SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number
Contact Number

EMail Address

Gender

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	02/03/2018 15:57
Date Of Accident	12/01/2018 09:15
Exact Location Of Accident	BOON LAY WAY / C ' WEALTH AVE WEST AT JURONG POINT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBH8868U
Insured/Policyholder	
Name Of Registered Owner	CHAN WAI NENG
NRIC No	S0589014D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90761092
Alternative Phone No	OTHERS-90761092
Vehicle Particulars	
Manufacturer	KYMCO
Model	K-XCT200I
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	5069507067-03
Cover Note Number	
Driver	
Name of Driver	CHAN WAI NENG
NRIC No	S0589014D
Date Of Birth	02/06/1948
Occupation	INDOOR

23/07/1976

MALE

NOEMAIL

41 YEARS AND 5 MONTHS

(LOCAL) +65-90761092

OTHERS-90761092

8 BOON LAY DRIVE Address

#02-20

Postcode 649928

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

SIDE SWIPE Type Of Accident 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

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

1 Number of Passengers (Including Driver)

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name JURONG WEST NEIGHBOURHOOD POLICE CENTRE

NO

ROAD: 700 CORPORATION ROAD, POSTCODE: 649818, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-2689999 - FAX NO: 62672438 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180129/2076

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GX1480G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category **COMMERCIAL VEHICLE**

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name CHAN WAI NENG

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? FBH8868U

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
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 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- 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:
 - 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")
- 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:
 - 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

KETCH PLAN	0 -	<- <	~0~0
(B)			
T.		Во	on Lay way commonwealth Ave west happened at Jurong Pol
1			J
Tax: Starled [J B] Jurone	Point	A-FBH B-GXI
DESCRIBE CIRCUMSTANCES C	OF THE ACCIDENT		N/
		Qe?	16
	0		120
	V	0/10	1
	to the	180/3	
D.	ger 12		
0/5	1		
- (
DECLARATION			
DECLARATION I/We declare the foregoing parti	iculars are true in every respect.	/	1. 2/3/201
th-lh	FILLER	<u> </u>	rting Centre Personnel's Signature





20 (200)

2 of 3

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Report No. T/20180129/2076

Tel No: 1800-2689999

CONTINUATION OF REPORT

Details of Person Any Pedestrian In	volved: No	40000			-	A1A	
No. of Pedestrian	s Injured: NII	U	se of Ped	iestrian	Cross	ng: NA	
	S Injured. THE	LONG MICH.	TOTAL TIME	THE SE			
Driver	CHAN WAI NENG			ID No.		S0589014D	
Name	CHAN WAI NENG						
- C. Oktobiele	FBH8868U (Motorcycle)		Contact No.		90761092		
Related Vehicle							
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class Driving Licence	e &	Class: 2B,2A,2,3 Date of Expiry: NIL	
				Expiry		10010	
Date Treatment	12/01/2018		Date Disc	harge		/2018	
Date Heatment	ited Medical Leave 30	0	Degree o	of Injury NIL			

Brief Details.

With reference to T/20180112/2090. I received a letter from Traffic Police when I was discharged on the 26/01/2018 during night time and discovered it in my mailbox. Reference TP/IP/02563/2018 under Traffic Police Investigation Officer Daniel Yan Ming Sheng.

On the 12/01/2018 at about 0913hrs, I was riding my motorcycle V1)FBH8868U along Boon Lay Way near to Jurong Point and was driving Lane 3 on the most right lane of the 3 lane traffic.

