

# 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 .....	04/04/2023 16:18 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	03/04/2023 20:10 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	SENGKANG EAST AVE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBQ1923S
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TAN KIAN BOON
NRIC No .....	S8664243C
Email Address .....	SHIYING.CHEAH@GMAIL.COM
Mobile Phone No .....	(Phone) +65-90044863
Alternative Phone No .....	-

### 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 .....	0

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5122799683-01

### DRIVER

Name of Driver .....	TAN KIAN BOON
NRIC No .....	S8664243C
Date Of Birth .....	31/05/1986
Occupation .....	Indoor

Date Of Driving Pass .....	10/10/2020
Driving experience .....	2 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90044863
Alt. Phone Number .....	-
Email Address .....	SHIYING.CHEAH@GMAIL.COM
Address .....	302D ANCHORVALE LINK #08-28
Address complement .....	-
Postcode .....	544302
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 - Head to Rear
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	Hougang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004890999
Alt. Police Station Phone No .....	(Fax) +65-63128989
Police Station Address .....	60 Hougang Ave 9 Singapore 538775
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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SGM8258U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
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) .....	-

**Describe Circumstances of the Accident**

*Refer to police report*

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel

## 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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

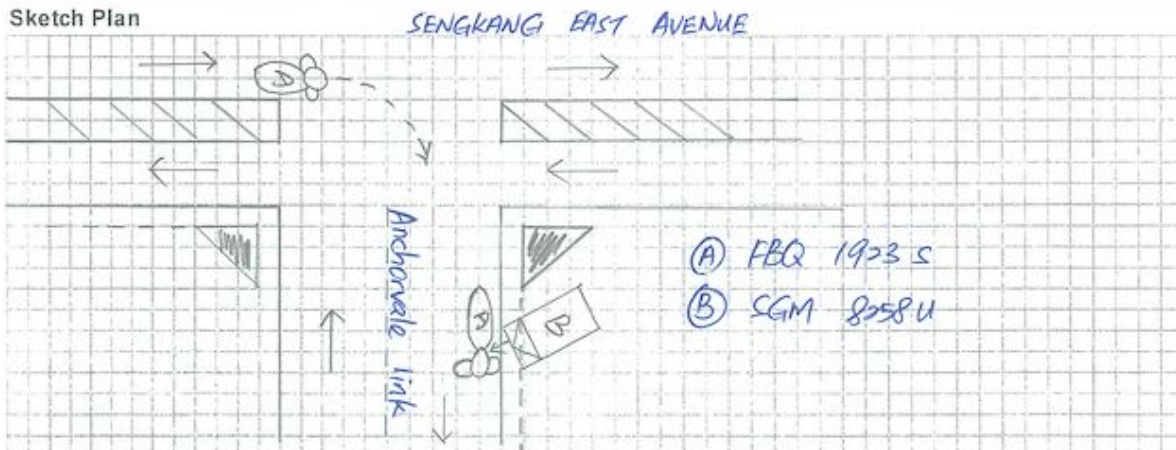
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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

