

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	08/01/2018 15:31
Date Of Accident	05/01/2018 09:10
Exact Location Of Accident	OUTSIDE NO. 5 TUAS AVENUE 6 (S) 639295
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH8054B
Insured/Policyholder	
Name Of Registered Owner	GIAM CHONG
NRIC No	S8837263H
Email Address	GIAMCHONG.06@ICHAT.SP.EDU.SG
Mobile Phone No	(LOCAL) +65-92705050
Alternative Phone No	OFFICE-65954275

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ 16
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
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	5071499169-02
Cover Note Number	

Driver

Name of Driver	GIAM CHONG
NRIC No	S8837263H
Date Of Birth	07/10/1988
Occupation	INDOOR
Date Of Driving Pass	29/04/2015
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92705050
Fax Number	
Contact Number	OFFICE-65954275
Email Address	GIAMCHONG.06@ICHAT.SP.EDU.SG

Address	BLK 272 BISHAN STREET 24 #12-226
Postcode	570272
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	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ACCIDENT STATEMENT AS ATTACHED.

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	SHD6725L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NG CHEE BENG
NRIC/Passport Number	S1787773I
Contact Number	82225365
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

DETAILS OF INJURED PERSON 1

Name GIAM CHONG
Approximate Age 29
Injuries Sustain SLIGHT DEGREE OF INJURY
Injured person in which vehicle? FBH8054B
Were seat belts worn? NO
Was this injured conveyed to hospital by ambulance? NO
Address BLK 272 BISHAN STREET 24
#12-226
Postcode 570272

Sketch Plan

SKETCH PLAN

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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: 08 JAN 2018 1540

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

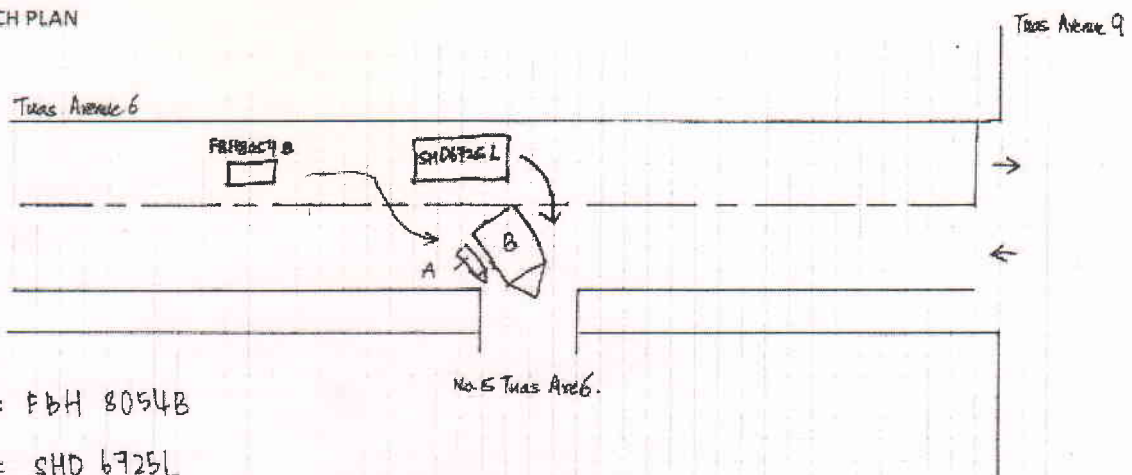
Jdelle Tan

AMEK AUTOPPOINT PTE LTD

08-01-2018

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO POLICE REPORT T/20180106/2068

AS ATTACHED.

DECLARATION

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

Policyholder's Signature

Date & Time: 08 JAN 2018 1540

Driver's Signature _____

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: AME AUTOPOINT PTE LTD

NRIC/FIN No.: 0801.2018



SINGAPORE POLICE FORCE



T/20180106/2068

1 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20180106/2068

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/01/2018 14:04		Vide Report No.:		Station Diary No.: 63	
Informant's Particulars					
Name of Informant: GIAM CHONG			Address: APT BLK 272 BISHAN STREET 24 #12-226 SINGAPORE 570272		
ID Type / ID No.: NRIC NO / S8837263H			Contact No.: Home/Office: Mobile: 92705050		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 07/10/1988	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Marine engineer (shore-based)			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/01/2018 09:10	Type of Location: Straight Road
Location: Along Road 1 TUAS AVENUE 6				
Outside Ohgitani (S) Pte Ltd				
Weather: Drizzling		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
FBH8054B	Motorcycle	YAMAHA	FZ 16	Black	Slightly Damaged	1
SHD6725L	Car				Slightly Damaged	2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH8054B	NTUC Income Insurance Co-Operative Limited	5071499169-02	08/05/2017	07/05/2018



**SINGAPORE
POLICE FORCE**



T/20180106/2068

2 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20180106/2068

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	GIAM CHONG	ID No.	S8837263H
Related Vehicle	FBH8054B (Motorcycle)	Contact No.	92705050
Hospital/Clinic	EJ FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	05/01/2018	Date Discharge	05/01/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	NG CHEE BENG	ID No.	S1787773I
Related Vehicle	SHD6725L (Car)	Contact No.	82225365
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	NIL	Degree of Injury	NIL

Brief Details.

On 5/1/2018 at about 9.10am, I was riding on my motorcycle (FBH8054B) along Tuas Ave 6 on the way to work. There was a white Mercedes taxi (SHD6725L) in front of me. Subsequently, the taxi suddenly turned right into the slip road leading to 5 Tuas Ave 6 without signalling. In order to avoid collision with the taxi, I swerved my motorcycle to my right. However, we still collided and I fell off my motorcycle. I wish to mention that before the taxi turned right, the car was in the middle of the lane. However, my motorcycle was near the right edge of the lane as I had intended to turn right to Tuas Ave 9. As such, it was not apparent to me that the driver of the taxi intended to turn right. I also wish to add on that my speed did not exceed 30km/h.

I do not have any helmet camera and I was unsure if there were CCTVs in the vicinity of the accident. I also observed that there was an in car camera in the taxi but is unsure if it is working.

I sustained abrasions and bruises over my body and was given 3 days MC from 5/1/2018 to 7/1/2018 inclusive.

I am lodging this report in compliance with the Road Traffic Act and also for my insurance claim.



**SINGAPORE
POLICE FORCE**



T/20180106/2068

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

3 of 3

Report No. T/20180106/2068

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:

E /
Insp SOH WEI HAO

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /
Sr Staff Sgt MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

SN 070

Authentication Stamp

NP168

Signature :

Singapore Police Force

Signature Of Informant:

Date/Time:

06/01/2018 14:04

Classification Of Case: