

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	09/03/2018 14:55
Date Of Accident	03/03/2018 10:30
Exact Location Of Accident	JUNC OF SENGKANG EAST WAY & PUNGGOL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL322J
Insured/Policyholder	
Name Of Registered Owner	WONG JOO CHUANG
NRIC No	S1571353D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92970660
Alternative Phone No	OFFICE-92970660

Vehicle Particulars

Manufacturer	ADIVA
Model	AR3 200 3-WHEELER CVT
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?	YES
If No, Please state action to be taken	
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5080085253-01
Cover Note Number	-

Driver

Name of Driver	WONG JOO CHUANG
NRIC No	S1571353D
Date Of Birth	02/05/1956
Occupation	INDOOR
Date Of Driving Pass	16/07/1993
Driving Experience	24 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92970660
Fax Number	
Contact Number	OFFICE-92970660
Email Address	NOEMAIL

Address	BLK 250B COMPASSVALE ST #11-71
Postcode	542250
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 - CROSS JUNCTION
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?	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)	2

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NPC
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	FZ5612T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name	WONG JOO CHUANG
Approximate Age	
Injuries Sustain	ABRASION ON LEFT & RIGHT FOREARMS, RIGHT ABDOMEN, LEFT LOWER LIMB
Injured person in which vehicle?	FBL322J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	CHEW CHWEE KEE
Approximate Age	
Injuries Sustain	BACK, ABRASION LEFT ELBOW
Injured person in which vehicle?	FBL322J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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.

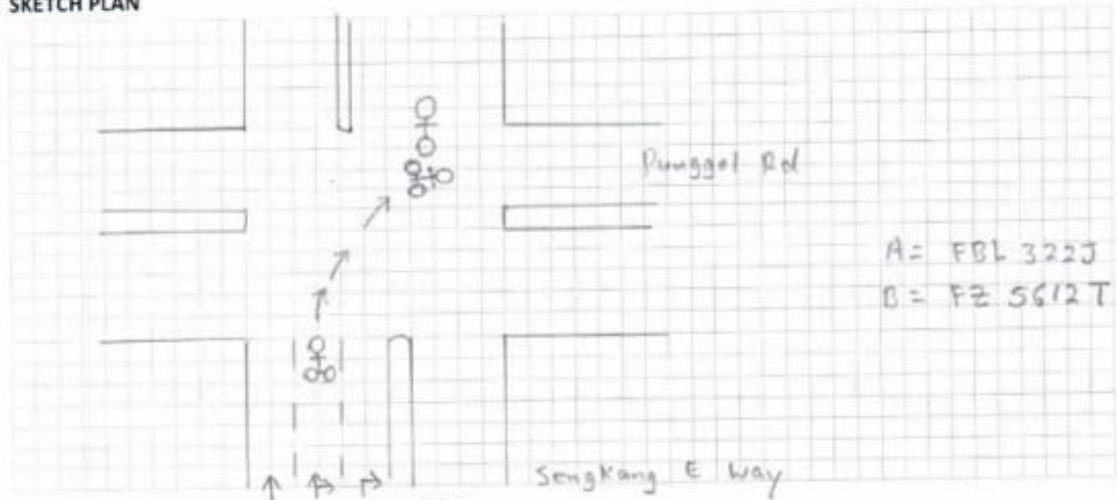

Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report.

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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180303/2089

1 of 4

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20180303/2089

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/03/2018 15:45	Vide Report No.:	Station Diary No.: 93
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Informant's Particulars

Name of Informant: WONG JOO CHUANG			Address: APT BLK 250B COMPASSVALE STREET #11-71 SINGAPORE 542250		
ID Type / ID No.: NRIC NO / S1571353D			Contact No.: Home/Office: Mobile: 92970660		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 02/05/1956	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: ICA			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/03/2018 10:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 SENGKANG EAST WAY PUNGGOL ROAD near St Ann Church				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
FBL322J	Motorcycle	ADIVA	AR3 200 3-WHEELER CVT	Blue	Seriously Damaged	1
FZ5612T	Motorcycle			Blue	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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POLICE REPORT



**SINGAPORE
POLICE FORCE**



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Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20180303/2089

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL322J	NTUC Income Insurance Co-Operative Limited	5080085253-01	05/05/2017	04/05/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Pillion				
Name	CHEW CHWEE KEE		ID No.	S1433063A
Related Vehicle	FBL322J (Motorcycle)		Contact No.	90839683
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/03/2018		Date Discharge	03/03/2018
No. of Days granted Medical Leave	02		Degree of Injury	Slight
Rider				
Name	WONG JOO CHUANG		ID No.	S1571353D
Related Vehicle	FBL322J (Motorcycle)		Contact No.	92970660
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	03/03/2018		Date Discharge	03/03/2018
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Rider				
Name	Unknown Rider		ID No.	NIL
Related Vehicle	FZ5612T (Motorcycle)		Contact No.	NIL
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180303/2089

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Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20180303/2089

CONTINUATION OF REPORT

Brief Details.

