

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	05/02/2018 19:11
Date Of Accident	05/02/2018 13:00
Exact Location Of Accident	JUNCTION OF PUNGGOL ROAD AND TPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ4153P
Insured/Policyholder	
Name Of Registered Owner	NG KIM
NRIC No	S1288676D
Email Address	KNG.CCK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97362241
Alternative Phone No	OFFICE-97362241

Vehicle Particulars

Manufacturer	PIAGGIO
Model	MP3 300 LT-278CC
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING 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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5065739250-03
Cover Note Number	

Driver

Name of Driver	NG KIM
NRIC No	S1288676D
Date Of Birth	30/11/1958
Occupation	INDOOR
Date Of Driving Pass	20/12/1993
Driving Experience	24 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97362241
Fax Number	
Contact Number	OFFICE-97362241
EEmail Address	KNG.CCK@GMAIL.COM

Address	BLK 411 CHOA CHU KANG AVENUE 3 #12-351
Postcode	680411
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	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	2
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	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/20180205/2108

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	SJK722Z
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZHU JIENENG
NRIC/Passport Number	
Contact Number	81214806
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

NG KIM

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBJ4153P

Were seat belts worn?

Was this injured conveyed to hospital by
ambulance?

NO

Address

Postcode

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:

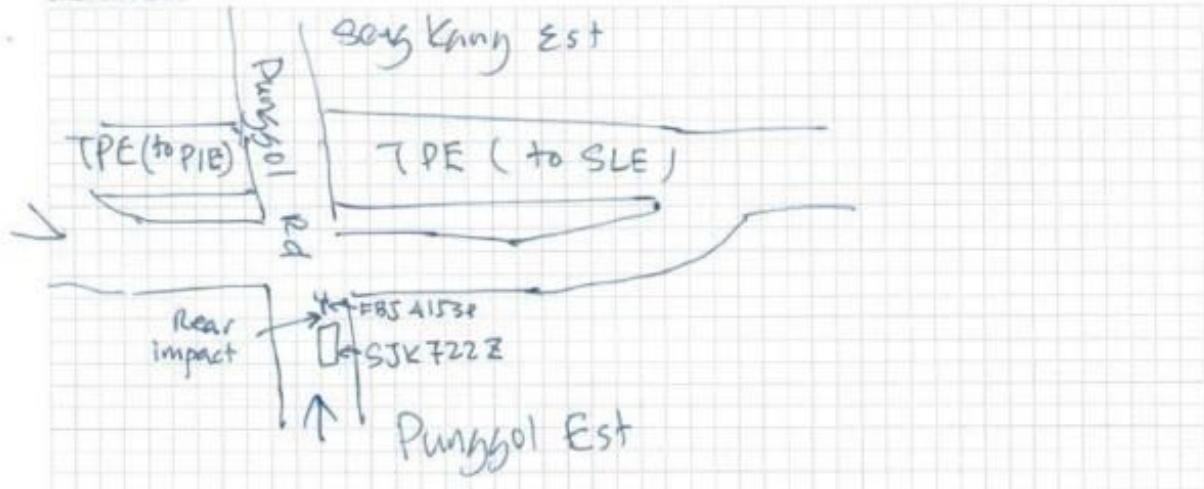
5/2/2018 (1625h)

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


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS REFER TO POLICE REPORT.
7/2018 0205/2108

DECLARATION

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

[Signature] 5/2/2018 (1630hrs)

Policyholder's Signature
Date & Time:

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

[Signature] 05/02/2018
Reporting Centre Personnel's Signature
Name: *Reda W...*
NRIC/FIN No.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180205/2108

1 of 3

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

Report No: T/20180205/2108

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/02/2018 15:51	Vide Report No.:	Station Diary No.: 56
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Informant's Particulars

Name of Informant: NG KIM	Address: APT BLK 411 CHOA CHU KANG AVENUE 3 #12-351 SINGAPORE 680411		
ID Type / ID No.: NRIC NO / S1288676D	Contact No.:	Mobile: 97362241	
Nationality: SINGAPORE CITIZEN	Home/Office:		
Sex: Male	Age: 59	Date of Birth: 30/11/1958	Email:
Race: Chinese	Type of Informant: Rider		Institution / School Name:
Occupation: ENGINEERING EXECUTIVE	Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/02/2018 13:00	Type of Location: Straight Road
Location: Along Road 1 PUNGGOL ROAD				
Along Punggol Road Junction of Punggol Road and TPE.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
FBJ4153P	Motorcycle	PIAGGIO	PIAGGIO MP3 300 LT	Grey	Slightly Damaged	0
SJK722Z	Car	HONDA		Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ4153P	NTUC Income Insurance Co-Operative Limited	5065739250-03	19/05/2017	18/05/2018

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20180205/2108

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

2 of 3

Report No. T/20180205/2108

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NG KIM	ID No.	S1288676D
Related Vehicle	FBJ4153P (Motorcycle)	Contact No.	97362241
Hospital/Clinic	SHALOM CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: 05/02/2018
Date Treatment	05/02/2018	Date Discharge	05/02/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	ZHU JIENENG	ID No.	NIL
Related Vehicle	SJK722Z (Car)	Contact No.	81214806
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 05/02/2018 at about 1300hrs, I was riding my motorbike, registration number FBJ4153P, along Punggol Road towards TPE. I then came to a stopped at the junction of Punggol Road and TPE, at the extreme right lane, waiting for the traffic light to turn green. Suddenly, I felt an impact from the rear. Due to that, I fell to the ground. The driver alighted from his vehicle and assisted me. We then exchanged particulars. I did not have any camera installed. I went to clinic for treatment and was given 3days of MC. I suffered swelling on my lower left leg and pain on my left arm.

Sketch Plan #5



SINGAPORE
POLICE FORCE



T/20180205/2108

3 of 3

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

Report No. T/20180205/2108

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 /
Staff Sgt NOORHIDAYAT BIN WAHID

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
05/02/2018 15:51

Officer In Charge Of Case:
TP / AEIT /
SSI 2 SITIMARSITA BINTE BOHARI
Contact No.: 65476219

Classification Of Case:

Authentication Stamp
NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

