

## 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	13/02/2018 09:44
Date Of Accident	31/01/2018 14:45
Exact Location Of Accident	ALONG CTE TOWARDS BALESTIER ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FG697G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YEE KWONG YING
NRIC No	S0142645A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86061929
Alternative Phone No	OTHERS-86061929

### Vehicle Particulars

Manufacturer	YAMAHA
Model	RXZ135-133CC (M)
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	0077039334-14
Cover Note Number	

### Driver

Name of Driver	YEE KWONG YING
NRIC No	S0142645A
Date Of Birth	01/12/1950
Occupation	INDOOR
Date Of Driving Pass	23/03/1985
Driving Experience	32 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86061929
Fax Number	
Contact Number	OTHERS-86061929
Email Address	NOEMAIL

Address	BLK 20 TELOK BLANGAH CRESCENT #13-66
Postcode	090020
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?	YES
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180201/2098

#### 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	SKA1147T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG TIAC PIN
NRIC/Passport Number	
Contact Number	82885021
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name YEE KWONG YING

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FG697G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

## Sketch Plan

### SKETCH PLAN


#### IMPORTANT NOTICE


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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:

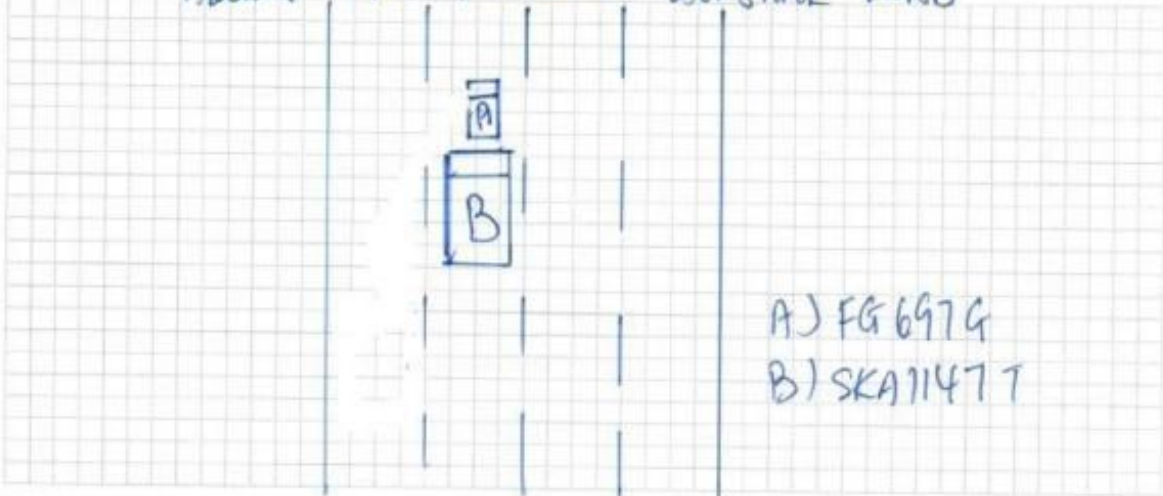
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# Sketch Plan #2

SKETCH PLAN

Approx 174 Towards BANGSHUR ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PLS Refer to Police Report  
7/20180201/2099*

## DECLARATION

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

*[Signature]*  
Policyholder's Signature  
Date & Time:

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

*[Signature]* 13/02/2018  
Reporting Centre Personnel's Signature  
Name: *Rodri Winters*  
NRIC/FIN No.:



## Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180201/2099

1 of 3

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20180201/2099

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/02/2018 14:59		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: YEE KWONG YING			Address: APT BLK 20 TELOK BLANGAH CRES #13-66 SINGAPORE 090020		
ID Type / ID No.: NRIC NO / S0142645A			Contact No.: Home/Office:		Mobile: 86061929
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 67	Date of Birth: 01/12/1950	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: RETIREE			Driving Licence Information: Class: 2B,3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 31/01/2018 14:45	Type of Location: EXPRESSWAY
Location: Along Road 1 CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FG697G	Motorcycle	YAMAHA	RXZ	Red		0
SKA1147T	Car					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FG697G	NTUC Income Insurance Co-Operative Limited	0077039334-14	01/10/2017	31/08/2018

## Sketch Plan #4



**SINGAPORE  
POLICE FORCE**



T/20180201/2099

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20180201/2099

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	YEE KWONG YING	ID No.	S0142645A
Related Vehicle	FG697G (Motorcycle)	Contact No.	86061929
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	31/01/2018	Date Discharge	01/02/2018
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Driver			
Name	NG TIAC PIN	ID No.	NIL
Related Vehicle	SKA1147T (Car)	Contact No.	82885021
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 THE ABOVE MENTIONED DATE AND TIME

I WAS RIDING STRAIGHT ALONG CTE ON THE 3RD LANE OF A 4-LANE ROAD AT 70 KPH. WHEN SUDDENLY A CAR(SKA1147T) HIT THE BACK OF MY MOTORCYCLE WITH THE FRONT OF HIS CAR. IT CAUSED ME TO FLY AND LANDED QUITE FAR FROM THE PLACE. I MANAGED TO GET UP. THE CAR DRIVER STOPPED AND CALLED FOR AMBULANCE AND POLICE. AMBULANCE CAME AND CONVEYED ME TO TAN TOCK SENG HOSPITAL. SOON AFTER THE POLICE CAME. I WAS HOSPITALISED AT THE HOSPITAL FOR 1 DAY AND WAS GIVEN 5 DAYS MC. SUFFERED HEAD INJURIES THAT REQUIRED STICHES AND ABRASIONS ALL OVER THE BODY.

Sketch Plan #5



SINGAPORE  
POLICE FORCE



T/20180201/2099

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20180201/2099

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:

TP /  
MUHAMMAD SYUKRI BIN ABU BAKAR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /  
Staff Sgt SYED ZAYID MUHAMMAD BIN SYED  
ABDUL WAHID ALHINDUAN  
Contact No.: 65476394

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:

01/02/2018 14:59

Classification Of Case:



SINGAPORE  
POLICE FORCE

Signature:



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





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