

## 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 ..... 26/09/2022 12:07 (SGT)  
Reported by ..... Both  
Date of Accident ..... 16/09/2022 17:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... INSIDE CDC CIRCUIT  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBN8224X

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... COMFORTDELGRO DRIVING CENTRE PTE LTD  
Company Reg No ..... 199601882C  
Email Address ..... DARYLTAN@CDC.COM.SG  
Mobile Phone No ..... (Phone) +65-90072819  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... Mt-07  
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? ..... Yes  
Vehicle Category ..... Motorcycle  
Transmission ..... Manual  
CC ..... 689

#### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Policy Number / Cover Note Number ..... D20MFL0000637-02

#### DRIVER

Name of Driver ..... KOH YING LING FELICIA  
NRIC No ..... S9804700Z  
Date Of Birth ..... 05/02/1998  
Occupation ..... Indoor

Date Of Driving Pass .....	16/09/2022
Driving experience .....	0 MONTH
Gender .....	Female
Mobile Number .....	(Phone) +65-93823929
Alt. Phone Number .....	-
Email Address .....	DARYLTAN@CDC.COM.SG
Address .....	194A BUKIT BATOK WEST AVE 6 #36-217
Address complement .....	-
Postcode .....	651194
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	LEARNER
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 .....	Hit by fallen tree / Other objects
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	1
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
Was any other vehicle or property damaged? .....	No
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 .....	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

SEE ATTACHED POLICE REPORT NO : T/20220919/7037

#### ATTACHMENT(S)

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

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	KOH YING LING FELICIA
Gender .....	Female

Phone No .....	(Phone) +65-93823929
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBN8224X
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

#### WITNESS DETAILS

##### WITNESS 1

Name .....	MOHAMED NAZARDEEN
Phone .....	(Phone) +65-97955700
Email .....	-

## SKETCH PLAN

## IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



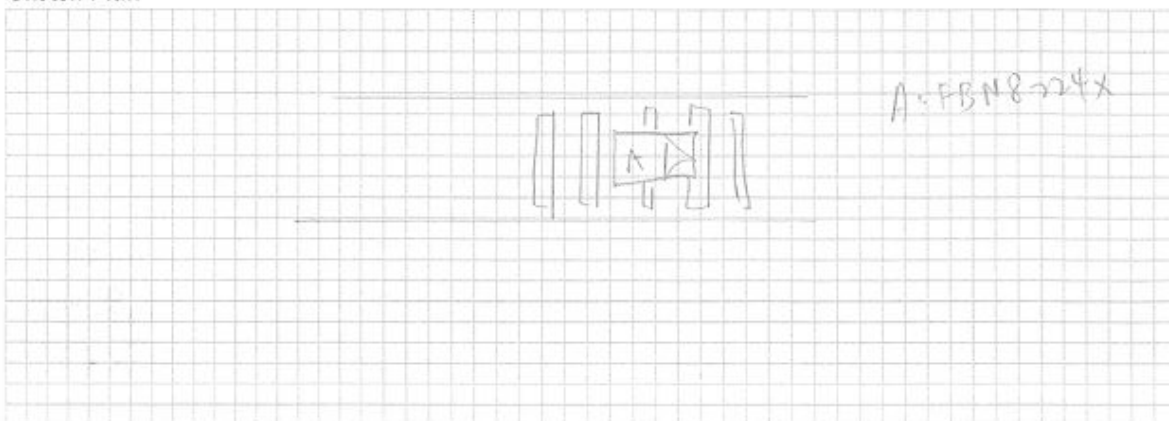
Policyholder's Signature / Date &  
Time 22/4/22

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



Witnessed by Reporting Centre  
Personnel

## Sketch Plan




## Describe Circumstances of the Accident


On 10 Sep 2022 at about 1730 hours, I was riding  
 FBND224X in the circuit. I lost control at the  
 bump course and fell. I was then conveyed to hospital.


NOTE : PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER  
 YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

## Declaration

We declare the foregoing particulars are true in every respect.

  
 Policyholder's Signature / Date &  
 Time 22/9/22

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

  
 Witnessed by Reporting Centre  
 Personnel























**SINGAPORE  
POLICE FORCE**



T/20220919/7037

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

1 of 3  
Report No. T/20220919/7037

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/09/2022 15:50		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: KOH YING LING FELICIA			Address: 194A BUKIT BATOK WEST AVENUE 6 #36-217 SINGAPORE 651194		
ID Type / ID No.: NRIC NO / S9804700Z			Contact No.: Home/Office: Mobile: 93823929		
Nationality: SINGAPORE CITIZEN			Email: feliciakohyl@gmail.com		
Sex: Female	Age: 24	Date of Birth: 05/02/1998	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Nurse			Driving Licence Information: Class: 2		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/09/2022 17:30	Type of Location: CDC Circuit
Location:  UBI AVENUE 4				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume: No Traffic		
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBN8224X	Motorcycle					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20220919/7037

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

2 of 3  
Report No. T/20220919/7037

**CONTINUATION OF REPORT**

Rider			
Name	KOH YING LING FELICIA	ID No.	S9804700Z
Related Vehicle	FBN8224X (Motorcycle)	Contact No.	93823929
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2 Date of Expiry: NIL
Date	16/09/2022	Date	16/09/2022
No. of Days granted Medical Leave	14	Degree of	Slight

Brief Details.

On 16 Sep 2022, at about 5.30pm, I was riding FBN8224X through the bumpy course. I unintentionally went in on gear 2 instead of gear 1, lost control of the bike. the bike sped off, mounted a kerb and threw me off onto the ground.





**SINGAPORE  
POLICE FORCE**

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



T/20220919/7037

3 of 3

Report No. T/20220919/7037

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
CHONG GUAN FATT  
Contact No.: 65472077

NP168

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

Date/Time:  
19/09/2022 15:50

Classification Of Case:



**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: SK00229Q0002 Vehicle Registration No: FBN8224X  
 Name (as shown in NRIC): COMFORTDELGRO DRIVING CENTRE PTE LTD NRIC/FIN/Passport No: 1XXXXX882C  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 205 UBI AVE 4 SINGAPORE 408805 Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 90072819  
 Email Address: darylitan@cdc.com.sg  
 Date of Accident: 16.09.2022 Time of Accident: 17:30HRS  
 Place of Accident: INSIDE CDC CIRCUIT  
 Insurance Company: INDIA INTERNATIONAL INSURANCE PTE LTD

**(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:

TO AMEND FROM 'REPORTING ONLY' TO 'OWN DAMAGE CLAIM'.

Policyholder / Driver's Signature  
 Date: 29.09.2022

Reporting Centre Personnel's Signature  
 Name: Shan J  
 NRIC/FIN No.:  
 Date: 29.09.2022

