

# 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 .....	21/04/2023 16:08 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	21/04/2023 07:45 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	PIE CHANGI 19.8KM
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBT6117D
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	GAN ZHI YUAN
NRIC No .....	SXXXX002I
Email Address .....	ZHIYUANGAN@OUTLOOK.SG
Mobile Phone No .....	(Phone) +65-97358428
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Yamaha
Model .....	Mt-03
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 .....	321

### INSURANCE COMPANY

Name of Insurance Company .....	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	D22MTMC01004336

### DRIVER

Name of Driver .....	GAN ZHI YUAN
NRIC No .....	SXXXX002I
Date Of Birth .....	14/11/1995
Occupation .....	Outdoor

Date Of Driving Pass .....	21/07/2022
Driving experience .....	9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97358428
Alt. Phone Number .....	-
Email Address .....	ZHIYUANGAN@OUTLOOK.SG
Address .....	9 UPPER BUKIT TIMAH VIEW
Address complement .....	#07-03
Postcode .....	588136
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 .....	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 .....	3
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
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 .....	Bukit Merah West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18003779999
Alt. Police Station Phone No .....	(Fax) +65-63773923
Police Station Address .....	500 Bukit Merah View #01-01 Singapore 159682
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO:T/20230421/2072

#### 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 .....	SLD6605C
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	FBK6215B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
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 .....	AHMAD SYAFIQ
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	UNKNOWN
Injured person in which vehicle? .....	FBK6215B
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN****IMPORTANT NOTICE**

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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)**

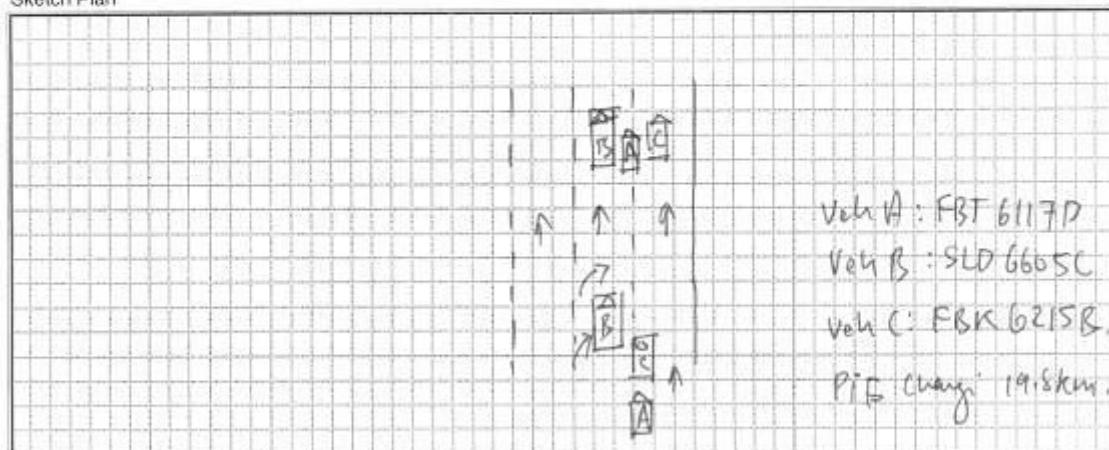
I understand, acknowledge, agree and consent that:

- (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.

*[Signature]* 21.04.23 15:26  
Policyholder's Signature / Date & Time

*[Signature]* 21.04.23 15:26  
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

