

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	27/04/2023 15:40 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	26/04/2023 15:30 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS MCE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR8531M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEE YANHENG
NRIC No	SXXXX677C
Email Address	silly-loved@hotmail.com
Mobile Phone No	(Phone) +65-96262468
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	R15
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	155

INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	D22MTMC01005781

DRIVER

Name of Driver	SEE YANHENG
NRIC No	SXXXX677C
Date Of Birth	31/12/1990
Occupation	Indoor

Date Of Driving Pass	24/08/2020
Driving experience	2 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96262468
Alt. Phone Number	-
Email Address	silly-loved@hotmail.com
Address	BLK 290A BUKIT BATOK STREET 24 #17-83
Address complement	-
Postcode	652290
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 - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

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?	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/20230427/2071

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	SDZ6685A
Vehicle Manufacturer	Porsche
Vehicle Model	Panamera
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	PEH SIT GUAN
NRIC No	SXXXX117J
Contact Number	(Phone) +65-92707427
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	SNC819Z
Vehicle Manufacturer	Toyota
Vehicle Model	Noah
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	MANNARSAMY SENIVASAN
NRIC No	SXXXX308B
Contact Number	(Phone) +65-82221444
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	SEE YANHENG
Gender	Male
Phone No	(Phone) +65-96262468
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBR8531M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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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.


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

Describe Circumstance of the Accident


REFER TO POLICE REPORT T/20230427/2071

Declaration

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

 1.20pm
Policyholder's Signature / Date & Time

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

 27/04/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)













