

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	22/03/2018 14:11
Date Of Accident	21/03/2018 09:40
Exact Location Of Accident	SERANGOON AVE 2 TWDS UPP SERANGOON
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE3262R
Insured/Policyholder	
Name Of Registered Owner	CHAN CHEE KONG
NRIC No	S7760524Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93834721
Alternative Phone No	OFFICE-93834721

Vehicle Particulars

Manufacturer	HONDA
Model	ST1300A
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	5053989526-05
Cover Note Number	-

Driver

Name of Driver	CHAN CHEE KONG
NRIC No	S7760524Z
Date Of Birth	28/09/1977
Occupation	OUTDOOR
Date Of Driving Pass	08/07/2008
Driving Experience	9 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93834721
Fax Number	
Contact Number	OFFICE-93834721
Email Address	NOEMAIL

Address	BLK 222 SERANGOON AVE 4 #08-260
Postcode	550222
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 - CHANGE/CROSS LANE
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	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

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	SHD9922P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM HOCK GUAN
NRIC/Passport Number	S6837549E
Contact Number	85047543
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHENG YEW KHENG
NRIC/Passport Number	S7217204C
Contact Number	88082903
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHAN CHEE KONG
Approximate Age	
Injuries Sustain	ARM AND LEGS
Injured person in which vehicle?	FBE3262R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan


SKETCH PLAN

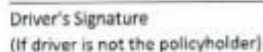
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5. Any false reporting may be referred to the Police for investigation.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to 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.:

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/20180321/2106

1 of 4

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

Report No. T/20180321/2106

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/03/2018 15:55	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: CHAN CHEE KONG	Address: APT BLK 222 SERANGOON AVE 4 #08-260 HDB-CHUAN ESTATE SINGAPORE 550222		
ID Type / ID No.: NRIC NO / S7760524Z	Contact No.: Home/Office: Mobile: 93834721		
Nationality: MALAYSIAN	Email:		
Sex: Male	Age: 40	Date of Birth: 28/09/1977	Type of Informant: Rider
Race: Chinese	Language:		Institution / School Name:
Occupation: SERVICE ENGINEER	Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/03/2018 09:40	Type of Location: Bend
Location: Along Road 1 SERANGOON AVENUE 2 NEAR NEX SHOPPING MALL				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE3262R	Motorcycle	HONDA	ST1300A	White	Seriously Damaged	0
SHD9922P	Car	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red	Slightly Damaged	0

Details of Vehicle Insurance

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



SINGAPORE
POLICE FORCE



T/20180321/2106

2 of

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

Report No. T/20180321/210

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE3262R	NTUC Income Insurance Co-Operative Limited	5053989526-05	08/05/2017	07/05/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Rider				
Name	CHAN CHEE KONG		ID No.	S7760524Z
Related Vehicle	FBE3262R (Motorcycle)		Contact No.	93834721
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	21/03/2018		Date Discharge	21/03/2018
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	LIM HOCK GUAN		ID No.	S6837549E
Related Vehicle	SHD9922P (Car)		Contact No.	85047543
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
Person 3				
Name	CHENG YEW KHENG		ID No.	S7217204C
Related Vehicle	NIL		Contact No.	88082903
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

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180321/2106

3 of 4

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

Report No. T/20180321/2106

CONTINUATION OF REPORT

Brief Details.

AT THE ABOVE MENTIONED DATE AND TIME,

I WAS TRAVELLING ALONG THE CENTRE LANE OF 3 ON SERANGOON AVE 2 COMING FROM THE TRAFFIC LIGHT, THERE WAS A BEND INFRONT, SO AS I APPROACHED THE BEND, THE TAXI SHD9922P THAT WAS BEHIND ME, CUT ABIT INTO MY LANE AND HIT THE LEFT REAR SIDEBOX OF MY BIKE, AS SUCH I LOST CONTROL OF MY BIKE AND I ENDED UP COLLIDING WITH ANOTHER MAZDA CAR WHICH WAS IN THE FIRST LANE. WE ALL GOT OUT OF OUR VEHICLES AND TOOK DOWN EACH OTHER'S PARTICULARS. TRAFFIC POLICE ATTENDED THE SCENE THEY ASKED ME TO CALL MY INSURANCE AND SETTLE THROUGH THE INSURANCE. HOWEVER AS I WAS FEELING SLIGHT PAIN ON MY ARM AND LEG, I WENT TO THE HOSPITAL TO GET IT CHECKED AND GOT 3 DAYS OF MC.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180321/2106

4 of 4

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

Report No. T/20180321/2106

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 /
TAN KIN WAH

Signature Of Interpreter:
Not applicable

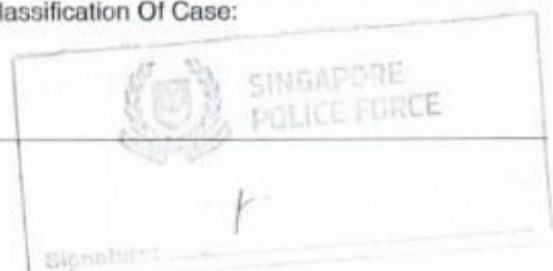
Officer In Charge Of Case:
TP / GIT /
Staff Sgt MOHAMED SUFIAN BIN SUDIN
Contact No.: 65476367

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
21/03/2018 15:55

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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