

## 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	12/04/2018 15:29
Date Of Accident	10/04/2018 18:00
Exact Location Of Accident	KAKI BUKIT RD 4 OUTSIDE SYNERGY KAKI BUKIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK6673L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG, MATTHEW
NRIC No	S9225720G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91015447
Alternative Phone No	OFFICE-91015447

### Vehicle Particulars

Manufacturer	HARLEY-DAVIDSON
Model	IRON 883
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MC/00443371
Cover Note Number	-

### Driver

Name of Driver	NG, MATTHEW
NRIC No	S9225720G
Date Of Birth	20/07/1992
Occupation	INDOOR
Date Of Driving Pass	28/11/2017
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91015447
Fax Number	
Contact Number	OFFICE-91015447
Email Address	NOEMAIL

Address	BLK 247 BUKIT BATOK EAST AVE 5 #11-88
Postcode	650247
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	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 21 BUKIT BATOK EAST AVE 4 , <b>POSTCODE:</b> 659840 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-6659999 - <b>FAX NO:</b> 66655793
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	GBA863Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	RAJENDRAN SEKAR
NRIC/Passport Number	G8316618K
Contact Number	83581961
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	NG MATTHEW
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBK6673L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE


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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 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:

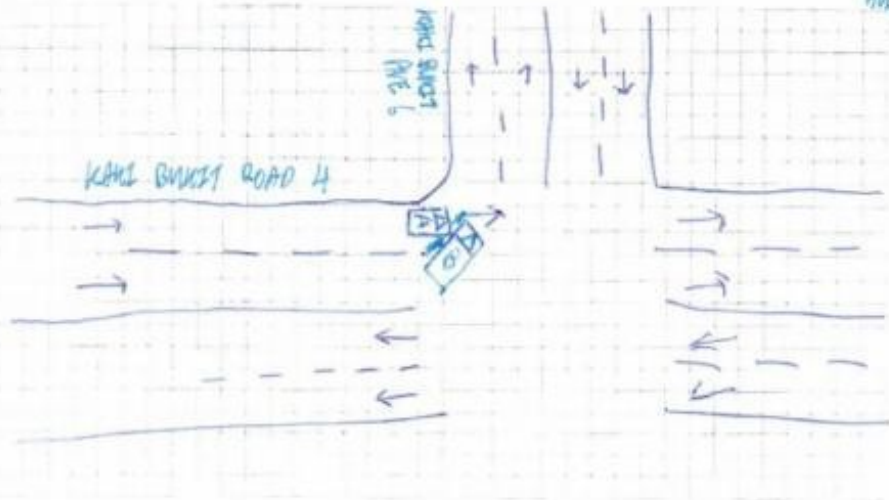
  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# Accident Sketch Plan

## SKETCH PLAN

A - FBK 6673L  
B - GBA 863 Y.



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was riding along KAZE BUZET ROAD 4 on the most left lane of a 2 lane dual carriage way. Suddenly, veh (B) appeared on my right making a left turn and collided into my right portion of my vehicle while I was riding straight towards bedre reservoir road.

## 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/20180411/2154

1 of 3

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

Report No. T/20180411/2154

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/04/2018 19:36	Vide Report No.: T/20180410/2176	Station Diary No.: 86
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### Informant's Particulars

Name of Informant: MATTHEW NG WENZONG			Address: APT BLK 247 BUKIT BATOK EAST AVENUE 5 #11-88 SINGAPORE 650247	
ID Type / ID No.: NRIC NO / S9225720G			Contact No.: Home/Office: Mobile: 91015447	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 25	Date of Birth: 20/07/1992	Type of Informant: Rider	
Race: Chinese			Language:	Institution / School Name:
Occupation: Technical Supervisor			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 Others	Drink Drive: No	Date/Time of Accident: 10/04/2018 18:00	Type of Location:
Location: Along Road 1 KAKI BUKIT ROAD 4				
OUTSIDE SYNERGY KAKI BUKIT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK6673L	Motorcycle	HARLEY DAVIDSON	IRON 883	Green	Seriously Damaged	0
GBA863Y	Lorry				Slightly Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK6673L	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/00443371	29/12/2017	28/12/2018

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180411/2154

2 of 3

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

Report No. T/20180411/2154

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MATTHEW NG WENZONG	ID No.	S9225720G
Related Vehicle	FBK6673L (Motorcycle)	Contact No.	91015447
Hospital/Clinic	FIRST LIGHT FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	10/04/2018	Date Discharge	10/04/2018
No. of Days granted Medical Leave	03	Degree of Injury	Serious
<b>Driver</b>			
Name	RAJENDRAN SEKAR	ID No.	G8316618K
Related Vehicle	GBA863Y (Lorry)	Contact No.	83581961
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 13/05/2022
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

With reference to report T/20180410/2176, I wish to amend that I was traveling on the left beside the lorry bearing the registration plate number of GBA863Y, prior to the collision between the lorry and the motorcycle I was riding on. I was riding on the left lane while the lorry was traveling on the middle of the two lanes on the carriageway.

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180411/2154

3 of 3

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21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

Report No. T/20180411/2154

## 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:

J/  
ANG JUN MING

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
11/04/2018 19:36

Officer In Charge Of Case:  
TP / AEIT /  
Staff Sgt TANG SIEW PING  
Contact No.: 65476430

Classification Of Case:

SN 114

Authentication Stamp  
NP168



Police Force



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo

