

## 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             | 18/06/2018 19:06               |
| Date Of Accident           | 16/06/2018 09:30               |
| Exact Location Of Accident | JUNC MOUNTBATTEN RD & AMBER RD |
| Country/State of Loss      | SINGAPORE                      |

### DETAILS OF OWN VEHICLE

|                             |                       |
|-----------------------------|-----------------------|
| Vehicle Registration Number | FW3771X               |
| <b>Insured/Policyholder</b> |                       |
| Name Of Registered Owner    | CHEW BOON YONG ANDREW |
| NRIC No                     | S8714950A             |
| Email Address               | NOEMAIL               |
| Mobile Phone No             | (LOCAL) +65-81808970  |
| Alternative Phone No        | OFFICE-81808970       |

### Vehicle Particulars

|  |                   |
|--|-------------------|
| Manufacturer   | YAMAHA            |
| Model  | CZD300A / XMAX300 |
| 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             | 5092266982                             |
| Cover Note Number         |  |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | CHEW BOON YONG ANDREW |
| NRIC No              | S8714950A             |
| Date Of Birth        | 20/05/1987            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 05/07/2011            |
| Driving Experience   | 6 YEARS AND 11 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-81808970  |
| Fax Number           |                       |
| Contact Number       | OFFICE-81808970       |
| Email Address        | NOEMAIL               |

|   |                                      |
|---|--------------------------------------|
| Address   | BLK 705 BEDOK NORTH ROAD<br>#04-3442 |
| Postcode  | 470705                               |
| 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 | -<br>-<br>-                          |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                          |

#### General Information of the Accident

|                    |                               |
|--------------------|-------------------------------|
| Type Of Accident   | COLLISION - HEAD ON COLLISION |
| 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)   | 2  |
| Passenger 1   | NAME: : THEH HUI KIANG (ZHONG HUIJUAN)<br>GENDER: : FEMALE |

#### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | QUEENSTOWN NEIGHBOURHOOD POLICE CENTRE   |
| Police Station Address                    | <b>ROAD:</b> NO. 15 COMMONWEALTH AVENUE , <b>POSTCODE:</b> 149725 ,<br><b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-4719999 - <b>FAX NO:</b> 64715299  |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180616/2114.

#### 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 | SHA6956C |
| Vehicle Make/Model/Colour   |          |
| 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)

4

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

Passenger 3

NAME: :

GENDER: :

#### DETAILS OF INJURED PERSON 1

Name CHEW BOON YONG ANDREW  
Approximate Age  
Injuries Sustain LEFT KNEE & LEFT ELBOW  
Injured person in which vehicle? FW3771X  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name THEH HUI KIANG (ZHONG HUIJUAN)  
Approximate Age  
Injuries Sustain LEFT FOOT & RIGHT ARM  
Injured person in which vehicle? FW3771X  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

### SKETCH PLAN

(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.

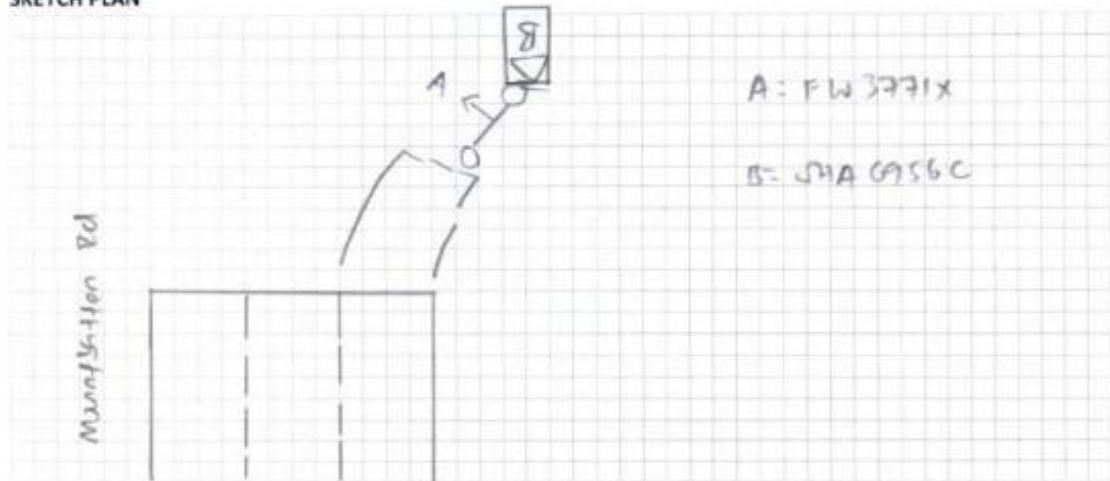
(e) the information so collected under (d) above may be shared / disclosed:

- (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.

