



## 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	14/06/2023 11:32 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/06/2023 17:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 127A KIM TIAN ROAD CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK6264J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN KUAN MENG
NRIC No	SXXXX670H
Email Address	keeeve71@gmail.com
Mobile Phone No	(Phone) +65-83008677
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	CB400REVO
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	400

### INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P20695727R01

### DRIVER

Name of Driver	TAN KUAN MENG
NRIC No	SXXXX670H
Date Of Birth	09/02/1971
Occupation	Indoor



Date Of Driving Pass	27/12/1990
Driving experience	32 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83008677
Alt. Phone Number	-
Email Address	keeeve71@gmail.com
Address	BLK 105 JALAN BUKIT MERAH #11-1946
Address complement	BLK 105 JALAN BUKIT MERAH #11-1946
Postcode	160105
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	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?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	-

#### PASSENGER 1

Name	YIP SOO LI
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO ATTACHED

#### 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	SNJ5875R
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)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	TAN KUAN MENG
Gender	Male
Phone No	(Phone) +65-83008677
Address	BLK105 JALAN BUKIT MERAH #11-1946
Address Complement	BLK105 JALAN BUKIT MERAH #11-1946
Post Code	160105
Approximate Age Years Old	52
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-



### INJURED 2

Name of injured person	YIP SOO LI
Gender	Female
Phone No	-
Address	BLK 107 JALAN BUKIT MERAH #11-1822
Address Complement	BLK 107 JALAN BUKIT MERAH #11-1822
Post Code	160107
Approximate Age Years Old	28
Injuries Sustained	-
Injured person in which vehicle?	FBK6264J
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

**Describe Circumstance of the Accident**

At or about 17:00PM, I was riding out from Camogie Bk 17A Km  
 Tan Road. into a two lane Road outside the camp. A car SNJ587SR  
 (Black Arab) coming down from the upward lane in a ~~fast~~ fast speed  
 hit my motorcycle before the front tyre could reach the middle  
 white line. My passenger and I then fell on the right side of the  
 bike. We both suffer minor injury.

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

⇒  12th June 2023 ⇒ 

Police Officer's Signature / Date & Time

Accused Driver's Signature and driver is not the policyholder / Date & Time

Witnessed by Reporting Officer's Personal / Name and NR-002 stamp





**SKETCH PLAN**

**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to avoid any delay in the claims process.
2. This Form must be completed by the Driver involved in the actual Driver.
3. Information provided must be as truthful and accurate as possible. Any false misrepresentation or withholding of material facts may allow insurance companies to reject the amount due.
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 Civil Records Management Centre, administered by the General Insurance Association of Singapore (GIAS) 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 to the Insurers.
8. **Consent under the Personal Data Protection Act (PDPA):**  
I understand, acknowledge, agree and consent that:  
(a) My insurer, my workshop or the General Insurance Association of Singapore (GIAS) may lawfully collect, use, disclose and/or process my personal data for personal information defined in the [Act] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and a true and accurate copy of Personal Information shall be provided to all insured(s) who have insured vehicle(s) involved in this accident (all insured(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/solicitors, the Monetary Authority of Singapore and any relevant government agency/authority (all of the above for the purpose of or:  
(i) processing handling and/or dealing with my claim including the settlement of the claim; and any need to connect put and/or relating to the claim;  
(ii) investigating the accident and/or its claims;  
(iii) sending out and/or dealing with my instructions or responding to my enquiries/claims;  
(iv) administering my claims including the claims of correspondence, statements, reviews, reports or future claims, which could involve disclosure of certain personal data about me to bring about delivery of the claim as well as on the external order of email/parcel or packages); and/or  
(v) complying with applicable laws/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/solicitors may lawfully collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and  
(c) my Personal Information may lawfully be disclosed to the Insurers and/or GIAS to their third party service providers, if any, and/or their lawyers/solicitors, which may be located outside of Singapore, for one or more of the above Purposes.

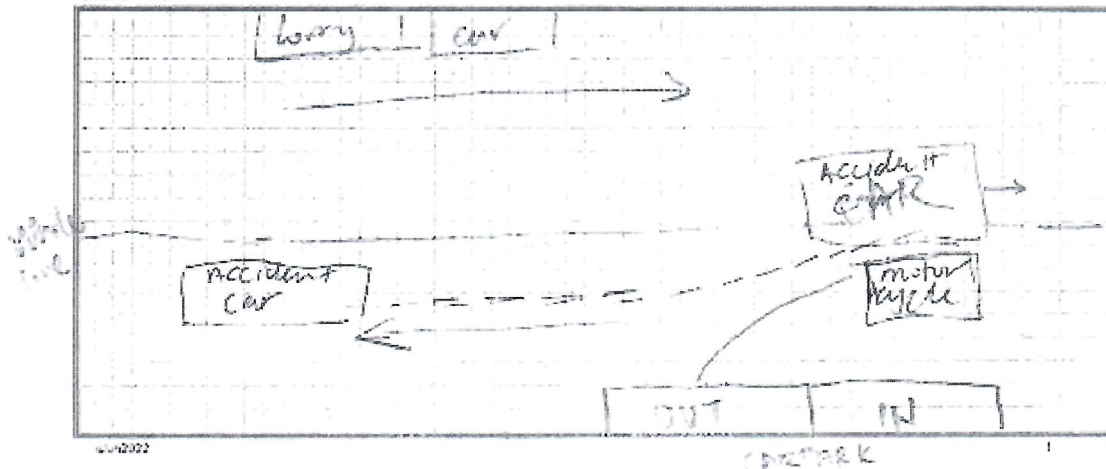
Policyholders Signature / Date & Time  
12th June 2023

Actual Driver's Signature (if involved in the accident) (Date & Time)

Witness by Reporter / Centre Personnel (Name and HNIC / Signature)



**Sketch Plan**





**SINGAPORE  
POLICE FORCE**



T/20230614/2053

1 of 3

Report No. T/20230614/2053

Police Station Of Origin:  
Tiong Bahru NPP  
128 Kim Tian Road #01-123 SINGAPORE  
160128  
Tel No: 1800-2739999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/06/2023 15:04	Vide Report No.:	Station Diary No.: 15
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**Informant's Particulars**

Name of Informant: TAN KUAN MENG	Address: APT BLK 105 JALAN BUKIT MERAH #11-1946 SINGAPORE 160105
ID Type / ID No.: NRIC NO / S7105670H	Contact No.: Home/Office: Mobile: 83008677
Nationality: SINGAPORE CITIZEN	Email: keeeve71@gmail.com
Sex: Age: Date of Birth: Male 52 09/02/1971	Type of Informant: Rider
Race: Chinese	Language: English
Occupation: Unemployed	Driving Licence Information: Class: 2B,2A,3A Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/06/2023 17:20	Type of Location: Straight Road
Location:  KIM TIAN ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow Two Way		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK6264J	Motorcycle	HONDA	CB400SF MANUAL	Blue	Slightly Damaged	1
SNJ5875R	Car	HONDA	FREED	Black	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK6264J	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	P20695727R01	28/03/2023	27/03/2024

Budget Direct Insurance



**SINGAPORE  
POLICE FORCE**



T/20230614/2053

Police Station Of Origin:  
Tiong Bahru NPP  
128 Kim Tian Road #01-123 SINGAPORE  
160128  
Tel No: 1800-2739999

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Report No. T/20230614/2053

**CONTINUATION OF REPORT**

**Brief Details.**

On 10/6/2023 at about 1720hrs, I was riding my motorcycle out of the Multi Storey Carpark (MSCP) located at 127 Kim Tian Road. As I exited the MSCP, into the two lanes (two ways) road outside, and at outside, a car came down from the road, against the flow of the traffic in a fast speed towards the exit. The car collided into my motorcycle before my motorcycle front tyre could reach the middle white line of the two lanes road.

My female pillion namely Yip Soo Li Chloe (hp: 83659267) and I fell on to the right side and we both suffered minor injury. My motorcycle right lever was bend, two front forks have oil leakage, a few crack lines on the headlight, a slight dent on the exhaust pipe and slight dent on the right side of the pillion foot rest.

On 12/6/2023 morning, my pillion and I went to Outram Polyclinic to see the doctor because we were still experiencing pain from the injury caused by the accident. I was given three days Medical Leave from 12/6/2023 to 14/6/2023. And my female pillion was given one day Medical Leave from 12/6/2023 to 12/6/2023 instead of three days Medical Leave because she requested as she has to work.

The driver was not injured and the car front right side bumper was cracked.

The details of my motorcycle are as follows:  
Registration plate: FBK6264J  
Model: Honda Superfour CB400, blue colour

The details of the car are as follows:  
Registration plate number: SNJ5875R  
Model: Honda Freed, black colour

The details of the car owner are as follows:  
Name: Chia Hwa Nang  
NRIC: S0474747Z  
Address: 8B Upper Boon Keng Road #09-528 S(382008)

I wish to state that I forgot to exchange contact number with the driver.





**SINGAPORE  
POLICE FORCE**



T/20230614/2053

3 of 3

Report No. T/20230614/2053

Police Station Of Origin:  
Tiong Bahru NPP  
128 Kim Tian Road #01-123 SINGAPORE  
160128  
Tel No: 1800-2739999

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report:

A /  
SR STAFF SGT ELSON SIM JUN  
SHENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/06/2023 15:04

Officer In Charge Of Case:

TP / AEIT /  
SSI TAY CHUN KEEN  
Contact No.: 65476436

Classification Of Case:

NP168