*[Signature]*  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

**Sketch Plan**

vJun2022

1

Describe Circumstance of the Accident

Refer to Police Report r/20230421/2072

Declaration

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

*[Signature]* 21.04.23 15:26

Policyholder's Signature / Date & Time

*[Signature]* 21.04.23 15:26

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

*[Signature]*

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

















































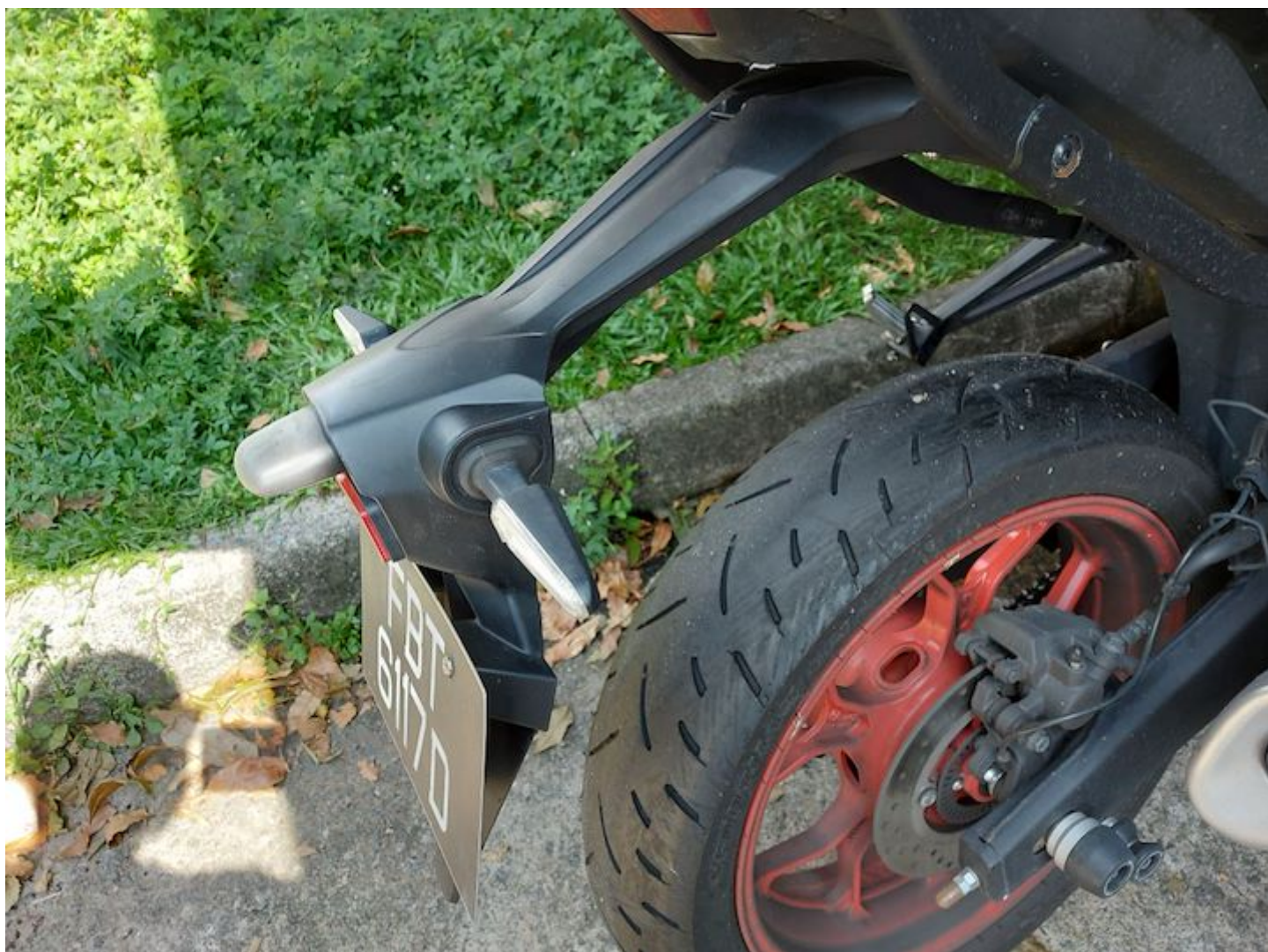







































**SINGAPORE  
POLICE FORCE**


T/20230421/2072

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Report No. T/20230421/2072

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/04/2023 14:20		Vide Report No.: E/20230421/0044		Station Diary No.: 35
<b>Informant's Particulars :</b>				
Name of Informant: GAN ZHI YUAN		Address: 9 UPPER BUKIT TIMAH VIEW #07-03 SINGAPORE 588136		
ID Type / ID No.: NRIC NO / S95440021		Contact No.: Home/Office: Mobile: 97358428		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 27	Date of Birth: 14/11/1995	Type of Informant: Rider	
Race: Chinese		Language:		
Occupation: CADET PILOT		Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/04/2023 07:45	Type of Location:
Location: PAN-ISLAND EXPRESSWAY				
Lamp Post Number: 986				
Weather: Raining		Road Surface: Wet		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK6215B	Motorcycle					0
FBT6117D	Motorcycle	YAMAHA	MT-03 ABS'20 (MTN320-A)	Grey	Seriously Damaged	0
SLD6605C	Car					3

<b>Details of Vehicle Insurance</b>					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999



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Report No. T/20230421/2072

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBT6117D	TENET SOMPO INSURANCE PTE. LTD.	D22MTMC01004336	06/08/2022	05/10/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	AHMAD SYAFIQ	ID No.	S9330816F
Related Vehicle	FBK6215B (Motorcycle)	Contact No.	97110134
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
<b>Rider</b>			
Name	GAN ZHI YUAN	ID No.	S9544002I
Related Vehicle	FBT6117D (Motorcycle)	Contact No.	97358428
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	Slight
<b>Driver</b>			
Name	SIM WEE KWANG	ID No.	S1157800D
Related Vehicle	SLD6605C (Car)	Contact No.	89330312
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





# SINGAPORE POLICE FORCE



T/20230421/2072

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Report No. T/20230421/2072

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

## CONTINUATION OF REPORT

### Brief Details.

On 21/04/2023 at about 0745hrs, I was riding my motorcycle bearing FBT6117D along PIE towards Airport inbetween of lane one and two about 2 secs behind a motorcycle bearing FBK6215B. There was also a motorcar bearing SLD6605C cruising along lane 2 close to the bike infront of me. Afterwhich, the driver of SLD6605C changed lane to lane 1 and the bike infront was not able to dodged intime hence it collided with the car, the impact was at the driver's door. As I was just behind, I was not able to stop intime hence I collided in between the car and the bike.

During the impact, I fell to the ground and suffer bruises on my right shoulder and right calf, I then got up and stand at the side of the road. I discovered that there were scratches on my bike and my rear brake pedal was damaged. I then exchange my details with the rider and driver. The traffic police was at scene and the rider of FBK6215B was conveyed to hospital. I did not see if the car infront had signaled before changing lane. There was a driver(SLV9667J) namely Kenny, (98392475) who is a private hire stopped at the scene informed that he has a in car camera which recorded the incident however it was build in and the camera belongs to GRAB. He also made a check and informed that the company doesn't allow him to retrieve the footage. The driver of SLD6605C claims that he did not see the rider of FBK6215B.

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
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CONTINUATION OF REPORT



T/20230421/2072

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Report No. T/20230421/2072

Signature of Officer Recording The Report:  
D /  
SGT 1 MONG CHU KAI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SGT 2 PHUA TIAK YEE  
Contact No.: 65476200

Signature Of Informant:

Date/Time:  
21/04/2023 14:20

Classification Of Case:

NP168