On 03/03/2018, at around 1030hrs, while I was riding (Plate no: FBL322J) from seng kang east way to punggol road with the red traffic light, green turning arrow in my favor, the back of my left rear wheel was hit by another motorbike (FZ5612T) at the traffic light junction when he was riding straight along seng kang east way with the red light against his favor. All the three of us were conveyed by ambulance to Khoo Teck Puat Hospital. Both my wife (pillion) and myself receive an MC of 2 and 3 days respectively. I sustained abrasion on my left and right forearms, right abdomen, left lower limb. My wife injured her back when she landed on the ground and abrasion on her left elbow. I do not know how serious was the rider's (plate no: FZ5612T) injuries and I do not know his particulars.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180303/2089

4 of 4

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2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20180303/2089

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: F / Sgt 2 PHUA WEN XUE 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 03/03/2018 15:45
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476232 	Classification Of Case: SN 000
Authentication Stamp NP168	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



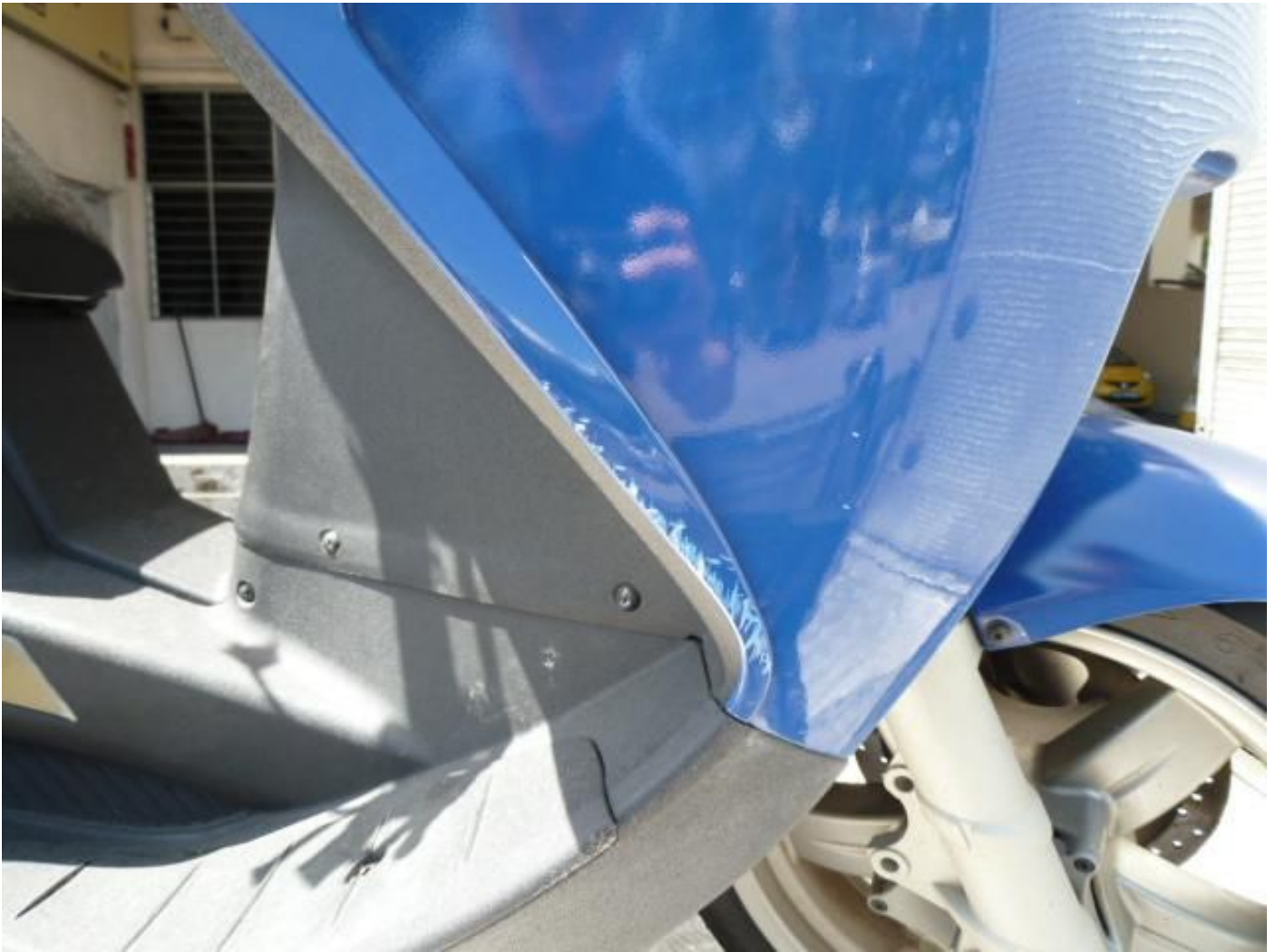
Accident Photo



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: S665500206 / 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 : MNA118033073 Vehicle Registration No: FBL300J
Name (as shown in NRIC) : WONG JOO CHUAN NRIC/FIN/Passport No : S15713530
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 250B COMPASSVALE ST #11-71 Singapore (542250)
Contact (Tel) : _____ Mobile No. : 92970660
Email Address : _____
Date of Accident : 03/03/18 Time of Accident : 10:30
Place of Accident : JUNC OF SENGKANG EASTWAY & PUNGGOE RD
Insurance Company : NTUC

(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:

REVERT FROM TP CLAIM TO OD CLAIMS

Wong Joo Chuan
Policyholder / Driver's Signature
Date: 27/3/18

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