

# 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 .....	11/05/2023 10:32 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	08/05/2023 11:55 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	CAIRNHILL RISE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FW463E
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	CHIA YONG SIANG (XIE YONGXIANG)
NRIC No .....	S7477023A
Email Address .....	CHIA2195@YAHOO.COM.SG
Mobile Phone No .....	(Phone) +65-97431149
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	ADV160
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Motorcycle
Transmission .....	Auto
CC .....	160

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5132937837

### DRIVER

Name of Driver .....	CHIA YONG SIANG (XIE YONGXIANG)
NRIC No .....	S7477023A
Date Of Birth .....	04/06/1974
Occupation .....	Outdoor

Date Of Driving Pass .....	13/11/1996
Driving experience .....	26 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97431149
Alt. Phone Number .....	-
Email Address .....	CHIA2195@YAHOO.COM.SG
Address .....	BLK 9 CANTONMENT CLOSE #29-85
Address complement .....	-
Postcode .....	-
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 .....	2
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 .....	Tanglin Division Headquarters
Police Station Phone No .....	(Phone) +65-18003910000
Alt. Police Station Phone No .....	(Fax) +65-63964900
Police Station Address .....	21 Kampong Java Road Singapore 228892
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? .....	Yes
Reasons for not uploading a video of the accident .....	VIDEO WITH DRIVER

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBK3632A
Vehicle Manufacturer .....	-
Vehicle Model .....	-



Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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 .....	-
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	48
Injuries Sustained .....	FRACTURED LEFT HAND FRACTURED RIBS MULTIPLE ABRASIONS
Injured person in which vehicle? .....	FW463E
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes



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

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6. This report will be forwarded by the insurers to 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.

**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.

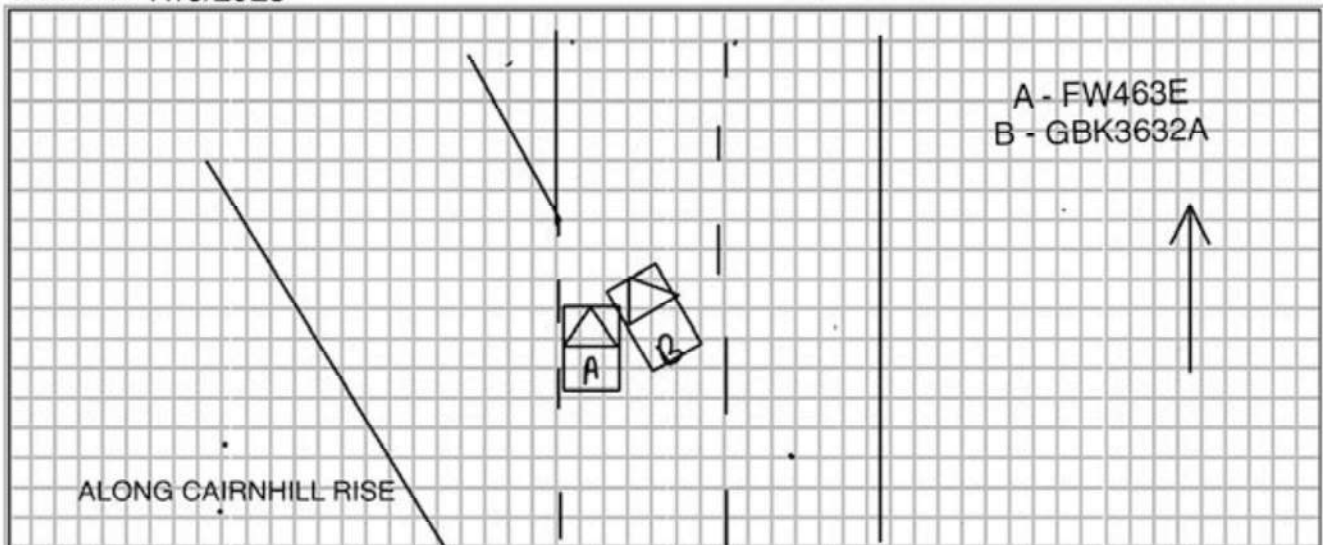
Policyholder's Signature / Date & Time

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

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

Sketch Plan 11/5/2023

MOEHAMMAD RIDHWAN BIN MOHAMMAD SULAIMAN



Describe Circumstance of the Accident

REFER TO GEARS

**Declaration**

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



Policyholder's Signature / Date & Time

11/5/2023

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



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

MOEHAMMAD RIDHWAN BIN MOHAMMAD SULAIMAN 2



**SINGAPORE  
POLICE FORCE**



E/20230510/7026

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20230510/7026

I was given 14 days MC. I had fracture on my left hand and wrist.

<b>Subjects Involved</b>			
<b>Victim</b>			
Person Name	CHIA YONG SIANG		
ID Type	NRIC NO	ID No	S7477023A
Gender	Male	Age	48
Race	Chinese	Language	English
Occupation	Food Rider	Address	9 CANTONMENT CLOSE #29-85 SINGAPORE 080009
Mobile No	82020422	Is Informant A Victim?	Yes
Person Name	CHIA YONG SIANG (Informant)		

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:  
10/05/2023 14:11

Classification Of Case:



**SINGAPORE  
POLICE FORCE**



E/20230510/7026

1 of 2

**POLICE REPORT (NP299)**

Report No. E/20230510/7026

Police Station Of Origin  
Tanglin Division HQ  
21 Kampong Java Road SINGAPORE  
228892  
Tel No:1800-3910000

Date/Time Report Made 10/05/2023 14:11	Vide Report No.	Station Diary No.
Name Of Informant CHIA YONG SIANG	Address 9 CANTONMENT CLOSE #29-85 SINGAPORE 080009	
ID Type / ID No. NRIC NO / S7477023A	Contact No. Home/Office:	Mobile: 82020422
Nationality SINGAPORE CITIZEN	Email Address CHIA2195@YAHOO.COM.SG	
Occupation Food Rider	Sex Male	Age 48
Institution/School Name	Date of Birth 04/06/1974	Race Chinese
Date/Time Of Incident 08/05/2023 11:55 - 08/05/2023 12:05	Location Of Incident CAIRNHILL RISE	

**Brief details.**

On the stated date and time, I was on my Motorcycle FW 463E riding straight on lane 2 along Cairnhill Circle towards CTE (SLE/TPE).

Suddenly this vehicle GBK 3632A on lane 1 encroach into my lane without signal or check if is clear. I couldn't avoid and was hit. I fell down and my motorcycle landed on my right side.

I was conveyed to Tan Tock Seng Hospital by ambulance. My friend came over to assist me.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/05/2023 14:11
Officer In-Charge Of Case:	Classification Of Case: