

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	25/06/2018 11:12
Date Of Accident	17/05/2018 08:15
Exact Location Of Accident	LOYANG AVE NEAR LOYANG WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG4591Z
Insured/Policyholder	
Name Of Registered Owner	CHEE WOON KEONG
NRIC No	S7816200G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98447744
Alternative Phone No	OFFICE-98447744

Vehicle Particulars

Manufacturer	PIAGGIO
Model	VESPA LX150 CVT
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	REPORTING ONLY
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	5055049016-05
Cover Note Number	-

Driver

Name of Driver	CHEE WOON KEONG
NRIC No	S7816200G
Date Of Birth	18/10/1978
Occupation	INDOOR
Date Of Driving Pass	22/10/2009
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98447744
Fax Number	
Contact Number	OFFICE-98447744
Email Address	NOEMAIL

Address	BLK 128 GEYLANG EAST AVE 1 #11-127
Postcode	380128
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 - CHANGE/CROSS LANE
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?	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	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7449999 - FAX NO: 65476366
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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	CHEE WOON KEONG
Approximate Age	
Injuries Sustain	ABRASION ON BOTH KNEE AND ELBOWS AND UPPER LIPS
Injured person in which vehicle?	FBG4591Z
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.

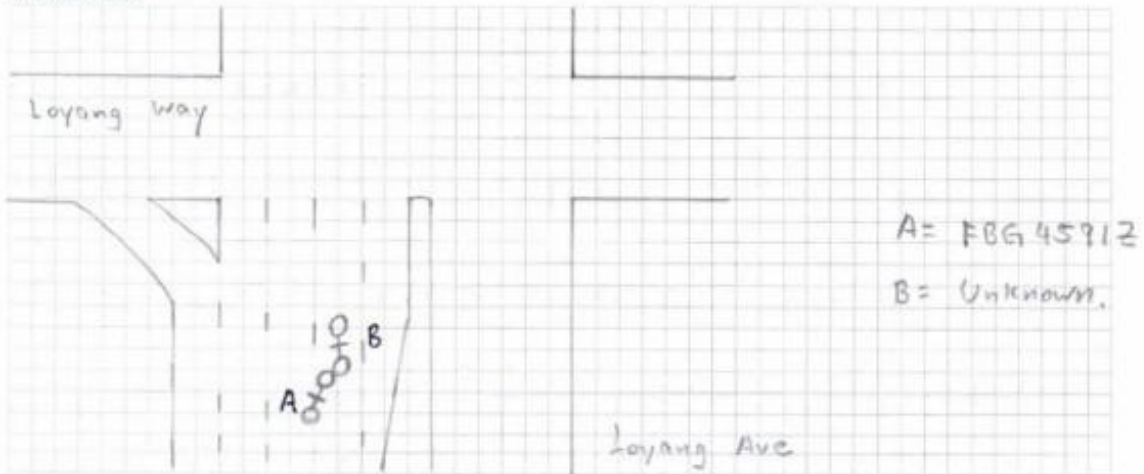
(d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

(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.

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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/20180531/2120

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

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Report No. T/20180531/2120

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/05/2018 15:32		Vide Report No.:		Station Diary No.: 30
Informant's Particulars				
Name of Informant: CHEE WOON KEONG		Address: APT BLK 128 GEYLANG EAST AVENUE 1 #11-127 SINGAPORE 380128		
ID Type / ID No.: NRIC NO / S7816200G		Contact No.: Home/Office: Mobile: 98447744		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 39	Date of Birth: 18/10/1978	Type of Informant: Rider	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: SAF REGULAR		Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/05/2018 08:15	Type of Location: Straight Road
Location: Along Road 1 LOYANG AVENUE Loyang Ave near to Loyang Way				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Heavy	
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
FBG4591Z	Motorcycle	PIAGGIO	VESPA LX150 CVT	Red	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBG4591Z	NTUC Income Insurance Co-Operative Limited	5055049016-05	08/09/2017	07/09/2018

POLICE REPORT



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T/20180531/2120

Police Station Of Origin:
MacPherson NPP
54 Piplit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

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Report No. T/20180531/2120

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHEE WOON KEONG	ID No.	S7816200G
Related Vehicle	FBG4591Z (Motorcycle)	Contact No.	98447744
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 3 Date of Expiry: NIL
Date Treatment	17/05/2018	Date Discharge	18/05/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On the 17/05/2018 at about 08:30am, I was riding my motorcycle FBG4591Z along Loyang Ave to myendon Camp located at Old Pier Rd. As I was travelling at Loyang Ave at the lane 2 slightly left, I decided to shift slightly on my right out of sudden one motorcycle in his high speed dashed beside me. Due to that I had hit onto his rear left side box and fall on the ground, I was still conscious upon the incident happened. I wish to state that Police and Ambulance attended to the incident and was conveyed to Changi General Hospital A&E. I was given 7 days medical leave from 17/05/2018 to 23/05/2018, I suffered slight abrasion on my both knees and elbows and slight cut on my upper lips.

POLICE REPORT



SINGAPORE
POLICE FORCE

Police Station Of Origin:
MacPherson NPP
54 Piplt Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999



T/20180531/2120

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Report No. T/20180531/2120

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:

G /
Sgt 3 MUHAMMAD DJAMADIL BIN SIDIK

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

31/05/2018 15:32

Officer In Charge Of Case:

TP / AEIT /
SSI KASAWAROTE SAMIAN
Contact No: 65478179

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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