

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	06/06/2023 18:25 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/06/2023 16:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PASIR RIS STREET 71
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBT8812S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHAI SIN HAW
NRIC No	S9088019E
Email Address	ALVINCHAI_516@YAHOO.COM
Mobile Phone No	(Phone) +65-97666883
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Aerox
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Auto
CC	155

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5128405368

DRIVER

Name of Driver	CHAI SIN HAW
NRIC No	S9088019E
Date Of Birth	16/05/1990
Occupation	Outdoor

Date Of Driving Pass	02/10/2019
Driving experience	3 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97666883
Alt. Phone Number	-
Email Address	ALVINCHAI_516@YAHOO.COM
Address	BLK 573A WOODLANDS DRIVE 16 #10-626
Address complement	-
Postcode	SINGAPORE 731573
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	Raining
Road Surface	Wet

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?	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	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE POLICE REPORT AND THE SKETCH PLAN.

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	SGC6936L
Vehicle Manufacturer	Mazda
Vehicle Model	Cx-5
Vehicle Variant	-



Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR ANG
Contact Number	(Phone) +65-97666683
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	CHAI SIN HAW
Gender	Male
Phone No	(Phone) +65-97666883
Address	BLK 573A WOODLANDS DRIVE 16 #10-626
Address Complement	-
Post Code	SINGAPORE 731573
Approximate Age Years Old	33
Injuries Sustained	2 DAYS MC
Injured person in which vehicle?	FBT8812S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 Traffic Police Department for investigation.**
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 vehicles 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 third parties 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



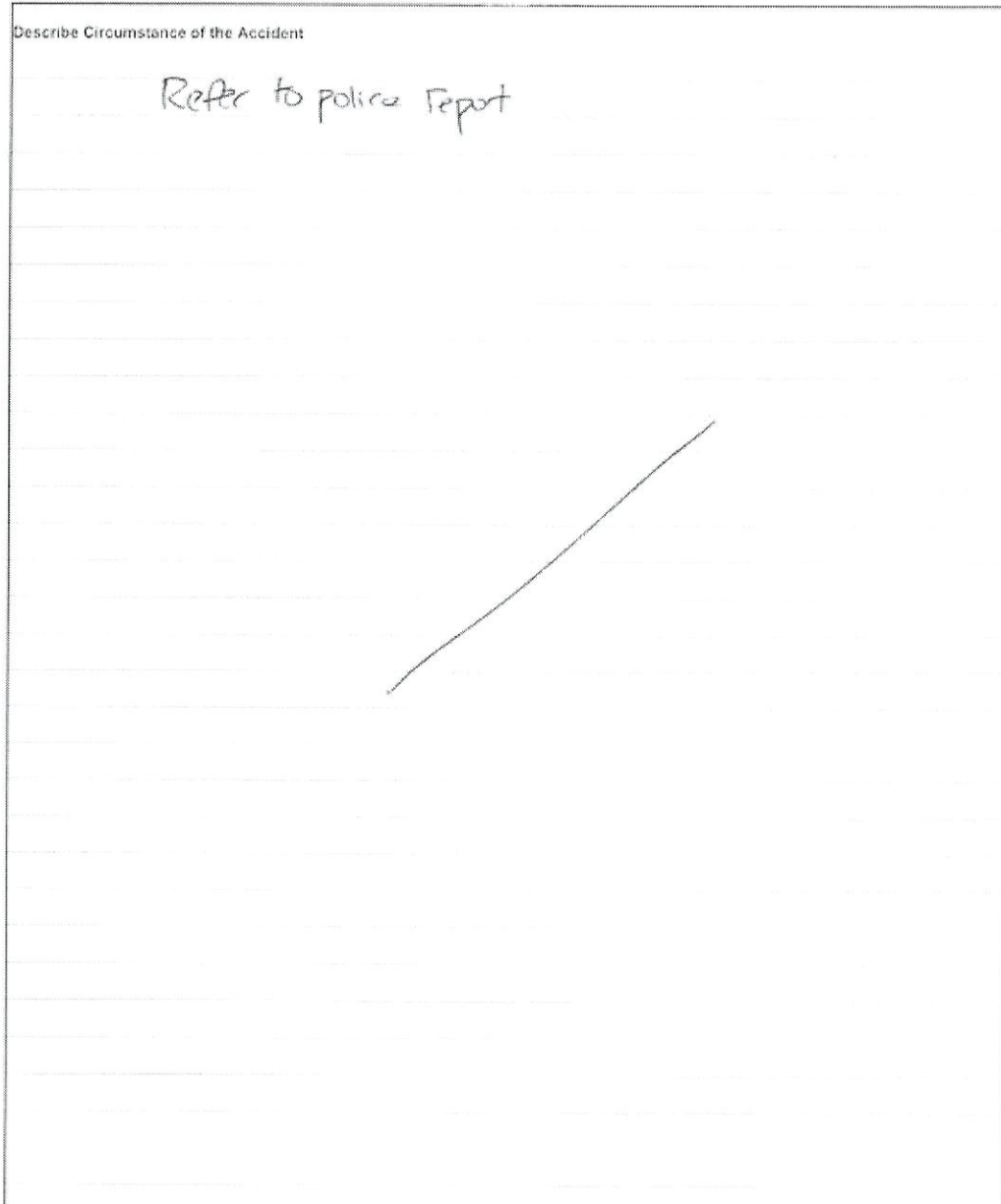
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

v. Jan 2022

Describe Circumstance of the Accident

Refer to police report



Declaration

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



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)

















**SINGAPORE
POLICE FORCE**



T/20230605/2058

1 of 3

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20230605/2058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/06/2023 15:03	Vide Report No.:	Station Diary No.: 33
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Informant's Particulars

Name of Informant: CHAI SIN HAW			Address: APT BLK 573A WOODLANDS DRIVE 16 #10-626 SINGAPORE 731573		
ID Type / ID No.: NRIC NO / S9088019E			Contact No.: Home/Office: Mobile: 90874388		
Nationality: MALAYSIAN			Email: alvinchai_516@yahoo.com		
Sex: Male	Age: 33	Date of Birth: 16/05/1990	Type of Informant: Rider		
Race: Chinese			Language:		
Occupation: Motorcycle delivery man			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/06/2023 16:30	Type of Location: Straight Road
Location: PASIR RIS STREET 71				
Weather: Raining		Road Surface: Wet		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		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
FBT8812S	Motorcycle	YAMAHA	AEROX GDR155A CVT	Black	Seriously Damaged	0
SGC6936L	Car	MAZDA	CX-5 SKYACTIV- G 2.5 SP.6EAT 2WD LED	White	Slightly Damaged	1



**SINGAPORE
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T/20230605/2058

2 of 3

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9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20230605/2058

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBT8812S	NTUC Income Insurance Co-Operative Limited	5128405368	20/06/2022	19/06/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHAI SIN HAW	ID No.	S9088019E
Related Vehicle	FBT8812S (Motorcycle)	Contact No.	90874388
Hospital/Clinic	Central 24-hr Clinic (Tampines)	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	03/06/2023	Date Discharge	03/06/2023
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	Mr Ang	ID No.	NIL
Related Vehicle	SGC6936L (Car)	Contact No.	97666883
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

Brief Details.

On the above mention date, time and location, I was Riding my motorcycle along Pasir ris st 71. I then stopped my motorcycle at the traffic light behind a SBS Bus. Suddenly I was being rear ended by the mention vehicle. Subsequently, the driver came down and we exchange our particular and contact number. After the accident, I went to Central 24-hr clinic (Tampines) for checkup as I felt pain on neck area and bruises on my left leg area. I was given 2 days MC (MC No: 0000047645).



**SINGAPORE
POLICE FORCE**



T/20230605/2058

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Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

3 of 3

Report No. T/20230605/2058

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

G /
SGT 2 LIM JIA XIANG

Signature Of Informant:

Signature Of Interpreter:
Not applicableDate/Time:
05/06/2023 15:03Officer In Charge Of Case:
TP / AEIT /
SR STAFF SGT MUHAMMAD NOOR BIN
ABDUL RAHMAN
Contact No.: 65476219

Classification Of Case:

NP168