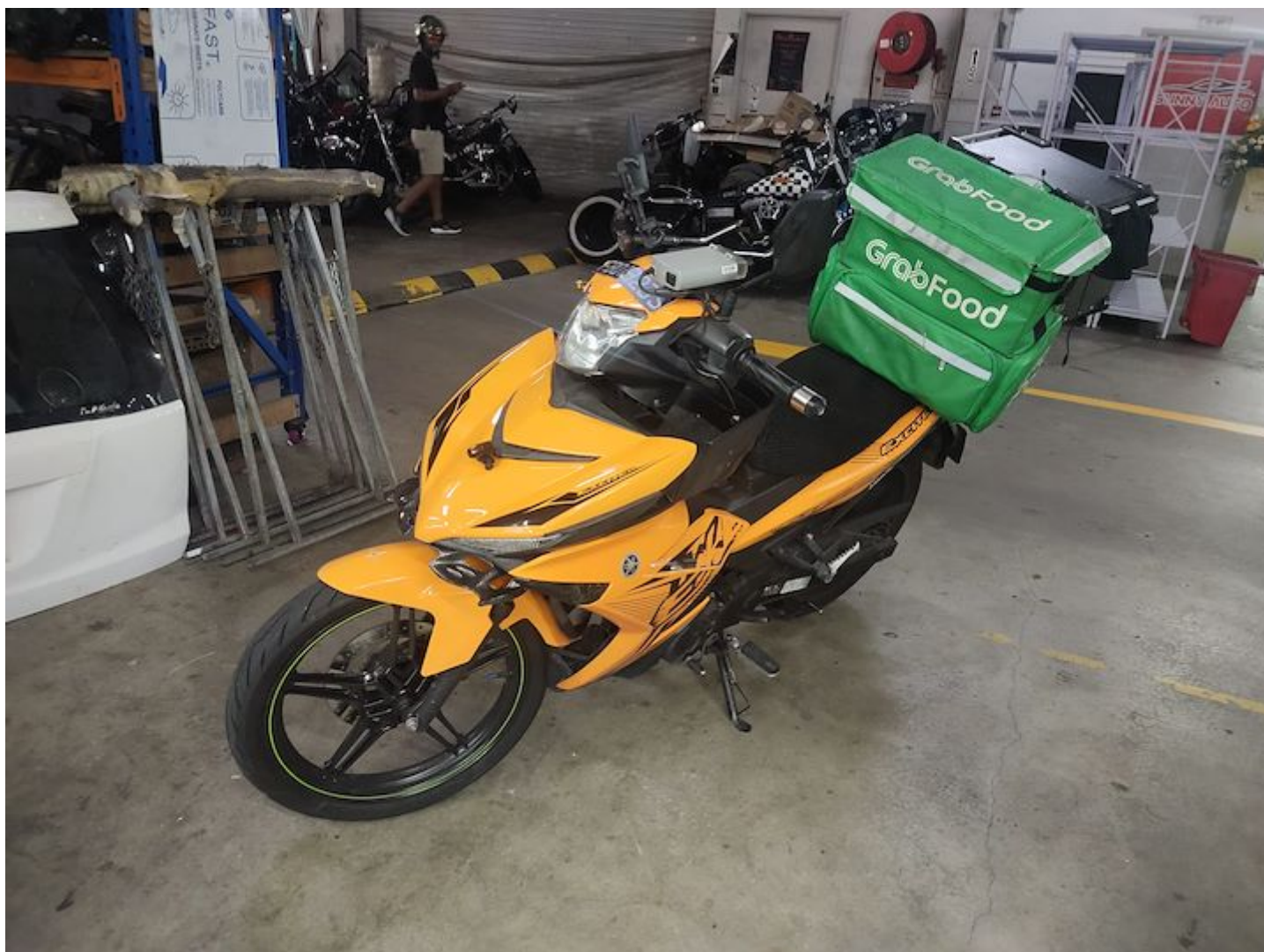
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

## Sketch Plan































**SINGAPORE  
POLICE FORCE**



T/20230404/2019

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

3 of 3

Report No. T/20230404/2019

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

F /  
SGT 2 Tee Hui Hung

Signature Of Informant:

Signature Of Interpreter:  
Not applicableDate/Time:  
04/04/2023 08:33Officer In Charge Of Case:  
TP / AEIT /  
SR STAFF SGT MUHAMMAD NOOR BIN  
ABDUL RAHMAN  
Contact No.: 65476219

Classification Of Case:

NP168





**SINGAPORE  
POLICE FORCE**



T/20230404/2019

1 of 3

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20230404/2019

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/04/2023 08:33		Vide Report No.:		Station Diary No.: 31
<b>Informant's Particulars</b>				
Name of Informant: TAN KIAN BOON		Address: APT BLK 302D ANCHORVALE LINK #08-28 SINGAPORE 544302		
ID Type / ID No.: NRIC NO / S8664243C		Contact No.: Home/Office:		Mobile: 90044863
Nationality: MALAYSIAN		Email:		
Sex: Male	Age: 36	Date of Birth: 31/05/1986	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B,3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/04/2023 20:10	Type of Location: T-Junction
Location:  SENGKANG EAST AVENUE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ1923S	Motorcycle	YAMAHA	SNIPER T150	Green	Slightly Damaged	0
SGM8258U	Car				No Damage	2

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ1923S	NTUC Income Insurance Co-Operative Limited	5122799683-01	14/08/2022	13/08/2023



**SINGAPORE  
POLICE FORCE**



T/20230404/2019

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

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Report No. T/20230404/2019

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	TAN KIAN BOON	ID No.	S8664243C
Related Vehicle	FBQ1923S (Motorcycle)	Contact No.	90044863
Hospital/Clinic	Central 24HR Clinic (Hougang)	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	03/04/2023	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

I was riding my motorcycle (FBQ1923S) along Sengkang East Avenue and was making a right turn towards Anchorvale Link at the T-Junction, when a vehicle (SGM8258U) came out suddenly from the filter road and knock on to the side of my motorcycle, as a result the front bumper of the vehicle knocked against my left leg around my ankle, causing sharp pain at my left ankle. The left front headlight of my bike was cracked, and some scratches on the on the side of the left headlight. The driver got down and scolded me, and only gave me his Car-plate number. He did not provide me his particulars and told me to go and lodge a police report instead. Due to the collision, I felt pain on my left ankle, as such I went to Central 24HR Clinic at Hougang and got a 3-day MC (3/4/2023-5/4/2023). I am lodging this report for Traffic Police to investigate the matter.