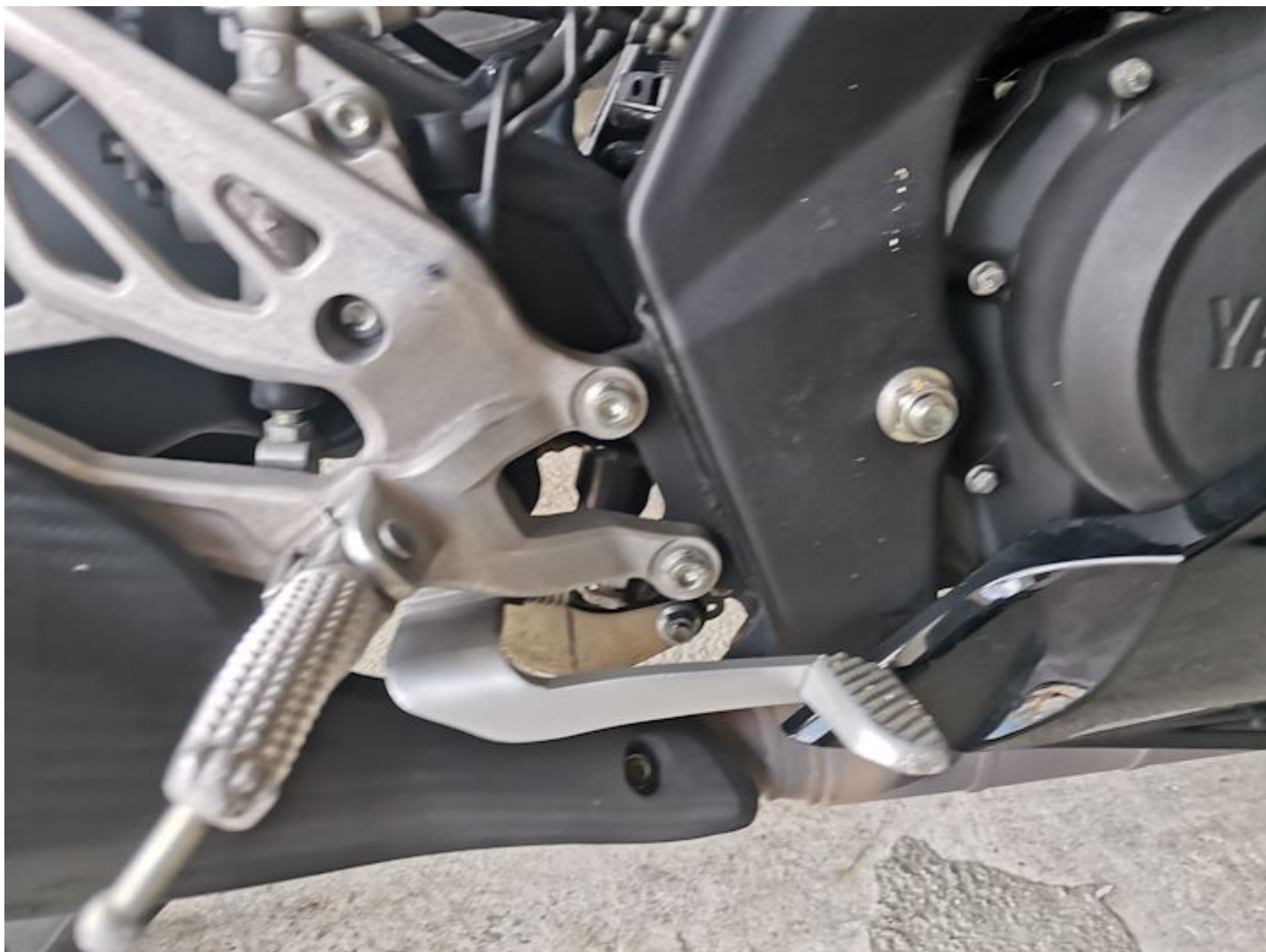



























**SINGAPORE
POLICE FORCE**

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



T/20230427/2071

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Report No. T/20230427/2071

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
27/04/2023 14:42

Vide Report No.:
T/20230427/2052

Station Diary No.:
38

Informant's Particulars

Name of Informant:
SEE YANHENG

Address:
APT BLK 290A BUKIT BATOK STREET 24 #17-83
SINGAPORE 652290

ID Type / ID No.:
NRIC NO / S9050677C

Contact No.:
Home/Office: Mobile: 96262468

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Male 32 31/12/1990

Type of Informant:
Driver

Race:
Chinese

Language:

Occupation:
KTV

Driving Licence Information:
Class: 2B,2A Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 26/04/2023 15:30	Type of Location: Straight Road
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Location:

AYER RAJAH EXPRESSWAY

Weather:
Sunny

Road Surface:
Dry

Traffic Flow:
One Way

Traffic Control:
Not Controlled

Traffic Volume:
Moderate

Type of Collision:
Between Moving Vehicles - Head To Rear

Anyone conveyed by ambulance:
No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBR8531M	Motorcycle	YAMAHA	R15 ABS MANUAL	Black	Slightly Damaged	0
SDZ6685A	Car	PORSCHE	PANAMERA V6		Slightly Damaged	0
SNC819Z	Car	TOYOTA	NOAH		Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Tel No: 1800-4719999



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Report No. T/20230427/2071

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBR8531M	TENET SOMPO INSURANCE PTE. LTD.	D22MTMC0100578 1	12/11/2022	11/11/2023

Details of Person Involved				
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA		
No. of Pedestrians Injured: NIL				
Name	PEH SIT GUAN		ID No.	S6938117J
Related Vehicle	NIL		Contact No.	92707427
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

Rider			
Name	SEE YANHENG	ID No.	S9050677C
Related Vehicle	NIL	Contact No.	96262468
Hospital/Clinic	ACUMED MEDICAL GROUP	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	26/04/2023	Date Discharge	26/04/2023
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Driver			
Name	MANNARSAMY SENIVASAN	ID No.	S1443308B
Related Vehicle	NIL	Contact No.	82221444
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**

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



T/20230427/2071

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Report No. T/20230427/2071

CONTINUATION OF REPORT
Brief Details:

On 26/04/23, at about 1532hrs, along AYE towards MCE before Alexandra Rd exit, I was riding my motorcycle bearing FBR8531M on lane 2 when suddenly vehicle bearing SDZ6685A lane change abruptly from lane 1 to lane 2 and I am unable to stop in time. My front tyre hit onto the said vehicle's rear left exhaust, which caused me to fall to the right. I wish to state I do not know what happened after the crash as I was stunned by the accident. The driver of SDZ6685A alighted from his vehicle after moving his vehicle to the side and attended to me. We exchanged our particulars and the driver assist to drop me off to the clinic for my injuries.

Another driver of vehicle bearing SNC819Z approached to me and claimed that my motorcycle hit onto his left side of the vehicle's bumper after the collision with SDZ6685A, which caused my motorcycle to flunk and hit onto his vehicle. I wish to state I do not see my motorbike hit his vehicle, nor I do not have any camera attached to my motorbike. I saw there is a rear camera on the vehicle SNC819Z and told the driver to provide the footage, but he is unable to do so as his reasoning was "recording of the video is overwrite". We exchanged particulars too.

I wish to state that I went to seek medical at AcuMed Medical Group at Blk 64 Yung Kuang Rd, and the doctor told me my injuries were abrasion of both knees and compression of my spine (after 2 days to go for review on the same clinic).

SINGAPORE POLICE FORCE		T/20230427/2071	
Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999		4 of 4 Report No. T/20230427/2071	
CONTINUATION OF REPORT			
Signature of Officer Recording The Report: D/ SGT 2 MOHAMAD FARHAN BIN MOHAMED		Signature Of Informant:	
Signature Of Interpreter: Not applicable		Date/Time: 27/04/2023 14:42	
Officer In Charge Of Case: TP / GIA / SI ANG YI TING, STEPHANIE Contact No.: 65476414		Classification Of Case:	

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