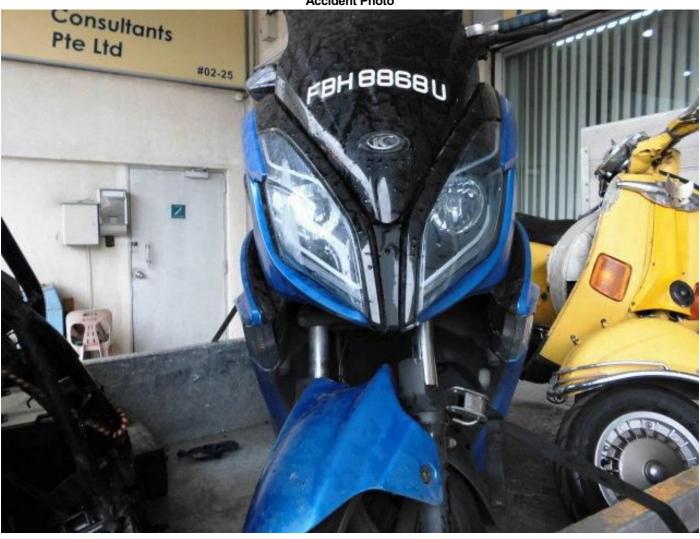
From afar, I noticed a Van V2) GX1480G parked further up on the upper most left lane on the double yellow line near to the taxi stand, as I was approaching nearer I realize that V2 abruptly cut out from the most left lane and tried to swerve onto my lane which is on lane 3 without signaling, I then immediately sounded my horn to warn the driver of the imminent danger we were in however he continued to swerve out.

In order to avoid the collision, I then applied the emergency brakes of my motorcycle V1 and skidded as it was also raining to avoid a collision with V2. My vehicle V1 then and my right body parts including my leg and wrists was then dragged on the road for about a few kilometers before falling onto the ground. I then rolled onto the road and Passerbys then came over and rendered assistance.

The driver of V2 however just came down and had a look and did not bother to assist me, about 10 minutes later Traffic Police and Ambulance was at scene to assist and I was conveyed conscious to Ng Teng Fong General Hospital. There are CCTVS around the vicinity of the road that I believed might have captured what happen, I would like to comment that the driver of V2 was driving dangerously which caused me to skid.

