

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	19/06/2018 17:59
Date Of Accident	08/05/2018 17:10
Exact Location Of Accident	KPE TOWARDS TPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FV6872Z
Insured/Policyholder	
Name Of Registered Owner	CHEN WEIQUAN
NRIC No	S8922499C
Email Address	RUSSELL_1989@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-85003232
Alternative Phone No	OTHERS-85003232

Vehicle Particulars

Manufacturer	HONDA
Model	CB400SF2J
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
Fleet Policy	NO
Policy Number	5071077538-03
Cover Note Number	

Driver

Name of Driver	CHEN WEIQUAN
NRIC No	S8922499C
Date Of Birth	27/06/1989
Occupation	OUTDOOR
Date Of Driving Pass	29/10/2009
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85003232
Fax Number	
Contact Number	OTHERS-85003232
Email Address	RUSSELL_1989@HOTMAIL.COM

Address	BLK 192C RIVERVALE DRIVE #01-948
Postcode	543192
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 - SINGAPORE CITY
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

PLS REFER TO THE POLICE REPORT : T/20180514/2110

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF1964G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	CHEN WEIQUAN
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	FV6872Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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6. The 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 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.

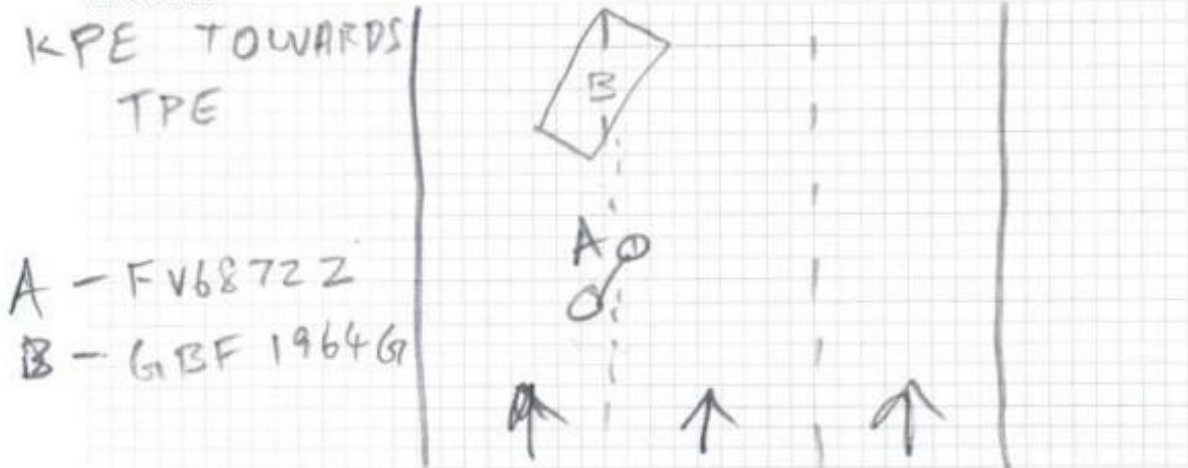

Policyholder's Signature
Date & Time:


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


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
T/20180514/12110

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.:

19/6/2018

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180514/2110

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

2 of 3

Report No. T/20180514/2110

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHEN WEIQUAN	ID No.	S8922499C
Related Vehicle	FV6872Z (Motorcycle)	Contact No.	85003232
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/05/2018	Date Discharge	12/05/2018
No. of Days granted Medical Leave	07	Degree of Injury	Serious

Brief Details.

On 8/5/18 at about 1710hrs

While riding along KPE towards TPE, I was traveling between lane 2 and 3 cutting vehicles. Suddenly a lorry from the 3rd lane changed to 2nd lane. I pressed my horn and brakes and tried to swerve to prevent collision. I noticed the lorry swerving back a little as well. But it was too late and I still managed to brush against the lorry rear right side and fell.

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**

Traffic Police
10 Ubi Avenue 3
Singapore 408665
Tel +65 6547 0000
Fax +65 6547 6259
www.police.gov.sg

Our Ref : TP/IP/27323/2018
Date : 12 June 2018

Chen Weiquan
Blk 192C Rivervale Crescent
#01-948
Singapore 543192

Dear Sir,

**TRAFFIC ACCIDENT INVOLVING FV6872Z AND GBF1964G ALONG KPE TOWARDS TPE
BEFORE TAMPINES ROAD EXIT ON 08/05/2018 AT ABOUT 5.09 P.M.**

I refer to the above accident.

- 2 Our investigations into the case have been completed.
- 3 Please be informed that action has been initiated against the driver of GBF1964G for the offence of Inconsiderate Driving under Section 65(b) of the Road Traffic Act Chapter 276.
- 4 If you have any clarification, you may contact the Investigation Officer Mohamed Sufian at office number: 6547 6367 or via email address at Mohamed Sufian Sudin@spf.gov.sg.


**MOHD SUFIAN, SSGT
for HEAD INVESTIGATION
TRAFFIC POLICE**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180514/2110

1 of 3

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

Report No. T/20180514/2110

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/05/2018 14:56	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: CHEN WEIQUAN	Address: APT BLK 192C RIVERVALE DRIVE #01-948 HDB-KANGKAR SINGAPORE 543192		
ID Type / ID No.: NRIC NO / S8922499C	Contact No.: Home/Office: Mobile: 85003232		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 28	Date of Birth: 27/06/1989	Type of Informant: Rider
Race: Chinese	Language:		Institution / School Name:
Occupation: Chef	Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/05/2018 17:10	Type of Location:
Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY TOWARDS TPE				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FV6872Z	Motorcycle	HONDA	CB400SF2J	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FV6872Z	NTUC Income Insurance Co-Operative Limited	5071077538-03	21/04/2018	20/04/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/20180514/2110

2 of 3

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

Report No. T/20180514/2110

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHEN WEIQUAN	ID No.	S8922499C
Related Vehicle	FV6872Z (Motorcycle)	Contact No.	85003232
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/05/2018	Date Discharge	12/05/2018
No. of Days granted Medical Leave	07	Degree of Injury	Serious

Brief Details.

On 8/5/18 at about 1710hrs

While riding along KPE towards TPE, I was traveling between lane 2 and 3 cutting vehicles. Suddenly a lorry from the 3rd lane changed to 2nd lane. I pressed my horn and brakes and tried to swerve to prevent collision. I noticed the lorry swerving back a little as well. But it was too late and I still managed to brush against the lorry rear right side and fell.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180514/2110

3 of 3

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

Report No. T/20180514/2110

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:
TP /
WONG ZI WEI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MOHAMED SUFIAN BIN SUDIN
Contact No.: 65476367

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
14/05/2018 14:56

Classification Of Case:

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MUAN18079191 Vehicle Registration No: FV6872Z
Name(as shown in NRIC): CHAI WAICHAO NRIC/FIN/Passport No: S8922499C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore()
Contact (Tel): _____ Mobile No.: 85003232
Email Address: _____
Date of Accident: 08/05/2018 Time of Accident: 17:10
Place of Accident: KPE TOWARDS TPE
Insurance Company: NZUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- ① Witness View With TPE
- ② ~~SOMEONE~~ ^{TRUCKER} WAS INVOLVED IN HSP1702

Policyholder / Driver's Signature
Date:

14/07/2018
Reporting Centre Personnel's Signature
Name: ROSE L JAYARAJ
NRIC/FIN No:
Date: 14/07/2018