

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	25/06/2024 17:04 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/06/2024 12:50 (SGT)
Exact Location of Accident	209 Hougang St 21, Singapore 530209
Additional Location Information	209 HOUGANG ST 21 - CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH3806G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG KIAN HO
NRIC No	SXXXX539C
Email Address	kentng777@yahoo.com
Mobile Phone No	(Phone) +65-81213299
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Pcx150a
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	150
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

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

DRIVER

Name of Driver	NG KIAN HO
NRIC No	SXXXX539C
Date Of Birth	03/01/1965
Occupation	Indoor
Driving Pass Date	14/07/1992
Driving License Pass Class	2B
Driving License Validity	Valid
Driving experience	31 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81213299
Alt. Phone Number	-
Email Address	kentng777@yahoo.com
Address	11 YIO CHU KANG ROAD
Address complement	#02-12 SPACE @ KOVAN
Postcode	545679
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	FBW3156D
Insurance Company of Other Vehicle Owned by Driver	Liberty Insurance Pte Ltd

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
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)	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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO TRAFFIC ACCIDENT REPORT NO. T/20240625/7058 ATTACHED
BIKE FELL ONTO THR LEFT AFTER THE ACCIDENT

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	YR1029X
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Goods 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	NG KIAN HO
Gender	Male
Phone No	(Phone) +65-81213299
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBH3806G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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' 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

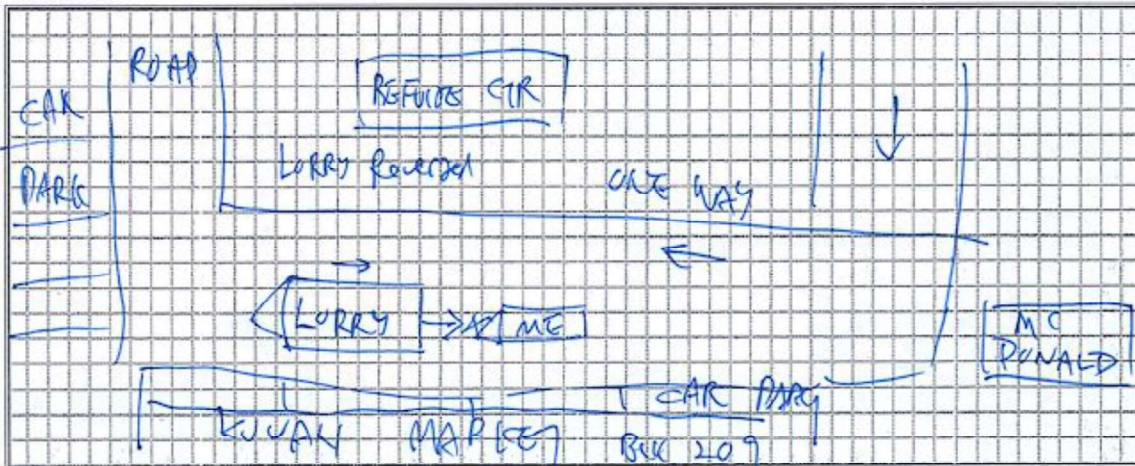
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) *Tan Chor Lay/232R*

Sketch Plan



vJun2022

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Describe Circumstance of the Accident

Refer to Traffic Accident Report NO. T/20240625/7058 attached

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)

Witnessed by Reporting Centre Personnel

Q







































**SINGAPORE
POLICE FORCE**



T/20240625/7058

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20240625/7058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/06/2024 15:20	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: Ng Kian ho	Address: 11 YIO CHU KANG ROAD #02-12 SPACE @ KOVAN SINGAPORE 545679		
ID Type / ID No.: NRIC NO / S2590539C	Contact No.: Home/Office: Mobile: 81213299		
Nationality: SINGAPORE CITIZEN	Email: kentng7a@yahoo.com		
Sex: Male	Age: 59	Date of Birth: 03/01/1965	Type of Informant: Rider
Race: Chinese	Language: English		
Occupation: station manager	Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/06/2024 12:50	Type of Location: Car Park
Location: HOUGANG STREET 21				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
FBH3806G	Motorcycle	HONDA		Grey	Slightly Damaged	0
YR1029X	Lorry	TOYOTA			No Damage	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
FBH3806G	Budget direct			



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



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Report No. T/20240625/7058

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NG KIAN HO	ID No.	S2590539C
Related Vehicle	FBH3806G (Motorcycle)	Contact No.	81213299
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	Slight
Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	YR1029X (Lorry)	Contact No.	NIL
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 (MC)	NIL	Degree of Injury	NIL

Brief Details.

I was following at behind the lorry. TR1029X. The vehicle reversed and knocked me at behind. No ambulance or traffic police attended to us.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20240625/7058

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Report No. T/20240625/7058

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
NORA BTE BACHOK
Contact No.: 65476172

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

Date/Time:
25/06/2024 15:20

Classification Of Case:

This report is lodged at Woodleigh NPC Kiosk 2
NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: 2B0F246P0001 Vehicle Registration No: F0H 38069
 Name (as shown in NRIC): Ng Kian Ho NRIC/FIN/Passport No: _____
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 11 Yio Chu Kang Road #02-12 Singapore (555678)
 Contact (Tel): _____ Mobile No.: 81213299
 Email Address: Kentng777@phoo.com
 Date of Accident: 25/06/2024 Time of Accident: 12:50
 Place of Accident: 209 Hougang GT 21 Car Park
 Insurance Company: Auto & General Insurance (Singapore) Pte Ltd.

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To add the accident statement

Bike Fell onto the left after the accident

Policyholder / Driver's Signature

Date: 22/10/2024

Reporting Centre Personnel's Signature

Name: Tan Chae Lal

NRIC/FIN No.: 2358

Date: 22/10/2024

GIARMC Addendum Form