

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 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	29/01/2018 16:35
Date Of Accident	27/01/2018 22:20
Exact Location Of Accident	ALONG HOUGANG AVE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FU1175R
Insured/Policyholder	
Name Of Registered Owner	TOH CHEE BENG
NRIC No	S1422455F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97328119
Alternative Phone No	OTHERS-97328119

Vehicle Particulars

Manufacturer	HONDA
Model	PHANTOM
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
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	0082006365-14
Cover Note Number	

Driver

Name of Driver	TOH YOU JUN
NRIC No	S9331676B
Date Of Birth	27/08/1993
Occupation	INDOOR
Date Of Driving Pass	02/07/2015
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97328119
Fax Number	
Contact Number	OTHERS-97328119
EEmail Address	NOEMAIL

Address	BLK 420 HOUGANG AVE 10 #08-317
Postcode	530420
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

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 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	HOGANG N.P.C
Police Station Address	ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180128/2102

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	SBW2853Y
Vehicle Make/Model/Colour	HONDA CIVIC
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG JIA RONG
NRIC/Passport Number	S8841446B
Contact Number	81386369
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TOH YOU JUN

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? FU1175R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan

SKETCH PLAN


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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. 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.

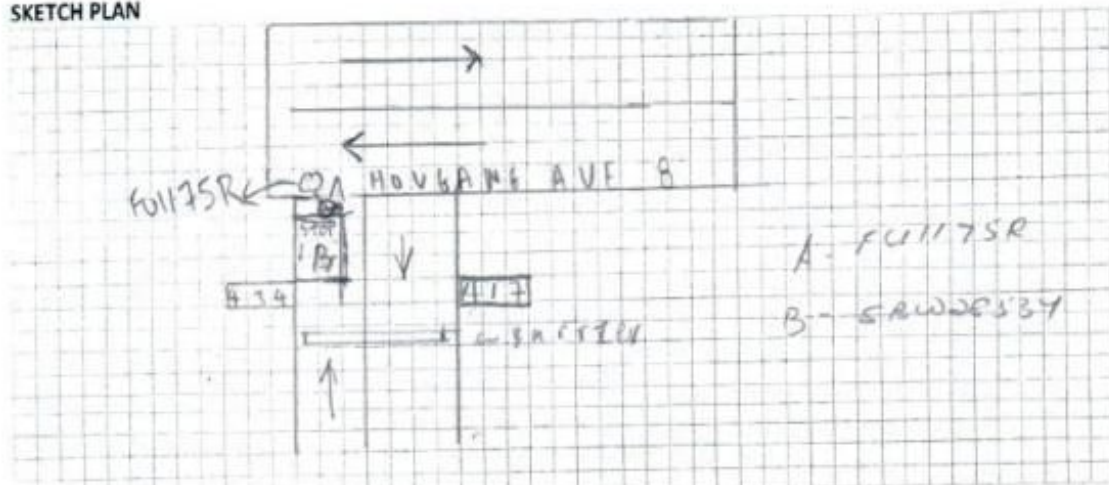
Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:

 29/01/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20180128/2102

DECLARATION

I/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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180128/2102

2 of 3

Report No. T/20180128/2102

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

CONTINUATION OF REPORT

Rider			
Name	TOH YOU JUN	ID No.	S9331676B
Related Vehicle	FU1175R (Motorcycle)	Contact No.	97328119
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	28/01/2018	Date Discharge	28/01/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	ANG JIA RONG	ID No.	S8841446B
Related Vehicle	SBW2853Y (Car)	Contact No.	81386369
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 27/01/2018 at about 2220hrs, I was riding my motorcycle. It is a Red Honda Phantom bearing the registration plate number FU1175R. I just exited the Open Carpark gantry of Blk 417 Hougang Avenue 8. There was a Stop Line before the Left Turn into Hougang Avenue 8. I stopped at the Stop Line and looked out for oncoming Traffic. Moments later, my motorcycle was hit from the rear and I fell onto the road while holding onto my motorcycle's handle bar. I suffered some redness on my left neck.

On the same day, a person approached me. The person informed that he was the driver of the car that rear-ended my motorcycle. He was driving a Red Honda Civic bearing the registration plate number SBW2853Y. I made a check and my motorcycle's rack, back rear headlight and right side mirror was slightly damaged. No Ambulance or Police was at scene. No one required immediate medical attention. The driver had no passenger and I did not ride with any pillion. We exchanged particulars.

On the 28/01/2018 at about 0130hrs, I arrived at Changi General Hospital as I required some medical attention. On the same day I was discharged with Two days of medical leave. I have no CCTV footage of the accident. That is all.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180128/2102

1 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20180128/2102

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/01/2018 21:14	Vide Report No.:	Station Diary No.: 149
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Informant's Particulars

Name of Informant: TOH YOU JUN			Address: APT BLK 420 HOUGANG AVENUE 10 #08-317 SINGAPORE 530420	
ID Type / ID No.: NRIC NO / S9331676B			Contact No.: Home/Office:	Mobile: 97328119
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 24	Date of Birth: 27/08/1993	Type of Informant: Rider	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Student of ITE College Central			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/01/2018 22:20	Type of Location: Straight Road
Location: Along Road 1 HOUGANG AVENUE 8				
Stop Line before Left Turn into Hougang Avenue 8. After the Exit Gantry of Blk 417 Hougang Avenue 8.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Moving vehicle against a stationary motorcycle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FU1175R	Motorcycle	HONDA	PHANTOM	Red	Slightly Damaged	0
SBW2853Y	Car	HONDA	CIVIC	Red	Slightly Damaged	0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180128/2102

2 of 3

Report No. T/20180128/2102

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

CONTINUATION OF REPORT

Rider			
Name	TOH YOU JUN	ID No.	S9331676B
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Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	28/01/2018	Date Discharge	28/01/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	ANG JIA RONG	ID No.	S8841446B
Related Vehicle	SBW2853Y (Car)	Contact No.	81386369
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

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Police Report



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POLICE FORCE**



T/20180128/2102

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3


Report No. T/20180128/2102

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: F / Staff Sgt MUHAMMAD SALAMUN BIN AHMAD	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 28/01/2018 21:14
Officer In Charge Of Case: TP / GIT / Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No : 65476394	Classification Of Case: 814-085
Authentication Stamp NP168	