



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 First Submission | 11/11/2024 11:41 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 08/11/2024 11:00 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | FERNVALE ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | FBG3386G |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | NG THIAN PAU |
| NRIC No | SXXXX099I |
| Email Address | NGTHIANPAU@GMAIL.COM |
| Mobile Phone No | (Phone) +65-96711466 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Yamaha |
| Model | NMAX 155 |
| 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 | Auto |
| CC | 0 |
| Vehicle Fuel | Petrol |
| First Registration Date | 29/04/2022 |
| Chassis no | MH3SG5680NK130541 |
| Effective Date/Time of Ownership | 29/04/2022 00:00 (SGT) |

INSURANCE COMPANY

| | |
|---|--------------------------|
| Name of Insurance Company | Income Insurance Limited |
| Policy Number / Cover Note Number | 5127237866-02 |

DRIVER



| | |
|--|--|
| Name of Driver | NG THIAN PAU |
| NRIC No | SXXXX099I |
| Date Of Birth | 09/11/1966 |
| Occupation | Outdoor |
| Driving Pass Date | 10/09/1985 |
| Driving License Pass Class | 2B |
| Driving License Validity | Valid |
| Driving experience | 39 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96711466 |
| Alt. Phone Number | - |
| Email Address | NGTHIANPAU@GMAIL.COM |
| Address | APT BLK 432A SENGKANG WEST WAY #18-507 |
| Address complement | - |
| Postcode | 791432 |
| 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? | 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 | Punggol Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18006049999 |
| Alt. Police Station Phone No | (Fax) +65-64468015 |
| Police Station Address | Blk 21A Tebing Lane Singapore 828837 |
| 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 | GBJ3200T |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | PERUMAL SARAVANAN |
| 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 | NG THIAN PAU |
| Gender | Male |
| Phone No | (Phone) +65-96711466 |
| Address | APT BLK 432A SENGKANG WEST WAY #18-507 |
| Address Complement | - |
| Post Code | 791432 |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | FBG3386G |
| Were seat belts worn? | No |
| Was this injured conveyed to hospital by ambulance? | Yes |

SKETCH PLAN

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature]
Policyholder's Signature / Date & Time

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

LENG
Witnessed by Reporting Centre Personnel

Sketch Plan

| | | |
|----------------------|--|--|
| <p>Fernvale Road</p> | <p>A = FBG 3386 G B = GBJ 3200 J</p> | |
|----------------------|--|--|

Refer to police report.

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel


**SINGAPORE
POLICE FORCE**


T/20241108/2097

1 of 3

Report No. T/20241108/2097

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made: 08/11/2024 22:38 | Vide Report No.: F/20241108/0076 | Station Diary No.: 51 |
|--|-------------------------------------|--------------------------|

Informant's Particulars

| | | | | |
|--|------------|------------------------------|---|--|
| Name of Informant: NG THIAN PAU | | | Address: 432A SENGKANG WEST WAY #18-507 SINGAPORE 791432 | |
| ID Type / ID No.: NRIC NO / S2646099I | | | Contact No.: Home/Office: Mobile: 96711466 | |
| Nationality: SINGAPORE CITIZEN | | | Email: | |
| Sex: Male | Age: 57 | Date of Birth: 09/11/1966 | Type of Informant: Rider | |
| Race: Chinese | | | Language: | |
| Occupation: DELIVERY RIDER | | | Driving Licence Information: Class: 2B.3 Date of Expiry: | |

General Information of the Accident

| | | | | |
|--|---------------------------------|---|---|---|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 08/11/2024 11:00 | Type of Location: X-Junction |
| Location: FERNVALE ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | | |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|------|-------|-------|----------------------|-----------------|
| FBG3386G | Motorcycle | | | | Seriously Damaged | 0 |
| GBJ3200T | Lorry | | | | Slightly Damaged | 0 |

Details of Person Involved

| | | | | | |
|---------------------------------|--------------------------------|--|--|--|--|
| Any Pedestrian Involved: No | | | | | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA | | | | |



**SINGAPORE
POLICE FORCE**



T/20241108/2097

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

2 of 3

Report No. T/20241108/2097

CONTINUATION OF REPORT

| Rider | | | |
|-----------------------------------|-----------------------|-----------|---|
| Name | NG THIAN PAU | | ID No. S2646099I |
| Related Vehicle | FBG3386G (Motorcycle) | | Contact No. 96711466 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Class: 2B,3 Date of Expiry: NIL |
| Date Treatment | 08/11/2024 | | Date Discharge 08/11/2024 |
| No. of Days granted Medical Leave | 05 | Degree of | Slight |
| Name | | | |
| Name | Perumal Saravanan | | ID No. G3840968P |
| Related Vehicle | GBJ3200T (Lorry) | | Contact No. 84830460 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | | Date Discharge NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL |

Brief Details.

On the 8/11/2024 at about 1100hrs, I was riding my motorcycle bearing FBG3386G along Fernvale Road towards Seletar mall direction at the middle lane and as I was approaching the cross junction of Fernvale Road and Sengkang West Way, I observed that the traffic light was green and it was in my favor, hence I continued riding straight.

I was travelling between the speed of 50km/hr to 60km/hr, as I was travelling within the said cross junction, one lorry bearing GBJ3200T had suddenly collided onto the front right of my motorcycle. Due to the collision, my motorcycle had slide and resulted my right shoulder to be injured.

Traffic Police and Ambulance had attended to me and I was issued with a case card reference F/20241108/0076. I was conveyed to Sengkang General Hospital and was issued with 5 days medical certificate reference EMD2024158877 hence I am lodging this report.



**SINGAPORE
POLICE FORCE**



T/20241108/2097

3 of 3

Report No. T/20241108/2097

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

CONTINUATION OF REPORT

Signature of Officer Recording The
F /
SGT 2 DARREL CHOO YU WEI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SGT 3 MUHAMMAD RAIMIE BIN ABDUL
KARIM
Contact No.: 65476246

NP168

Signature Of Informant:

Date/Time:
08/11/2024 22:38

Classification Of Case: