

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 19:43
Date Of Accident	02/02/2018 18:05
Exact Location Of Accident	ALONG AYE TOWARDS CITY BEFORE EXIT 11
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD5680J
Insured/Policyholder	
Name Of Registered Owner	CHOY HOONG DAMIEN
NRIC No	S9415675J
Email Address	DAMIENCHY2@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90661925
Alternative Phone No	OFFICE-90661925

Vehicle Particulars

Manufacturer	HONDA
Model	CBR150R-150CC
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	5060766597-04
Cover Note Number	

Driver

Name of Driver	CHOY HOONG DAMIEN
NRIC No	S9415675J
Date Of Birth	30/04/1994
Occupation	INDOOR
Date Of Driving Pass	19/06/2013
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90661925
Fax Number	
Contact Number	OFFICE-90661925
Email Address	DAMIENCHY2@HOTMAIL.COM

Address	BLK 111B DEPOT ROAD #23-107
Postcode	102111
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	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	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 POLIUCE REPORT T/20180205/2117

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	SJP4242P
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEE GUAN CHOONG
NRIC/Passport Number	
Contact Number	97482242
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name CHOY HOONG DAMIEN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBD5680J

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:

05/01/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

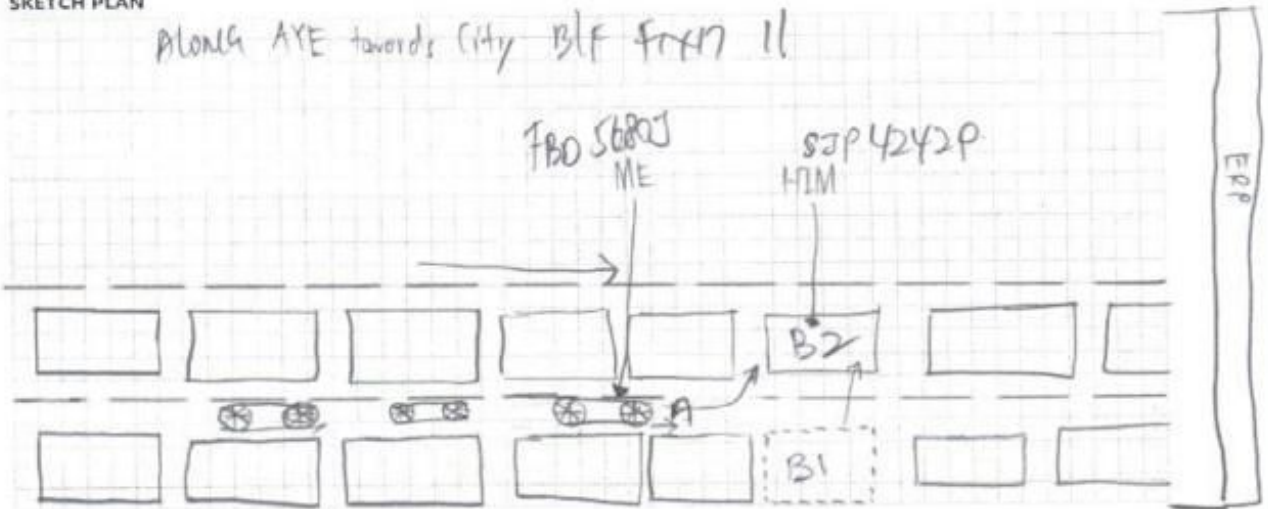
Name:

NRIC/FIN No.:

05/01/2018
Roshni Mathan

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

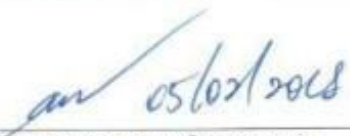
PS Refer to Police Report
7/20/80205/217

DECLARATION

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


Policyholder's Signature
Date & Time: 050218

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


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

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180205/2117

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

1 of 3

Report No. T/20180205/2117

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/02/2018 16:16		Vide Report No.:	Station Diary No.: 69
Informant's Particulars			
Name of Informant: CHOY HOONG DAMIEN		Address: APT BLK 111B DEPOT ROAD #23-107 SINGAPORE 102111	
ID Type / ID No.: NRIC NO / S9415675J		Contact No.: Home/Office: Mobile: 90661925	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 23	Date of Birth: 30/04/1994	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name: SMU
Occupation: STUDENT		Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/02/2018 18:05	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY Along AYE Towards City, before exit 11.				
Weather: Drizzling	Road Surface: Wet	Road Speed Limit:		
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
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
FBD5680J	Motorcycle	HONDA	CBR150R M	Black	Seriously Damaged	0
SJP4242P	Car	HONDA		Grey	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBD5680J	NTUC Income Insurance Co-Operative Limited	5060766597-04	29/04/2017	28/04/2018

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20180205/2117

2 of 3

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

Report No. T/20180205/2117

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHOY HOONG DAMIEN	ID No.	S9415675J
Related Vehicle	FBD5680J (Motorcycle)	Contact No.	90661925
Hospital/Clinic	SHALOM CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B 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	NIL
Driver			
Name	YEE GUAN CHOONG	ID No.	NIL
Related Vehicle	SJP4242P (Car)	Contact No.	97482242
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 02/02/2018 at about 1805hrs, I was riding my bike, registration number FBD5680J, along AYE towards City, near to exit 11B, travelling at the extreme right lane. During that point of time, the weather was drizzling, road surface was wet and the traffic volume was heavy. There was a grey car which was in front of me about two car length. Suddenly, the said car signaled left and switched lane at the same time. I tried avoiding by swerving a bit to the left. However, I could not avoid completely and hit on to the rear left of the said car. I fell to my right and my right leg was pinned by the bike and it causes me to skid forward few metres.

The driver stopped but did not assisted me. We managed to exchanged particulars. I suffered abrasions on my right elbow, right hip and right knee due to the accident. I was given MC for 3days.

Sketch Plan #5



**SINGAPORE
POLICE FORCE**



T/20180205/2117

3 of 3

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

Report No. T/20180205/2117

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 16:16

Officer In Charge Of Case:

TP / AEIT /
SI DZUL HAIRIE BIN RAMLI
Contact No.: 65476904

Classification Of Case:

SN 46

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



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : M1448018082 Vehicle Registration No : FBD 5680J
Name (as shown in NRIC) : Choy Hoon A Dominic NRIC/FIN/Passport No : S9415675J
(*Vehicle Driver/ Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 90661925
Email Address : _____
Date of Accident : 02/02/2018 Time of Accident : 18:05
Place of Accident : Along Dyke towards CNY before Exit 11
Insurance Company : NUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INQUIRY INTO PERSONAL (INSURED)

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name: Rosli Wani
NRIC/FIN No.: _____
Date: 05/02/2018

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S66500200 / GST Reg. No.: M400017733

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MUA18018082-01 Vehicle Registration No: PB05680J
Name (as shown in NRIC): CHAY HONG DAMIAN NRIC/FIN/Passport No: S9415675J
(*Vehicle Driver ☒ Vehicle Owner ☐) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 90661925
Email Address: _____
Date of Accident: 06/01/2018 Time of Accident: 18:05
Place of Accident: ALONG AYER KUNYAS CITY BEFORE FL 17 11
Insurance Company: NMC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INSURED ADDRESS TO DEPOT ROAD

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Kohli Wongs
NRIC/FIN No.:
Date: 06/01/2018