a check and exchanged particular with the driver.

I wish to add that there is an in-car camera installed in my vehicle however, I do not know if my in-car camera was recording or not.



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No. 1800-5529999



T/20211122/2131

3 of 3

Report No. 1/20211122-2131

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

E /

Sgt 2 TAN QIAN

Signature Of Informant

Signature Of Interpreter

Not applicable

Date/Time:

22/11/2021 22:32

Officer In Charge Of Case

TP / GIT /

Sr Staff Sgt MARIAH BINTI ZAKARIA

Contact No.: 65476433

Classification Of Case:

SN 061

Authentication Stamp

NP165