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

## Accident Sketch Plan

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/20180616/2114.

*[The remaining lines of the form are crossed out with a diagonal line.]*

### 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/20180616/2114

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

1 of 3

Report No. T/20180616/2114

**REPORT OF A TRAFFIC ACCIDENT**

|   |            |                                     |  |                          |                            |
|---|------------|-------------------------------------|--|--------------------------|----------------------------|
| Date/Time Report Made:<br>16/06/2018 19:36  |            | Vide Report No.:<br>G/20180616/0090 |  | Station Diary No.:<br>37 |                            |
| <b>Informant's Particulars</b>              |            |                                     |  |                          |                            |
| Name of Informant:<br>CHEW BOON YONG ANDREW |            |                                     | Address:<br>APT BLK 705 BEDOK NORTH ROAD #04-3442 SINGAPORE 470705 |                          |                            |
| ID Type / ID No.:<br>NRIC NO / S8714950A    |            |                                     | Contact No.:<br>Home/Office: Mobile: 81808970                      |                          |                            |
| Nationality:<br>SINGAPORE CITIZEN           |            |                                     | Email:   |                          |                            |
| Sex:<br>Male                                | Age:<br>31 | Date of Birth:<br>20/05/1987        | Type of Informant:<br>Rider  |                          |                            |
| Race:<br>Chinese                            |            |                                     | Language:  |                          | Institution / School Name: |
| Occupation:<br>LOGISTICS OPERATION MANAGER  |            |                                     | Driving Licence Information:<br>Class: 2B,2A,2,3 Date of Expiry:   |                          |                            |

**General Information of the Accident**

|  |                                 |   |  |                                     |
|--|---------------------------------|---|--|-------------------------------------|
| Type of Accident:  | Injury<br>Conveyed By Ambulance | Drink Drive:<br>No                          | Date/Time of Accident:<br>16/06/2018 09:30 | Type of Location:<br>T-Junction     |
| Location:<br>Junction of Road 1 and Road 2<br>MOUNTBATTEN ROAD<br>AMBER ROAD |                                 |   |  |                                     |
| Weather:<br>Clear  |                                 | Road Surface:<br>Dry                        | Road Speed Limit:                          |                                     |
| Traffic Flow:<br>One Way   |                                 | Traffic Control:<br>Traffic Light - Working | Traffic Volume:<br>Light                   |                                     |
| Type of Collision:<br>Between Moving Vehicles - Head On                      |                                 |   |  | Anyone conveyed by ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type       | Make   | Model             | Color | Condition         | No of Passenger |
|-------------|------------|--------|-------------------|-------|-------------------|-----------------|
| FW3771X     | Motorcycle | YAMAHA | CZD300A / XMAX300 | Grey  | Seriously Damaged | 1               |
| SHA6956C    | Car        |        |                   |       | No Damage         | 3               |

**Details of Vehicle Insurance**

| Vehicle No. | Insurance Company                          | Insurance No | Effective  | Expiry Date |
|-------------|--|--------------|------------|-------------|
| FW3771X     | NTUC Income Insurance Co-Operative Limited | 5092266982   | 28/06/2017 | 27/06/2018  |

police Report



**SINGAPORE  
POLICE FORCE**



T/20180616/2114

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

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Report No. T/20180616/2114

**CONTINUATION OF REPORT**

| <b>Details of Person Involved</b> |                         |  |   |
|-----------------------------------|-------------------------|--|---|
| Any Pedestrian Involved: No       |                         |  |   |
| No. of Pedestrians Injured: NIL   |                         | Use of Pedestrian Crossing: NA         |   |
| <b>Rider</b>                      |                         |  |   |
| Name                              | CHEW BOON YONG ANDREW   | ID No.                                 | S8714950A                               |
| Related Vehicle                   | FW3771X (Motorcycle)    | Contact No.                            | 81808970                                |
| Hospital/Clinic                   | CHANGI GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3<br>Date of Expiry: NIL |
| Date Treatment                    | 16/06/2018              | Date Discharge                         | 16/06/2018                              |
| No. of Days granted Medical Leave | 14                      | Degree of Injury                       | Serious                                 |

**Brief Details.**

On 16/06/2018 at about 0930hrs, I was travelling in my motorvehicle registration plate number FW3771X together with my girlfriend whom is the pillion of my motorvehicle. We were travelling from Queenstown towards Katong I12, nearing the junction of Mountbatten road towards Amber Rd at the traffic junction. While I was at the junction awaiting for the full green arrow sign to show, I then stopped and check for the incoming traffic before moving off. After checking and confirmed that the there was no incoming traffic, I then started to execute the right turn and that was when the taxi with registration plate number SHA6956C had beat the red light and came forward towards me. We both collided and due to the impact, I had fell towards my left and it resulted in mine left knee and left elbow to have abrasion. My pillion suffered left foot and right arm injured. The damage done to thee motorvehicle was, left side scratches, whole steering fork was bend, the wheel was slanted in misalignment and the motorvehicle was no longer in a condition fit for riding. After the collision, both parties then alighted and check on each other wellbeing. We then called for ambulance and traffic police. My pillion and I were conveyed to Changi General Hospital. I am lodging this police report for insurance claims purposes.

police Report



SINGAPORE  
POLICE FORCE



T/20180616/2114

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

3 of 3

Report No. T/20180616/2114

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:  
D /  
Sgt 1 GABRIEL CHAN WEE KEEN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Insp TAN CHIN YONG  
Contact No.: 65476178

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
16/06/2018 19:36

Classification Of Case:



# Medical Cert



Changi  
General Hospital  
SingHealth

ORIGINAL

MEDICAL CERTIFICATE

EMD2018115783

|  |   |  |
|--|---|--|
| Name<br>THEH HUI KIANG (ZHENG HUIJUAN)   |   | NRIC No.<br>S7917022D                                      |
| This is to certify that the above-named is unfit for duty for a period of <u>3</u> days from <u>16-Jun-2018</u> to <u>18-Jun-2018</u> inclusive. |   |  |
| Type of medical leave granted :  |   |  |
| <input type="checkbox"/> Hospitalization Leave   | <input checked="" type="checkbox"/> Outpatient Sick Leave |  |
| Admitted on : _____  | <input type="checkbox"/> Maternity Leave                  | Delivered on : _____                                       |
| Discharged on : _____  | <input type="checkbox"/> Sterilization Leave              | Operated on : _____  |
| This certificate is not valid for absence from court attendance.   |   |  |
| Diagnosis  | Surgical Operation (if applicable)                        |  |
|  |   |  |
| Fit for light duty from <u>N.A.</u> to <u>N.A.</u>   |   |  |
| Comments :   |   |  |
| The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u><br>No medical leave is necessary.                              |   |  |
| Hospital/Clinic  | Ward No.  | Signature, Name (in BLOCK LETTERS) and Designation/MCR No. |
| Emergency Medicine   | CGH Accident & Emergency                                  | <br>NARAIN PURUSHOTORMAN, 61952C                           |
| Changi General Hospital  | Date<br>16-Jun-2018                                       |  |

# Medical Cert



ORIGINAL

## MEDICAL CERTIFICATE

EMD2018115835

|   |   |  |
|---|---|--|
| Name<br><b>CHEW BOON YONG</b>   |   | NRIC No.<br><b>S8714950A</b>   |
| This is to certify that the above-named is unfit for duty for a period of <u>14</u> days from <u>16-Jun-2018</u> to <u>29-Jun-2018</u> inclusive. |   |  |
| Type of medical leave granted :   |   |  |
| <input checked="" type="checkbox"/> Hospitalization Leave   | <input type="checkbox"/> Outpatient Sick Leave                                |  |
| Admitted on : _____   | <input type="checkbox"/> Maternity Leave,                                     | Delivered on : _____   |
| Discharged on : _____   | <input type="checkbox"/> Sterilization Leave,                                 | Operated on : _____  |
| This certificate is not valid for absence from court attendance.  |   |  |
| Diagnosis   |   | Surgical Operation (if applicable)   |
| Fit for light duty from <u>N.A.</u> to <u>N.A.</u>  |   |  |
| Comments :<br>The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u><br>No medical leave is necessary.                 |   |  |
| Hospital/Clinic<br><b>Emergency Medicine</b><br><b>Changi General Hospital</b>  | Ward No.<br><b>CGH Accident &amp; Emergency</b><br>Date<br><b>16-Jun-2018</b> | Signature, Name (In BLOCK LETTERS) and Designation/MCR No.<br><br><b>JOSHUA SIM ZHI RUI , 63938I</b> |

Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





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