

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	08/11/2022 14:30 (SGT)
Reported by	Both
Date of Accident	05/11/2022 22:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	COMMONWEALTH AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBU3674B

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN ZHI SIONG, ANDREW (CHEN ZHIXIONG)
NRIC No	S8821222C
Email Address	andrewtan789@gmail.com
Mobile Phone No	(Phone) +65-91466421
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	REVO X
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	0

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5131343411

DRIVER

Name of Driver	TAN ZHI SIONG, ANDREW (CHEN ZHIXIONG)
NRIC No	S8821222C
Date Of Birth	14/06/1988
Occupation	Outdoor

Date Of Driving Pass	04/02/2008
Driving experience	14 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91466421
Alt. Phone Number	-
Email Address	andrewtan789@gmail.com
Address	61 LENGKOK BAHRU #08-476
Address complement	-
Postcode	150061
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	Collided into Motorcyclist
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?	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

REFER TO ATTACHED

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	TAN ZHI SIONG, ANDREW (CHEN ZHIXIONG)
Gender	Male

Phone No	(Phone) +65-91466421
Address	61 LENGKOK BAHRU #08-476
Address Complement	-
Post Code	150061
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

ACCIDENT REPORTING FORM

Date of Accident : 05/11/2022 Accident Time: 2200 (24 HR Format)
 Accident Place : Commonwealth Avenue
 Vehicle No. (Car Plate No.) : FB43674B Make/Model: Honda Rev X
 Insurance Company : NTUC Income Policy No.: 5131343411
 Owner or Company Name/IC No. : Tang Zhi Siong, Andrew / 58821222C
 Owner or Company Contact No. : - Owner's HP: 91466421 Company Tel: -
 DRIVER'S Name/IC No. : -
 DRIVER'S Date of Birth : 14/06/1998 DRIVER'S License Pass Date: 04/02/2008
 Relationship of Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others: -
 DRIVER'S Address : 61 Langkat Bahru #08-476 S150061
 DRIVER'S Contact No./Alt No. : 1) - 2) -
 DRIVER'S Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)
 Email Address : andrewtan789@gmail.com
 Weather & Road Surface : CLEAR & DRY / RAINING & WET / AFTER RAIN & WET
 Reporting Type : Reporting Only / Claim Other Party / Claim Own Insurance
 Number of Passengers (incl. Driver) : 1
 Was there any video Captured by car camera : YES / NO
 Exact purpose for which vehicle was being used at the time of accident : Private use / Work Purpose
 Any Injury (IF YES, please state) : YES, 3 day MC

Other Party Driver's Particulars (if any)

Vehicle No. : <u>SHD88257</u>	Vehicle No. : _____
Vehicle Make/Model : _____	Vehicle Make/Model : _____
Driver's Name : _____	Driver's Name : _____
Driver's IC No./Contact : _____	Driver's IC No./Contact : _____

* NEW - Passenger's Name & Gender :

