

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	06/10/2022 10:33 (SGT)
Reported by	Actual Driver
Date of Accident	05/10/2022 11:00 (SGT)
Exact Location of Accident	Jalan Bukit Merah, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP2592L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GOLDENLINK AUTO PTE LTD
Company Reg No	1XXXXX343K
Email Address	bearpopo@live.com
Mobile Phone No	(Phone) +65-86885514
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	SNIPER T150
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 - Reporting only
Vehicle Category	Motorcycle
Transmission	Manual
CC	150

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI00V01131/VMC/R03

DRIVER

Name of Driver	TANG KOK YANG
NRIC No	SXXXX797C
Date Of Birth	06/05/1971
Occupation	Outdoor

Date Of Driving Pass	15/08/2008
Driving experience	14 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86885514
Alt. Phone Number	-
Email Address	bearpopo@live.com
Address	BLK 94 DAWSON ROAD #34-44
Address complement	-
Postcode	141094
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Raining
Road Surface	Wet

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
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	Queenstown Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004719999
Alt. Police Station Phone No	(Fax) +65-64715299
Police Station Address	No. 3 Queensway #01-03 Singapore 149073
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20221005/2080

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMH9336B
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MUHAMMAD FARITH FARKHAN BIN NASIR
NRIC No	SXXXXX741E
Contact Number	(Phone) +65-82557769
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	TANG KOK YANG
Gender	Male
Phone No	(Phone) +65-86885514
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBP2592L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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' 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.

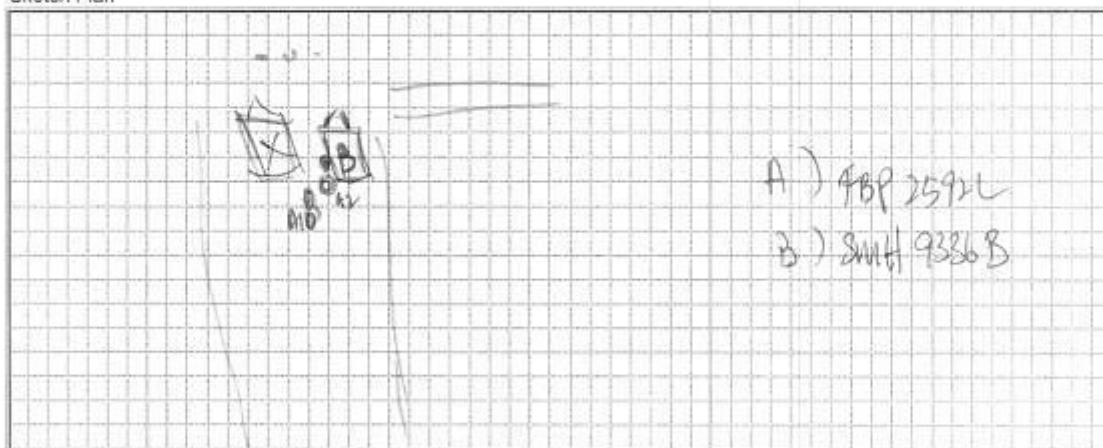
GOLDENLINK AUTO PTE LTD

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



vJun2022

SALAH BUKAN MERATA

Describe Circumstance of the Accident

REFER TO POLICE REPORT T/2022/005/2020

Declaration

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

GOLDENLINK AUTO PTE LTD

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

vJun2022

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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999



T/20221005/2080

1 of 3

Report No. T/20221005/2080

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/10/2022 15:59	Vide Report No.:	Station Diary No.: 31
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Informant's Particulars

Name of Informant: TANG KOK YANG			Address: APT BLK 94 DAWSON ROAD #34-44 SINGAPORE 141094		
ID Type / ID No.: NRIC NO / S7187797C			Contact No.:		Mobile: 86885514
Nationality: MALAYSIAN			Home/Office:		
			Email:		
Sex: Male	Age: 51	Date of Birth: 06/05/1971	Type of Informant: Rider		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: DELIVERYMAN			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 05/10/2022 11:00	Type of Location: T-Junction
Location: JALAN BUKIT MERAH				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP2592L	Motorcycle				No Damage	0
SMH9336B	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20221005/2080

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20221005/2080

CONTINUATION OF REPORT

Rider			
Name	TANG KOK YANG		ID No. S7187797C
Related Vehicle	FBP2592L (Motorcycle)		Contact No. 86885514
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL
Driver			
Name	Muhammad Farith Farkhan Bin Nashir		ID No. S9112741E
Related Vehicle	SMH9336B (Car)		Contact No. 82557769
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

On 05/10/22 at about 1100hrs, while I was riding along Jalan Bukit Merah towards Lower Delta Rd, it was raining and the floor was wet. I was in between 2 vehicle where all 3 of us had to jam brake due to the sudden change in traffic light to amber, this traffic light is situated right beside 1 Bukit Merah Central. I skidded on the wet road surface however I did not fall but the right side of my handle grinded against the vehicle on my right causing some dark stains on the rear left door. The driver then wanted to claim me due to the coating of his car being expensive however my motorcycle belongs to my company thus lodging this report for insurance claims.


**SINGAPORE
POLICE FORCE**

Police Station Of Origin;
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999



T/20221005/2080

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Report No: T/20221005/2080

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:
D /
SGT 2 AMOS TEO

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
05/10/2022 15:59

Officer In Charge Of Case:
TP / GIA /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

NP168



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: _____ Vehicle Registration No: FBP 2592L
 Name (as shown in NRIC): TONG KOK YONG NRIC/FIN/Passport No: SXXXX 797C
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 8688 5514
 Email Address: _____
 Date of Accident: 8/10/2023 Time of Accident: 11:00
 Place of Accident: JANAK BUKIT MAROH
 Insurance Company: LIBERTY

(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:

AM SORRY WRONG INFO: NO ADDENDUM FOR THIS CASE

Policyholder / Actual Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:

[Signature] 31/05/2023