

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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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.

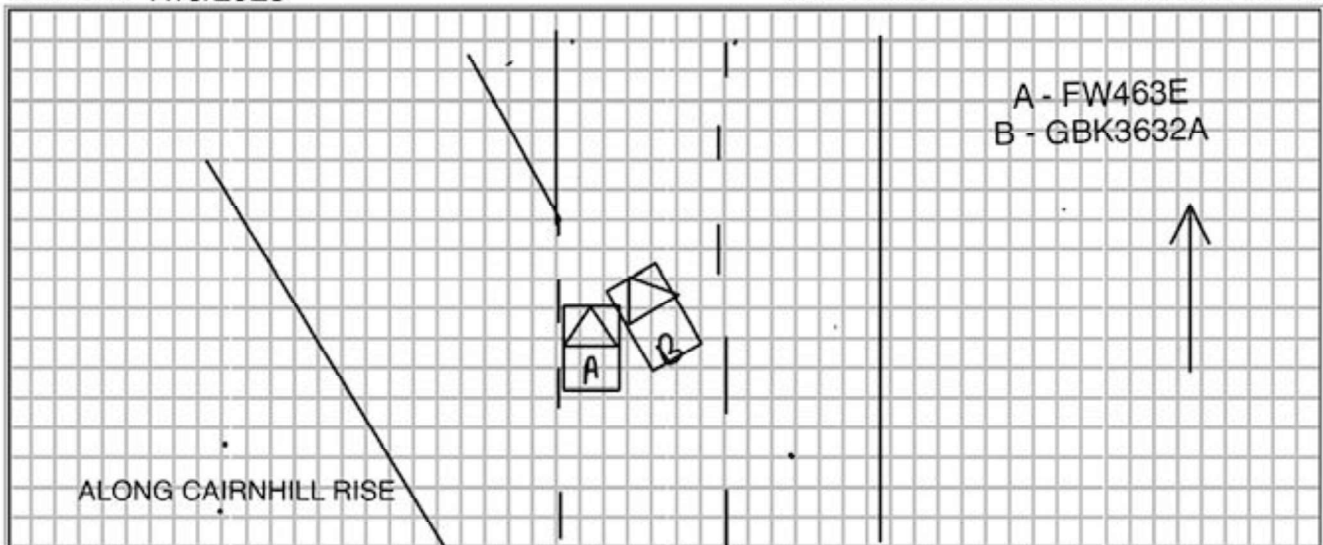
Policyholder's Signature / Date & Time

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.

Subjects Involved			
Victim			
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
	Date of Birth 04/06/1974	Race Chinese
Institution/School Name	Language English	
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: