

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	10/04/2018 15:36
Date Of Accident	05/04/2018 08:00
Exact Location Of Accident	FERNVALE LANE / SENGKANG WEST ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB8804K
Insured/Policyholder	
Name Of Registered Owner	TA HUU NGOC
Passport No/FIN	G5308396Q
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92782686
Alternative Phone No	OTHERS-92782686

Vehicle Particulars

Manufacturer	YAMAHA
Model	T135
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
Fleet Policy	NO
Policy Number	5083967832-01 TP
Cover Note Number	

Driver

Name of Driver	TA HUU NGOC
Passport No/FIN	G5308396Q
Date Of Birth	14/04/1982
Occupation	OUTDOOR
Date Of Driving Pass	22/08/2013
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92782686
Fax Number	
Contact Number	OTHERS-92782686
Email Address	NOEMAIL

Address	BLK 436B #08-178 FERVALE ROAD FERVALE GROVE
Postcode	792436
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 - HEAD TO REAR
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)	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

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	SHD8853L
Vehicle Make/Model/Colour	MERCEDES BENZ E 220 CDI BLUEEFFICIENCY
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	TA HUU NGOC
Approximate Age	35
Injuries Sustain	RIGHT KNEE
Injured person in which vehicle?	FBB8804K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 436B #08-178 FERNVALE ROAD FERNVALE GROVE
Postcode	792436

SKETCH PLAN

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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: 10 APR 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.:

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police Report no I/20180406/2077

DECLARATION

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

Policyholder's Signature

Date & Time: 10 APR 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: yackb@singnet.com.sg

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180406/2077

1 of 3

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

Report No. T/20180406/2077

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/04/2018 13:56	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: TA HUU NGOC		Address: APT BLK 436B FERNVALE ROAD #08-178 HDB-KANGKAR SINGAPORE 792436	
ID Type / ID No.: FIN NO / G5308396Q		Contact No.: Home/Office: Mobile: 92782686	
Nationality: VIETNAMESE		Email:	
Sex: Male	Age: 35	Date of Birth: 14/04/1982	Type of Informant: Driver
Race: Vietnamese		Language: English	Institution / School Name:
Occupation: Deliveryman		Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/04/2018 08:00	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 FERNVALE LANE SENGKANG WEST ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB8804K	Motorcycle	YAMAHA	T135	Blue	Slightly Damaged	0
SHD8853L	Car	MERCEDES BENZ		White	No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBB8804K	NTUC Income Insurance Co-Operative Limited	5083967832-01	29/08/2017	23/08/2018



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

Report No. T/20180406/2077

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TA HUU NGOC	ID No.	G5308396Q
Related Vehicle	FBB8804K (Motorcycle)	Contact No.	92782686
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	05/04/2018	Date Discharge	05/04/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 05/04/2018 at about 0800hrs, I was riding my motorcycle bearing registration number FBB8804K along the Fernvale Lane and had stopped before the stop line of the T-junction of Fernvale Lane and Sengkang West Road.

While I was waiting at the said T-junction to give way to the oncoming vehicles along Sengkang West Road, suddenly there was an impact coming from the rear portion of my vehicle. Due to the impact, I fell on the left side of my motorcycle towards the road surface. After which, I established that the front portion of one white in colour Mercedes taxi bearing registration number SHD8853L had earlier collided onto the rear portion of my motorcycle. I noticed that there was slight scratches on the rear and left portion of my motorcycle. Due to my fall, I had sustained pain on my right knee.

Shortly, ambulance came to scene to check on me and subsequently conveyed me to Khoo Tech Phuat Hospital. That is all.



**SINGAPORE
POLICE FORCE**



T/20180406/2077

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

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Report No. T/20180406/2077

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 /

Sr Staff Sgt MOHAMAD AZHAR BIN ABDUL
AZIZ

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI DZUL HAIRIE BIN RAMLI

Contact No.: 65476220

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

06/04/2018 13:56

Classification Of Case: