

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	11/10/2022 18:02 (SGT)
Reported by	Both
Date of Accident	07/10/2022 12:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BEACH ROAD RIGHT TURN INTO JAVA ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK6864C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YOHAN BERNARD DISPA
NRIC No	S8189344F
Email Address	YOHAN.DISPA@GMAIL.COM
Mobile Phone No	(Phone) +65-82441420
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Sym
Model	HD200I
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	Auto
CC	190

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5129631068

DRIVER

Name of Driver	YOHAN BERNARD DISPA
NRIC No	S8189344F
Date Of Birth	24/10/1981
Occupation	Indoor

Date Of Driving Pass	15/08/2017
Driving experience	5 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82441420
Alt. Phone Number	-
Email Address	YOHAN.DISPA@GMAIL.COM
Address	346 RIVER VALLEY ROAD #09-02
Address complement	-
Postcode	238373
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 - Major/Minor Rd
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	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

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	SMZ1376T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private hire
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	YOHAN BERNARD DISPA
Gender	Male
Phone No	(Phone) +65-82441420
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	41
Injuries Sustained	LEFT CLAVICULE JOINT DISPLACED AND STRETCHED, PAIN IN THE LEFT SHOULDER AND LEFT SHOULDER BLADE.
Injured person in which vehicle?	FBK6864C
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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")

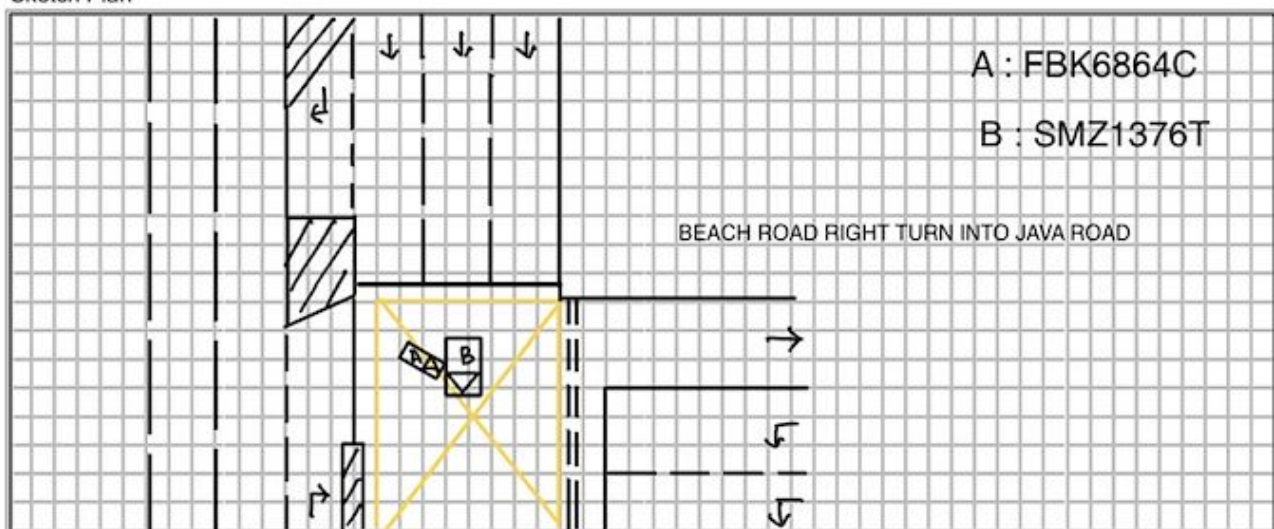
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.


11/10/2022
17:30
Policyholder's Signature / Date & Time

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


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

Sketch Plan

Describe Circumstance of the Accident

Refer to police report

Declaration

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



11/10/2022
17:30

Policyholder's Signature / Date & Time

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



LIM KAI CHUAN

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















**SINGAPORE
POLICE FORCE**



T/20221007/7059

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

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Report No. T/20221007/7059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/10/2022 21:48	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: YOHAN BERNARD DISPA	Address: 346 RIVER VALLEY ROAD #09-02 SINGAPORE 238373		
ID Type / ID No.: NRIC NO / S8189344F	Contact No.: Home/Office: Mobile: 82441420		
Nationality: FRENCH	Email: YOHAN.DISPA@GMAIL.COM		
Sex: Male	Age: 40	Date of Birth: 24/10/1981	Type of Informant: Rider
Race: Caucasian	Language: English		Institution / School Name:
Occupation:	Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/10/2022 12:50	Type of Location: X-Junction
Location: BEACH ROAD				
Weather: Raining		Road Surface: Wet	Road Speed Limit: 50 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
FBK6864C	Motorcycle	SYM	HD2 200I	Brown	Seriously Damaged	1
SMZ1376T	Car	HYUNDAI	HD2 200I		Slightly Damaged	2



**SINGAPORE
POLICE FORCE**



T/20221007/7059

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

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Report No. T/20221007/7059

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK6864C	NTUC Income Insurance Co-Operative Limited	5129631068	17/08/2022	16/08/2023

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Rider

Name	YOHAN BERNARD DISPA	ID No.	S8189344F
Related Vehicle	FBK6864C (Motorcycle)	Contact No.	82441420
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	07/10/2022	Date	07/10/2022
No. of Days granted Medical Leave	14	Degree of	Slight

Driver

Name	Unknown Driver	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
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

Brief Details.

I was about to turn from Beach road onto Nicole Highway. It was raining. All vehicles on the 1st lane on the opposite direction were stopped, cars on my lane crossing were going through very slowly, so I did. The car SMZ1376T at high speed on the 2nd lane arrived and crossed my path. I tried to avoid it by turning my wheel sideways and braking. I felt off on my left shoulder which is now injured and hurt. My scooter is damaged, broken parts and doesn't start properly anymore. The car has slight scratches on the right side.

**SINGAPORE
POLICE FORCE**

T/20221007/7059

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

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Report No. T/20221007/7059

CONTINUATION OF REPORTSketch 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 /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

NP168

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

Date/Time:
07/10/2022 21:48

Classification Of Case: