

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	05/03/2018 15:51
Date Of Accident	04/03/2018 21:30
Exact Location Of Accident	UPPER EAST COAST ROAD (OPP. SPC PETROL STATION)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK8127J
Insured/Policyholder	
Name Of Registered Owner	CHUA WEI SHENG
NRIC No	S9440251D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96777271
Alternative Phone No	OTHERS-96777271

Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R3 ABS

Exact Purpose for which vehicle was being used at time of accident

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	5088427584 TPFT
Cover Note Number	

Driver

Name of Driver	CHUA WEI SHENG
NRIC No	S9440251D
Date Of Birth	11/10/1994
Occupation	INDOOR
Date Of Driving Pass	21/10/2015
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96777271
Fax Number	
Contact Number	OTHERS-96777271
EMail Address	NOEMAIL

Address	BLK 358 #05-650 TAMPINES STREET 33
Postcode	520358
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	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)	2
Passenger 1	NAME: : JOCELYN NG GUI SHAN GENDER: : FEMALE

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
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

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	SLR5160B
Vehicle Make/Model/Colour	LAND ROVER RANGE ROVER EVOQUE 2.0 TSS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHONG MEI LING CYNTHIA
NRIC/Passport Number	S7736110C
Contact Number	88098076
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHUA WEI SHENG
Approximate Age
Injuries Sustain
Injured person in which vehicle? FBK8127J
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name JOCELYN NG GUI SHAN (PILLION)
Approximate Age
Injuries Sustain
Injured person in which vehicle? FBK8127J
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

Sketch Plan Pg. 1

SKETCH PLAN

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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 may 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.

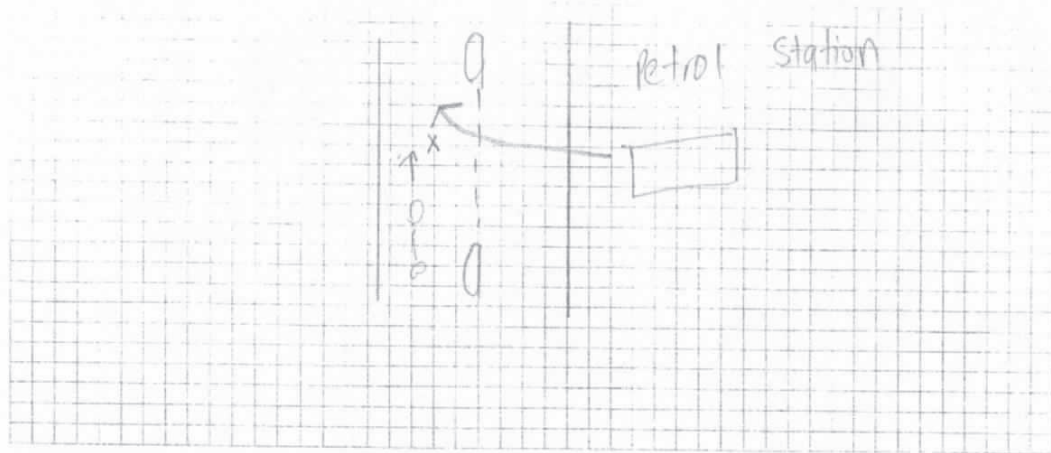
IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@singnet.com.sg


Policyholder's Signature
Date & Time: - 5 MAR 2018


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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police RepoA no: T/20180305/7001

DECLARATION

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

Policyholder's Signature
Date & Time - 5 MAR 2018

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

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@singnet.com.sg

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



**SINGAPORE
POLICE FORCE**



T/20180305/7001

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

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Report No. T/20180305/7001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/03/2018 11:07	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: CHUA WEI SHENG			Address: APT BLK 358 TAMPINES STREET 33 #05-650 SINGAPORE 520358		
ID Type / ID No.: NRIC NO / S9440251D			Contact No.: Home/Office: Mobile: 96777271		
Nationality: SINGAPORE CITIZEN			Email: chuaweisheng@live.com.sg		
Sex: Male	Age: 23	Date of Birth: 11/10/1994	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/03/2018 21:30	Type of Location: Straight Road
Location: UPPER EAST COAST ROAD Opposite SPC petrol station and in front of east palm condo				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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 Passenger
FBK8127J	Motorcycle	YAMAHA	R3	Black	Seriously Damaged	1
SLR5160B	Car	RANGE ROVER		Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK8127J	NTUC Income Insurance Co-Operative Limited	5076172056-01	08/03/2017	07/03/2018



**SINGAPORE
POLICE FORCE**



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

Report No. T/20180305/7001

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHUA WEI SHENG	ID No.	S9440251D
Related Vehicle	FBK8127J (Motorcycle)	Contact No.	96777271
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	05/03/2018	Date Discharge	05/03/2018
No. of Days granted Medical Leave	14	Degree of Injury	NIL
Pillion			
Name	Jocelyn Ng Gui Shan	ID No.	S9411797F
Related Vehicle	FBK8127J (Motorcycle)	Contact No.	91474481
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/03/2018	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Chong Mei Ling Cynthia	ID No.	S7736110C
Related Vehicle	SLR5160B (Car)	Contact No.	88098076
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.

I was carrying a pillion along upper east coast road, going for supper. While going straight and keeping on the right lane as I was planning to turn right in the junction ahead, a vehicle (SLR 5160B) was waiting to turn right from the SPC petrol station. As I was approaching the intersection of the vehicle, SLR 5160B suddenly proceeded to turn right, cutting into my lane. I then tried to brake but as the distance was too close, I hit into the side of the vehicle.

Upon impact, I immediately called for the traffic police and a security guard from the condo helped to call the ambulance. My bike is now being compounded under the traffic police. I suffered a toe fracture, 14



**SINGAPORE
POLICE FORCE**



T/20180305/7001

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Report No. T/20180305/7001

CONTINUATION OF REPORT

days mc, while my pillion suffered a pubic bone fracture and has difficulties walking, and is currently being warded in CGH.

Traffic police attended to us but I am not sure of the report number.



**SINGAPORE
POLICE FORCE**



T/20180305/7001

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Report No. T/20180305/7001

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
05/03/2018 11:07

Classification Of Case:

Authentication Stamp
NP168