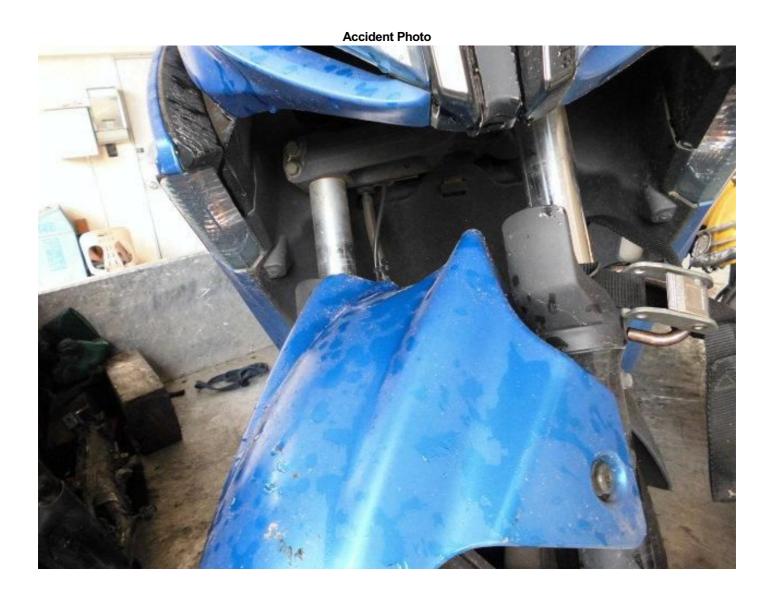




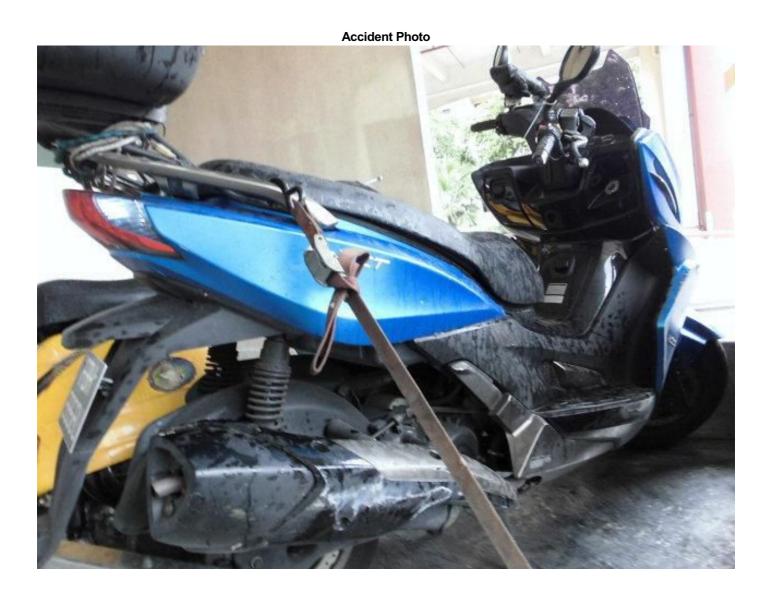


















1 of 3

Report No. T/20180129/2076

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

REPORT OF	A	TRAFFIC	ACCIDENT
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Date/Time Report Made: 29/01/2018 14:22			Vide Report No.:	Station Diary No. 90		
Informar	t's Particu	ulars		and the second second		
Name of	Informant: AI NENG		Address: 8 BOON LAY DRIVE #02-20 S	SINGAPORE 649928		
ID Type /	Type / ID No.: RIC NO / S0589014D		Contact No.: Home/Office:	Mobile: 90761092		
Nationali	decision and the second	100	Email:			
Sex: Male	Age: 69	Date of Birth: 02/06/1948	Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupati	on: consultan	t	Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:		

Type of Accident:	Injury Conveyed By Ambula	nce Drive: No	Date/Time of Accident: 12/01/2018 09:1	Type of Location Straight Road	
	VAY EALTH AVENUE WEST Jurong Point.	Road Surface:		Road Speed Limit:	
Drizzling		Wet			
Traffic Flow:		Traffic Control: Traffic Light - W	orking	Traffic Volume: Moderate	
One rray	sion:		Agent and Co.	Anyone conveyed by	

The second secon	ehicle Involve	Make	Model	Color	Condition	No of Passenge
Vehicle No. FBH8868U	Motorcycle	KYMCO	K-XCT200I	Blue	Slightly Damaged	0
GX1480G	Van	TOYOTA	LITEACE	Silver	No Damage	0

	ehicle Insurance	Insurance No	Effective	Expiry Date
Vehicle No. Insurance	Insurance Company			and the second s
	NTUC Income Insurance Co-Operative	5069507067-03	05/01/2018	04/01/2019

Police Report





2 of 3

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Report No. T/20180129/2076

Tel No: 1800-2689999

CONTINUATION OF REPORT

Details of Person	t - d No				
Any Pedestrian In	volved: No	Use of Pe	destrian	Cross	ing: NA
No. of Pedestrian	s Injured: NIL	000	A Tel-		
Driver	The state of the s		ID No.		S0589014D
Name	CHAN WAI NENG		1.500 PORTER S		
		Contac		t No. 90761092	
Related Vehicle FBH8868U (Motorcycle)					
				of	Class: 2B,2A,2,3
Hospital/Clinic	NG TENG FONG GENERAL H	Driving Licent Expiry	g ce &	Date of Expiry: NIL	
		Date Dis			1/2018
Date Treatment	12/01/2018 ted Medical Leave 30	Degree		NIL	

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Police Report





3 of 3

Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 CONTINUATION OF REPORT Tel No: 1800-2689999

Report No. T/20180129/2076

Sketch Plan

NP168

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 2 GOH WEI JIE	Signature Of Informant: All-Chew
Signature Of Interpreter: Not applicable	Date/Time: 29/01/2018 14:22
Officer In Charge Of Case: TP / GIT / Staff Sgt YAN MINGSHENG DANIEL Contact No.: 65476252	Classification Of Case: