MVA218039873 / VAC - Sin Ming ENTRY DATE & TIME: 24/03/2018 10:03 SUBMITTED BY: James Ng Wing Kin

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number Fax Number Contact Number

EMail Address

- 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.	
	ACCIDENT STATEMENT
Date Of Report	24/03/2018 10:03
Date Of Accident	23/03/2018 19:45
Exact Location Of Accident	NEW UPPER CHANGI ROAD TOWARDS BEDOK NORTH AVE 3
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBJ780E
Insured/Policyholder	
Name Of Registered Owner	NG JUN RONG
NRIC No	S9225538G
Email Address	DYLAN_NJR@LIVE.COM
Mobile Phone No	(LOCAL) +65-96430302
Alternative Phone No	OFFICE-96430302
Vehicle Particulars	
Manufacturer	YAMAHA
Model	TMAX 530
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098286666
Cover Note Number	
Driver	
Name of Driver	NG JUN RONG
NRIC No	S9225538G
Date Of Birth	21/07/1992
Occupation	INDOOR
Date Of Driving Pass	15/09/2015
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE

(LOCAL) +65-96430302

OFFICE-96430302 DYLAN_NJR@LIVE.COM Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

AQ791Z

Vehicle Make/Model/Colour

YAMAHA T-MAX-DX

Details Of Properties

MOTO

Vehicle Category

MOTORCYCLE

Name of Driver

CHAN KUM WHYE

NRIC/Passport Number

S7438594Z

Contact Number

97901137

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NG JUN RONG

Approximate Age 26

Injuries Sustain NECK AND BACK ACHE

Injured person in which vehicle? FBJ780E

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address BLK 145 #02-529 RIVERVALE DRIVE

Postcode 540145

Sketch Plan #2 Pg. 1

	TRA	FFIC LIGHT
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	A D 7 2 6 14 7
		1 01 0 01 2
her Car Swipe Ou	t right and hit my n	my lane. Out of a sudden motorcycle.
DECLARATION I/We declare the foregoing particular	's are true in every respect.	CENTAL CONTRACTOR OF THE PARTY
Policyholder's Signature Date & Time: 24 /03 / 18	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: NG WING KIN JAM S7927881E

Address BLK 145 #02-529 RIVERVALE DRIVE

Postcode 540145
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 COLLIDED INTO MOTORCYCLIST

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?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

2

Passenger 1 NAME: : TAN JIE MIN 92281469

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER STATEMENT (ATTENDED BY: JAMES NG)

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES

Remarks/ Reasons: CANNOT BE UPLOADED

Was there any audio recorded?

Details of Witness 1

Name JAMES
Phone Number 91696656

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJX2684T

Vehicle Make/Model/Colour NISSAN SUNNY / SILVER

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver WANG YING CHI FRANCINE

NRIC/Passport Number S9733993G Contact Number 91733797

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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 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 insurers) 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:

2 4 MAR 2018

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name: NRIC/FIN No.: NG WING KIN JAMES \$7927881E





1 of 3

Report No. G/20180325/7002

POLICE REPORT (NP299)

Police Station Of Origin Bedok Police Divisional HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000

Date/Time Report Made 25/03/2018 03:22	Vide Re	oort No.		Station Diary No.
Name Of Informant	Address			
NG JUN RONG	APT BLK 145 RIVERVALE DRIVE #02-529 SINGAP 540145		2-529 SINGAPORE	
ID Type / ID No. NRIC NO / S9225538G	Contact Home/O		Mobile: 96430302	
Nationality SINGAPORE CITIZEN	Email Address dylan njr@live.com			
Occupation	Sex	Age	Date of Birth	Race
Supply and distribution/Logistics/Warehousing manager	Male	25	21/07/1992	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 23/03/2018 19:46 - 23/03/2018 19:46	Location Of Incident 920 NEW UPPER CHANGI ROAD SINGAPORE 467356			
Brief details.				

I was travelling along the centre lane of 3 lanes, along upper changi road. As i was travelling straight before the junction with Bedok south Ave 3, one m/car SJX2684T suddenly swerved from the right most lane. And encroached into my path and collided onto my motorcycle and caused me and my pillion to fall onto the road, due to the impact also caused my vehicle to hit onto another motorcycle AQ791Z. Due to the accident, My Pillion (Tan Jie Min, S9334025F) & I were injured. I was given 3 days on MC and my pillion (Tan Jie Min, S9334025F) was given 2 days on MC. I had a video footage of the accident given to

Signature Of Informant:
The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 25/03/2018 03:22
Classification Of Case:

Authentication Stamp





2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20180325/7002

me by A witness: James (HP: 91696656).

Victim			
Person Name	NG JUN RONG		
ID Type	NRIC NO	ID No	S9225538G
Gender	Male	Age	25
Race	Chinese	Language	English
Occupation	Supply and distribution/Logistics/Warehousing manager	Address Type	
Address	APT BLK 145 RIVERVALE DRIVE #02-529 SINGAPORE 540145	Mobile No	96430302
Is Informant A Victim?	Yes		
Person Name	Tan Jie Min		
ID Type	NRIC NO	ID No	S9334025F
Gender	Female	Age	25-25
Race	Chinese	Language	English
Occupation	Customer service clerk	Address Type	HDB / HUDC
Address	APT BLK 146 11 #09-69 BISHAN SINGAPORE 570146	Home/Office No	63529618

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: 25/03/2018 03:22
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20180325/7002

Mobile No	92281469	Relation To Informant	GIRLFRIEND
Person Name	NG JUN RONG (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: 25/03/2018 03:22		
Officer In-Charge Of Case:	Classification Of Case:		

Authentication Stamp