

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 Authorised 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 ability.
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 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 Report	13/11/2017 18:36
Date Of Accident	12/11/2017 19:25
Exact Location Of Accident	ALONG SOUTH BRIDGE RD JUST OUTSIDE CIRCULAR RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBE2921D
Insured/Policyholder	
Name Of Registered Owner	TIM NGIAP CHYE
NRIC No	S8140377E
Email Address	RTIMNC@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96689027
Alternative Phone No	OTHERS-96689027
Vehicle Particulars	
Manufacturer	SUZUKI
Model	AN125HK-124CC (A)
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5079974310-01
Cover Note Number	
Driver	
Name of Driver	TIM NGIAP CHYE
NRIC No	S8140377E
Date Of Birth	09/12/1981
Occupation	INDOOR
Date Of Driving Pass	14/05/2001
Driving Experience	16 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96689027
Fax Number	
Contact Number	OTHERS-96689027
EEmail Address	RTIMNC@GMAIL.COM

Address	BLK 538 UPPER CROSS ROAD #13-270
Postcode	050538
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171113/2115

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD269B
Vehicle Make/Model/Colour	RENAULT (TAXI)
Details Of Properties	
Name of Driver	KAY KOK SENG
NRIC/Passport Number	S1212223C
Contact Number	97227031
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
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Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name TIM NGIAP CHYE

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBE2921D

Were seat belts worn?

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan

SKETCH PLAN

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6. The 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 13/11/17
1640 hrs

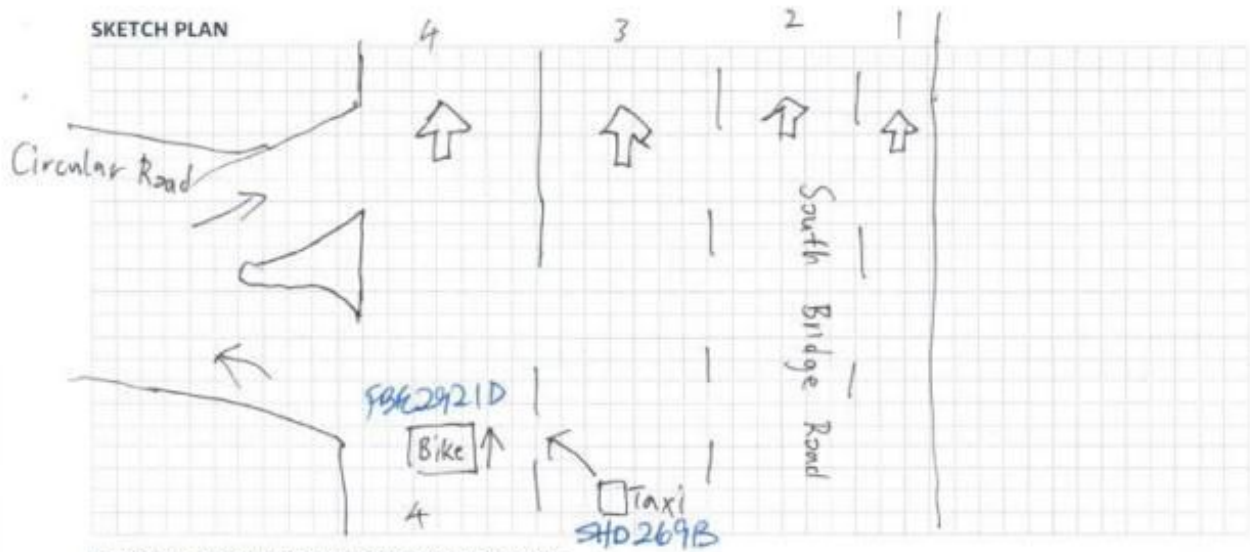
Driver's Signature

(if driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: Roski WATARS
NRIC/FIN No.:

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS Refer to Police Report

7/20/7/11/3/2015

DECLARATION

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

Policyholder's Signature

Date & Time: 13/11/17 1640hrs

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

13/11/2017
Rosdi Watanas

QUARTERMASTER/Driver 1/2

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20171113/2115

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3

Report No. T/20171113/2115

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/11/2017 15:43	Vide Report No.:	Station Diary No.: 62
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Informant's Particulars

Name of Informant: TIM NGIAP CHYE			Address: APT BLK 538 UPPER CROSS STREET #13-270 SINGAPORE 050538		
ID Type / ID No.: NRIC NO / S8140377E			Contact No.: Home/Office: Mobile: 96689027		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 09/12/1981	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: ASSISTANT ENGINEER			Driving Licence Information: Class: 2B,2A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/11/2017 20:25	Type of Location: Straight Road
Location: Along Road 1 SOUTH BRIDGE ROAD				
Outside Circular Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE2921D	Motorcycle	SUZUKI	AN125HK	Black	Slightly Damaged	0
SHD269B	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE2921D	NTUC Income Insurance Co-Operative Limited	5079974310-01	22/08/2017	21/08/2018

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20171113/2115

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Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20171113/2115

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	TIM NGIAP CHYE	ID No.	S8140377E
Related Vehicle	FBE2921D (Motorcycle)	Contact No.	96689027
Hospital/Clinic	ALEXANDRA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	12/11/2017	Date Discharge	12/11/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 12/11/2017 at about 2025hrs, I was riding along South Bridge Road on the most left lane at around 30-40km/hr. Suddenly, I was hit by a car (SHD269B) from the right. My bike fell and I was tossed away from my bike. I sustained injury to several parts of my body. Some parts are aching, and also cuts to my hands and elbow. My bike suffered damages on the front center and rear, all on the right side of the bike. I managed to exchange particulars with the driver. He then drove me to the hospital after I brought my bike to a nearby car park. The taxi driver persuaded me to settle privately initially, but we eventually decided to go for insurance claim. I visited Alexandra Hospital and was given 3 days MC from 12/11/2017 to 13/11/2017.

Sketch Plan #5



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999



T/20171113/2115

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Report No. T/20171113/2115

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

D /

Sgt 2 ROGER GOH XIN YAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt LEE SOON LYE

Contact No.: 65476239

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

13/11/2017 15:43

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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