

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	06/03/2018 15:07
Date Of Accident	04/03/2018 13:30
Exact Location Of Accident	489 CHO A CHU KANG AVE 5 SUNSHINE GARDENS (S680489)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK2362K
Insured/Policyholder	
Name Of Registered Owner	HO CHOR CHUA (HE CHUQUAN)
NRIC No	S7623310A
Email Address	RAYWANZ76@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91397097
Alternative Phone No	OTHERS-91397097

Vehicle Particulars

Manufacturer	KYMCO
Model	XCITING 400I ABS
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5071626504-02
Cover Note Number	

Driver

Name of Driver	HO CHOR CHUA (HE CHUQUAN)
NRIC No	S7623310A
Date Of Birth	04/08/1976
Occupation	OUTDOOR
Date Of Driving Pass	04/06/1997
Driving Experience	20 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91397097
Fax Number	
Contact Number	OTHERS-91397097
Email Address	RAYWANZ76@GMAIL.COM

Address	BLK 185 JELEBU ROAD #27-20
Postcode	670185
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	SIDE SWIPE
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?	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	CLEMENTI POLICE DIVISIONAL HQ (D DIVISION)
Police Station Address	ROAD: 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7740000 - FAX NO: 67741705
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : D/20180305/7007

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	SLN176K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KHO KAI KIA (XU JIEJIA)
NRIC/Passport Number	S7910899E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	HO CHOR CHUA (HE CHUQUAN)
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBK2362K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
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:

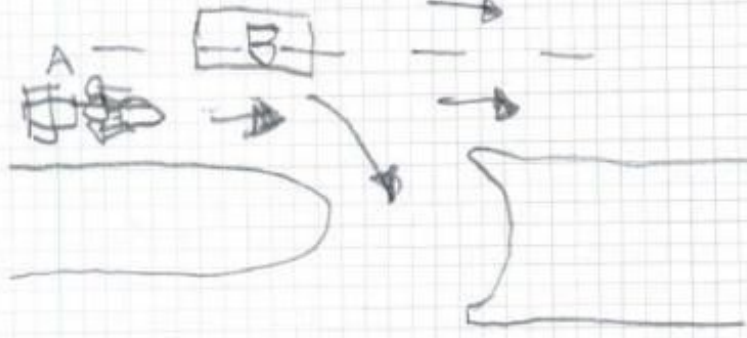
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

6/3/2018

Sketch Plan #2

SKETCH PLAN
2 Lanes



489 Choa Chu Kang
Avenues
SUNSHINE
GARDENS
SINGAPORE 680
489

A - FBK2362K
B - SLN176K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls Refer to the Police Report
D/20180305/7007

DECLARATION

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

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.:

6/3/2018

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



D/20180305/7007

1 of 2

POLICE REPORT (NP299)

Report No. D/20180305/7007

Police Station Of Origin
Clementi Police Divisional HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-7740000

Date/Time Report Made 05/03/2018 12:41	Vide Report No.	Station Diary No.
Name Of Informant HO CHOR CHUA	Address APT BLK 185 JELEBU ROAD #27-20 SINGAPORE 670185	
ID Type / ID No. NRIC NO / S7623310A	Contact No. Home/Office:	Mobile: 91397097
Nationality SINGAPORE CITIZEN	Email Address Raywanz76@gmail.com	
Occupation Advertising salesman	Sex Male	Age 41
Institution/School Name	Date of Birth 04/08/1976	Race Chinese
Date/Time Of Incident 04/03/2018 13:30 - 04/03/2018 13:45	Location Of Incident 489 CHOA CHU KANG AVENUE 5 SUNSHINE GARDENS SINGAPORE 680489	

Brief details.

On the stated time and date, I (FBK2362K) was riding along the stated venue on the right lane of the road. Suddenly, the front vehicle (SLN176K) made an emergency U-Turn without checking the blind spot. He was moving to the left lane and made a sudden u-turn and caused my vehicle to collide to his right portion. I then fell off my bike and injured my wrist and toes. I then went to NuHealth medical centre and was referred to Ng Teng Fong General Hospital. I was given treatment, medications and 3 days of MC.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/03/2018 12:41
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



D/20180305/7007

1 of 2

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Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Police Report



**SINGAPORE
POLICE FORCE**



D/20180305/7007

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20180305/7007

Subjects Involved			
Victim			
Person Name	HO CHOR CHUA		
ID Type	NRIC NO	ID No	S7623310A
Gender	Male	Age	41
Race	Chinese	Language	English
Occupation	Advertising salesman	Address Type	
Address	APT BLK 185 JELEBU ROAD #27-20 SINGAPORE 670185		Mobile No 91397097
Is Informant A Victim?	Yes		
Person Name	HO CHOR CHUA (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/03/2018 12:41
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	