

## 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	07/02/2018 09:44
Date Of Accident	16/01/2018 10:00
Exact Location Of Accident	BUKIT BATOK WEST AVE 5 SLIP RD INTO BUKIT BATOK RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK8065D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BUKIT BATOK DRIVING CENTRE LTD
Co Reg No	198801155R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65943515

### Vehicle Particulars

Manufacturer	HONDA
Model	GLR125LWH
Exact Purpose for which vehicle was being used at time of accident	TRAINEE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	0073451220-14
Cover Note Number	

### Driver

Name of Driver	CHAN YI WEI,THEODORE
NRIC No	S9646717F
Date Of Birth	16/12/1996
Occupation	INDOOR
Date Of Driving Pass	16/01/2018
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-85699016
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 38 TEBAN GARDENS ROAD #03-321
Postcode	600038
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - STUDENT
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?	NO
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	HONG KAH NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 370 BUKIT BATOK STREET 31 , <b>POSTCODE:</b> 650370 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5679999 - <b>FAX NO:</b> 65652508
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

#### 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 Witness 1

Name	MUHAMMAD AZAD
Phone Number	90889380
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJH2149G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN

#### 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 liability.
- 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.

LUK LUK BATOK DRIVING CENTRE LTD  
815 LUK BATOK WEST AVENUE 5  
SINGAPORE 659085  
TEL: 6563 1233 FAX: 6563 0777

Policyholder's Signature  
Date & Time

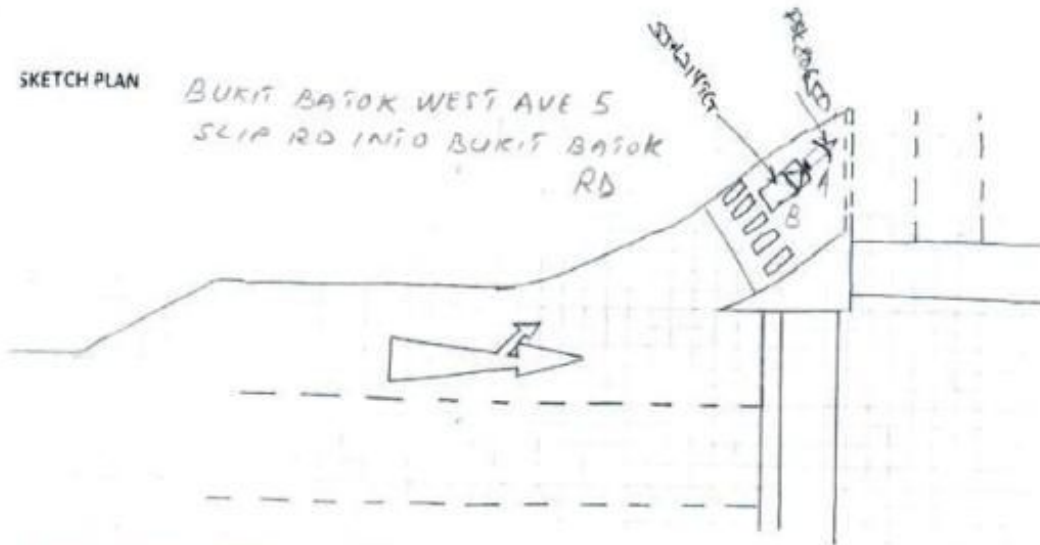
Driver's Signature  
(If driver is not the policyholder)  
Date & Time

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

## Sketch Plan #2

SKETCH PLAN

BUKIT BATOK WEST AVE 5  
SLIP RD INTO BUKIT BATOK  
RD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/1/18 @ 1000hrs, customer was doing the TP test At filter lane of Bukit Batok West Ave 5 into Bukit Batok Road, ~~customer~~ customer stopped at the give way line as there were traffic approaching. While waiting, the customer felt an impact on the rear of the motorcycle. Customer did not fall off and managed to stay on the motorcycle. Customer turned and saw a black car bearing registration plate SH2149G. Customer not sure what to do and proceed on with the test. The driver of the car just wave as if saying sorry and moved off. There was some damage to the rear of the motorcycle, the impact caused the license plate to bent and L plate broken.

BUKIT BATOK DRIVING CENTRE LTD

815 LUKK BATOK WEST AVENUE 5  
SINGAPORE 659085

TEL: 6561 1233 FAX: 6569 0777

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:

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180116/2133

1 of 3

Report No. T/20180116/2133

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/01/2018 17:15	Vide Report No.:	Station Diary No.: 42
--	------------------	--------------------------

### Informant's Particulars

Name of Informant: CHAN YI WEI, THEODORE			Address: APT BLK 38 TEBAN GARDENS ROAD #03-321 SINGAPORE 600038	
ID Type / ID No.: NRIC NO / S9646717F			Contact No.: Home/Office: Mobile: 85699016	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 21	Date of Birth: 16/12/1996	Type of Informant: Rider	
Race: Chinese			Language:	Institution / School Name: KAPLAN
Occupation: Student			Driving Licence Information: Class: Date of Expiry:	

### General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 16/01/2018 10:00	Type of Location:
Location: Along Road 1 BUKIT BATOK WEST AVENUE 5				
At the filter lane along Bukit Batok West Ave 5, turning left onto Bukit Batok Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
FBK8065D	Motorcycle				Slightly Damaged	0
SJH2149G	Car					0

### Details of Person Involved

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

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180116/2133

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

2 of 3

Report No. T/20180116/2133

### CONTINUATION OF REPORT

Rider			
Name	CHAN YI WEI, THEODORE	ID No.	S9646717F
Related Vehicle	FBK8065D (Motorcycle)	Contact No.	85699016
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 16/01/2018 at about 1000hrs, I was doing the Traffic Police test for my class 2B licence. I was riding a motorcycle bearing registration number FBK8065D. The road surface was dry, and the weather was clear. After exiting Bukit Batok Driving Centre, I was travelling along Bukit Batok West Ave 5 towards Bukit Batok Road. I proceeded into the filter lane to make a left turn onto Bukit Batok Road. There was traffic along Bukit Batok Road, so I stopped the motorcycle and gave way to the traffic on the main road. While waiting, there was an impact on the rear of the motorcycle. I did not fall off, and managed to stay on the motorcycle. I turned and saw a black car, with the driver waving at me as though to say sorry. I was not sure what to do, so I proceeded with my test. The driver made the left turn and left. One of the instructors, Mr Muhammad Azad HP: 90889380 witnessed the incident. He was the one who noticed the registration plate of the car, which is SJH2149G. There was some damage to the rear of the motorcycle. The impact caused the L-plate to be broken and bent the license plate.

## Police Report



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999



T/20180116/2133

3 of 3

Report No. T/20180116/2133

### 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:

J /

Sgt 3 AIMAN AMIRUDDIN BIN SODIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/01/2018 17:15

Officer In Charge Of Case:

TP / HRT /

SSI 2 SOH PENG GUAN

Contact No.: 65476171

Classification Of Case:

Authentication Stamp

NP168