

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	08/05/2018 14:21
Date Of Accident	05/05/2018 12:30
Exact Location Of Accident	UPPER SERANGOON RD (1 ST LANE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU992J
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98771188
Alternative Phone No	OFFICE-98771188

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS HYBRID 1.8S A
Exact Purpose for which vehicle was being used at time of accident	WORK
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095999148
Cover Note Number	

Driver

Name of Driver	PEK BIE LAEY
NRIC No	S1355558C
Date Of Birth	25/02/1959
Occupation	OUTDOOR
Date Of Driving Pass	23/06/1982
Driving Experience	35 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98771188
Fax Number	
Contact Number	OTHERS-98771188
EEmail Address	NOEMAIL

Address	BLK 590B ANG MO KIO STREET 51 #09-19
Postcode	562590
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	
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)	3
Passenger 1	NAME: : NIL GENDER: : FEMALE
Passenger 2	NAME: : NIL GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAKI BUKIT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 526 BEDOK NORTH STREET 3 #01-448 , POSTCODE: 460526 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4429999 - FAX NO: 62444377
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180508/2057

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	FBG4794E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	NEO WEI LUN

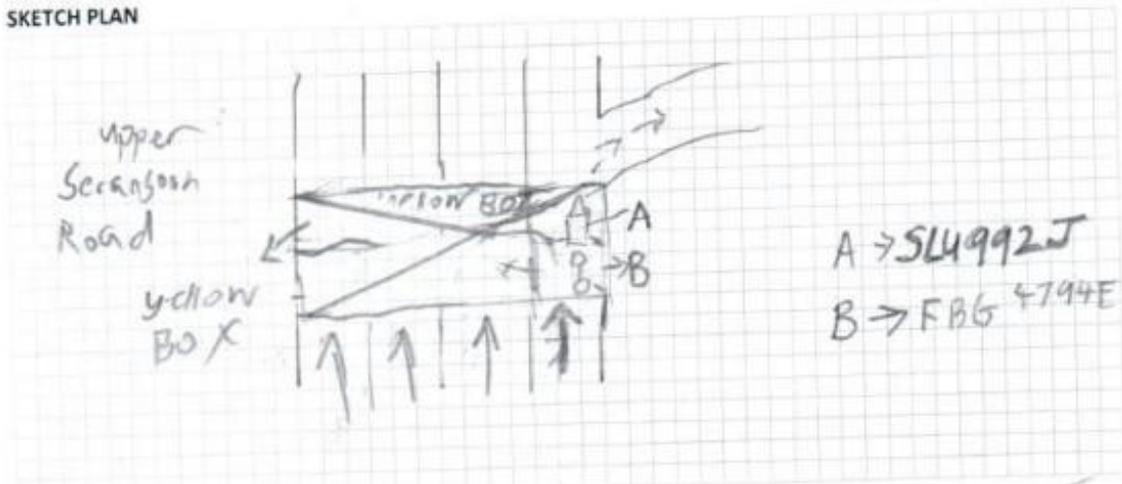
NRIC/Passport Number S9504457C
Contact Number 98580460
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name PEK BIE LAEY
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SLU992J
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address
Postcode

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
T/20180508/2057

DECLARATION

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



Policyholder's Signature
Date & Time:

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

8/5/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180508/2057

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Report No. T/20180508/2057

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PEK BIE LAEY	ID No.	S1355558C
Related Vehicle	SLU992J (Car)	Contact No.	98771188
Hospital/Clinic	MY FAMILY CLINIC (CHOA CHU KANG)	Class of Driving Licence & Expiry Date	Class: 3,3A Date of Expiry: NIL
Date Treatment	07/05/2018	Date Discharge	07/05/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Rider			
Name	NEO WEI LUN	ID No.	S9504457C
Related Vehicle	NIL	Contact No.	98580460
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.

On 5th May 2018 at about 1230hrs, I was doing my grab car with two passengers on board with vehicle number SLU992J along upper seranggon road. I was driving on first lane (extreme right lane) . As I was turning right into a slip road towards bendemeer road, my passengers and I felt an impact. A motorcyclist with plate number FBG4794E with a pillion rider had knocked the rear of my car. Both of them fell down on the road together with the bike. We then went to a hdb flat nearby to exchange particulars. No ambulance and traffic police came to scene.

Both of them were observed to have minor bruises on their hands and legs. Two of my passengers were observed not to have any injury and does not complain of any pain at that point of time. After the accident happened, I did not feel any pain. However, after I come back home, the right side of my tail bone felt slight pain and uncomfortable. I went to the My family clinic at Chua chu kang on 7th May 2018 and was given 5 days MC due to the accident.

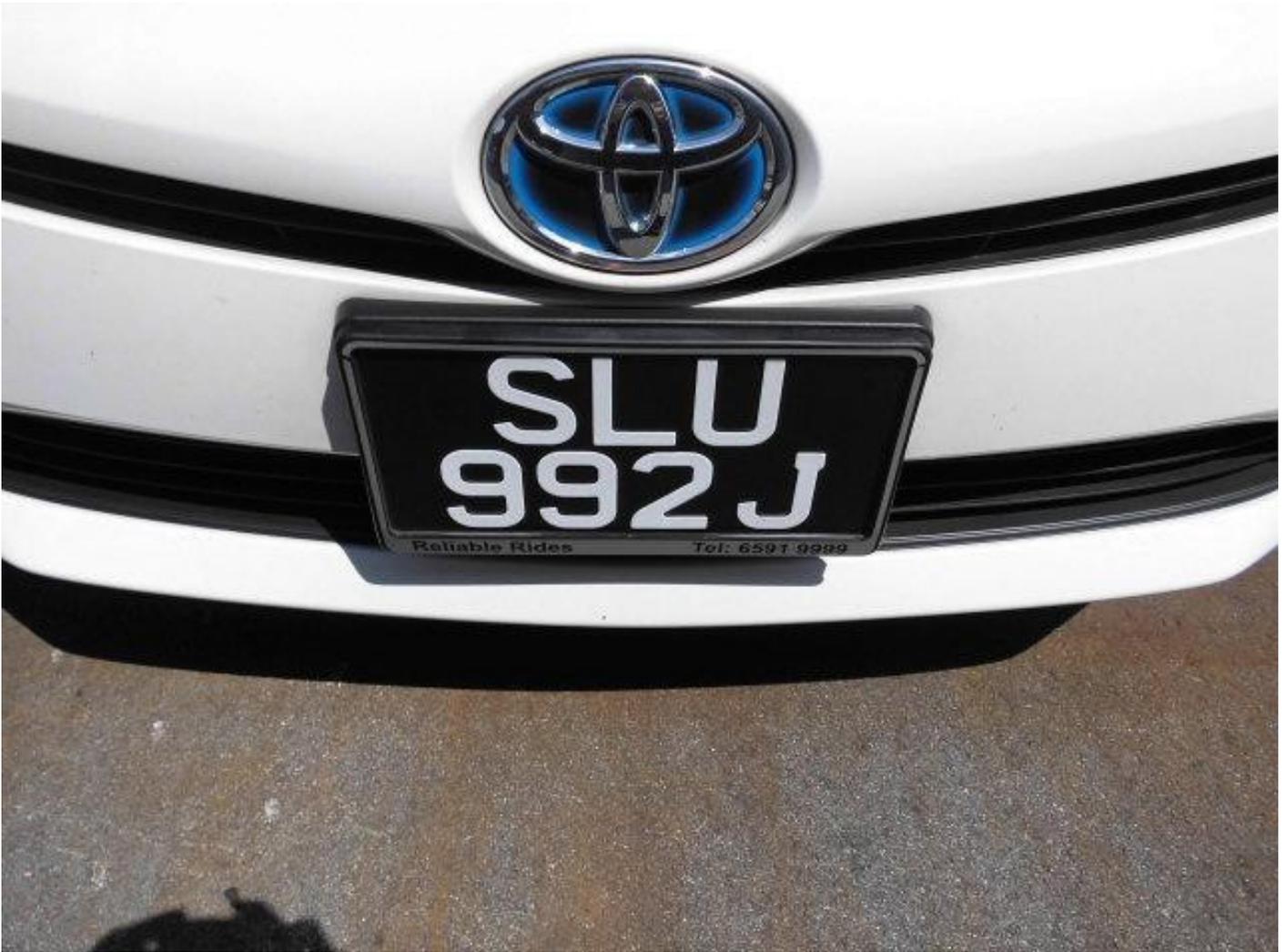
Due to the accident, my rear left lights of the vehicle is damaged. The rear frame of the vehicle was also dented and came out. The motorcycle left brake lever was a bit dented and its' head fairing sustained scratches.

As of now, I do not have any video of the accident. That's all.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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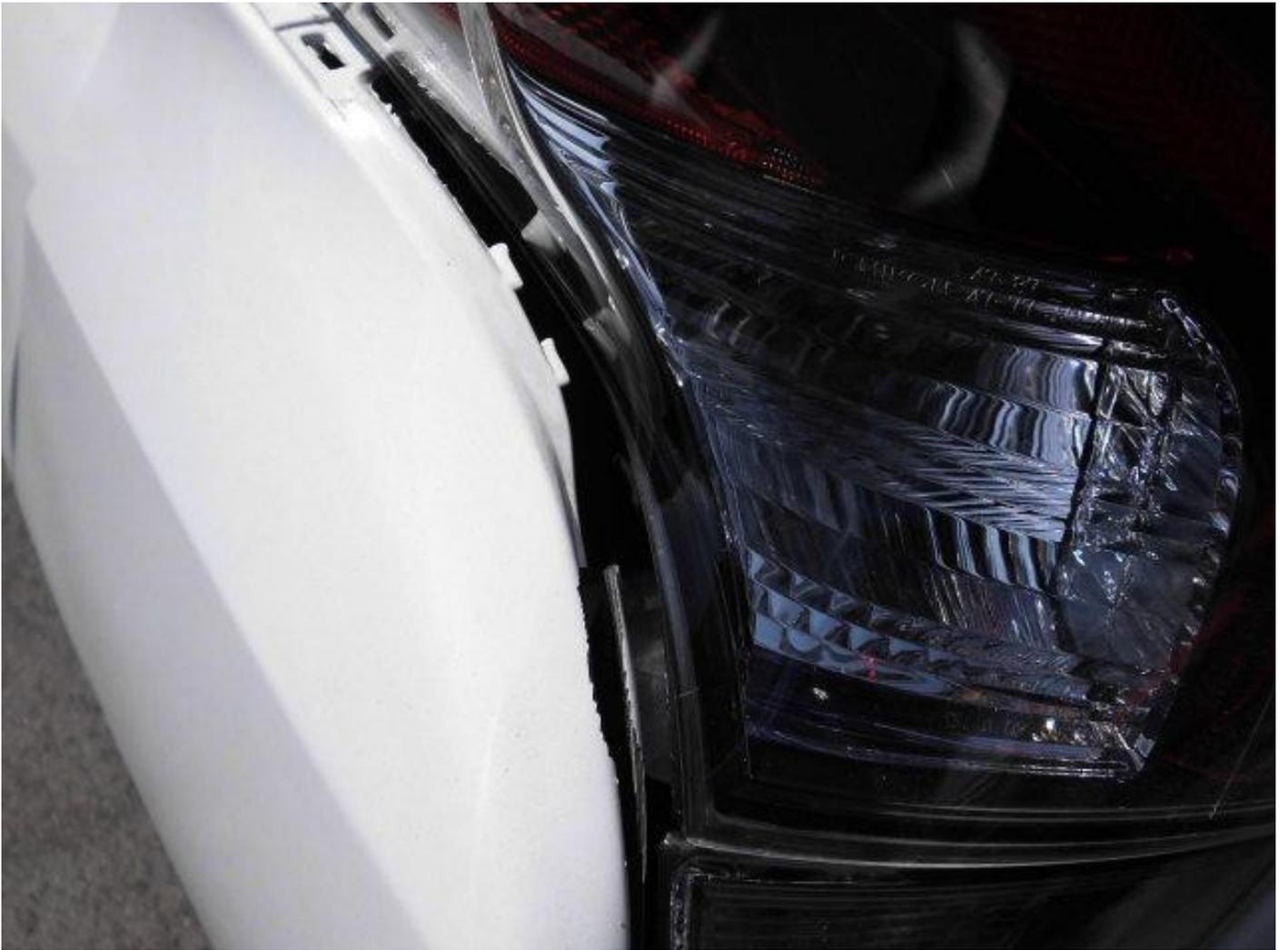
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180508/2057

Police Station Of Origin:
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526 Bedok North Street 3 #01-448
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Tel No: 1800-4429999

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Report No. T/20180508/2057

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Name	NEO WEI LUN	ID No.	S9504457C
Related Vehicle	NIL	Contact No.	98580460
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
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T/20180508/2057

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Report No. T/20180508/2057

CONTINUATION OF REPORT

Police Report



SINGAPORE
POLICE FORCE



T/20180508/2057

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Report No. T/20180508/2057

Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

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 certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
G /
Sgt 2 AHMAD BIN HASHIM 

Signature Of Informant 

Signature Of Interpreter:
Not applicable

Date/Time:
08/05/2018 13:31

Officer In Charge Of Case:
TP / AEIT /
SI DZUL HAIRIE BIN RAMLI
Contact No.: 65476220

Classification Of Case:

Authentication Stamp
NP168 SINGAPORE POLICE FORCE 