

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	09/07/2024 17:39 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/06/2024 11:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Cantonment Link
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBT1810T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Ng Kwang Meng
NRIC No	SXXXX533C
Email Address	steven_9168@hatmail.com
Mobile Phone No	(Phone) +65-92718523
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	NMAX 155 ABS CVT
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	5124720677-02

DRIVER

Name of Driver	Ng Kwang Meng
NRIC No	SXXXX533C
Date Of Birth	30/06/1981
Occupation	Outdoor

Driving Pass Date	16/10/2002
Driving experience	21 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92718523
Alt. Phone Number	-
Email Address	steven_9168@hotmail.com
Address	333D Anchorvale Link #13-306 S544333
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 - 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?	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	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
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?	Yes
Reasons for not uploading a video of the accident	File with owner

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG9709U
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	Ng KwangMeng
Gender	Male
Phone No	(Phone) +65-97218523
Address	333D Anchorvale Link #13-306 S544333
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	5 Days MC
Injured person in which vehicle?	FBT1810T
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

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

 1700 hrs
9/7/2024

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/20240629/2093

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20240629/2093

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/06/2024 23:11	Vide Report No.:	Station Diary No.: 119
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Informant's Particulars

Name of Informant: NG KWANG MENG			Address: 333D ANCHORVALE LINK #13-306 SINGAPORE 544333		
ID Type / ID No.: NRIC NO / S8189533C			Contact No.: Home/Office: Mobile: 92718523		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 42	Date of Birth: 30/06/1981	Type of Informant: Rider		
Race: Chinese			Language:		
Occupation: Grab Rider			Driving Licence Information: Class: 2B,3,4A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 29/06/2024 11:25	Type of Location: Bend
Location: CANTONMENT LINK				
Weather: Clear		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
FBT1810T	Motorcycle	YAMAHA	N-MAX 155	Silver	Seriously Damaged	0
GBG9709U	Motor van	NISSAN		White	Slightly Damaged	0

Details of Person Involved

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



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545025
Tel No: 1800-343 8999

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Report No. T/20240629/2093

CONTINUATION OF REPORT

Rider			
Name	NG KWANG MENG	ID No.	S8189533C
Related Vehicle	FBT1810T (Motorcycle)	Contact No.	92718523
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,3,4A Date of Expiry: NIL
Date Treatment	29/06/2024	Date Discharge	29/06/2024
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On 29/06/2024 at about 1125hrs, while I was turning into Cantonment Road from Cantonment Link, an accident occurred between my motorcycle (FBT1810T - V1) and another van (GBG9709U - V2).

I would like to inform that I was stop at the stop line at the right filter lane. As I was looking out for oncoming traffic from Cantonment Road, V2 collided into the back of my vehicle, V1

Due to the accident, I was conveyed to Singapore General Hospital and was given 5 days MC from 29/06/2024 to 03/07/2024.

I would also like to inform that I have sustained injuries to my neck, lower back and right feet area.



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Report No. T/20240629/2093

CONTINUATION OF REPORT

Signature of Officer Recording The
F /
SGT 2 CHU YONG KANG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
ASP (1) JOHNSON LEE WEE SIONG
Contact No.: 67957400

Signature Of Informant:

Date/Time:
29/06/2024 23:11

Classification Of Case:

NP168