

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 14:12
Date Of Accident	18/06/2018 17:30
Exact Location Of Accident	CHOA CHU KANG NORTH 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD1442G
Insured/Policyholder	
Name Of Registered Owner	PECK ZI QIANG
NRIC No	S9436001C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92335554
Alternative Phone No	OTHERS-92335554

Vehicle Particulars

Manufacturer	YAMAHA
Model	T135
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5101342817
Cover Note Number	

Driver

Name of Driver	PECK ZI QIANG
NRIC No	S9436001C
Date Of Birth	30/09/1994
Occupation	OUTDOOR
Date Of Driving Pass	30/06/2015
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92335554
Fax Number	
Contact Number	OTHERS-92335554
EEmail Address	NOEMAIL

Address	BLK 137 TECK WHYE LANE #03-317
Postcode	680137
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	SIDE SWIPE
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	BUKIT PANJANG
Police Station Address	ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180619/2012

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	SLH7116U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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 PECK ZI QIANG

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? FBD1442G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Accident Sketch Plan


SKETCH PLAN

IMPORTANT NOTICE

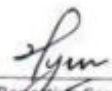
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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.

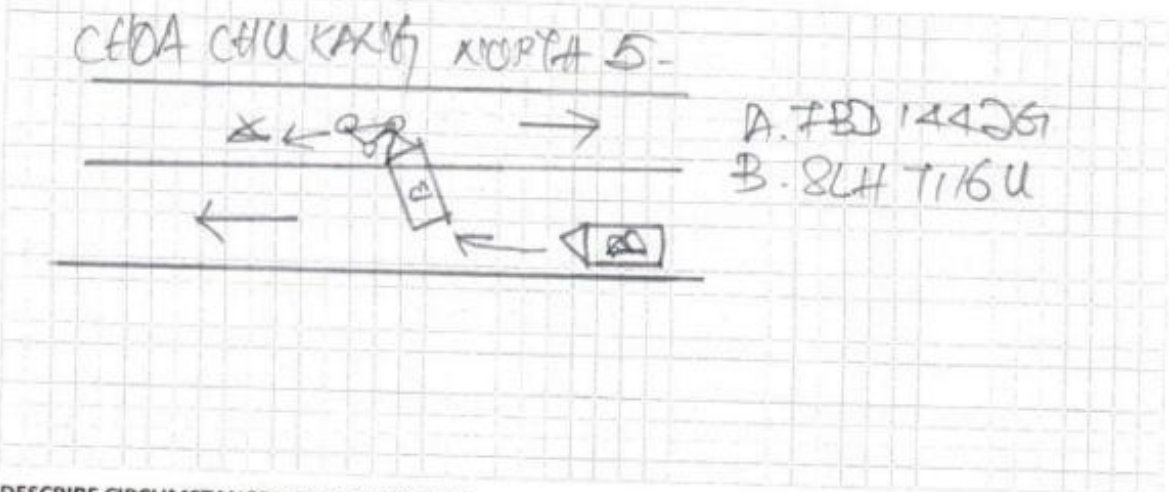

Policyholder's Signature
Date & Time:

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

 25/06/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


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:

 25/06/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180619/2012

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20180619/2012

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	PECK ZI QIANG	ID No.	S9436001C
Related Vehicle	FBD1442G (Motorcycle)	Contact No.	92335554
Hospital/Clinic	NG TENG FONG GENERAL HOSPITA	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	18/06/2018	Date Discharge	18/06/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 18th June 2018 at about 1730hrs, I was riding my bike along Choa Chu Kang North 5 towards Choa Chu Kang Way. While riding, there was a vehicle, SLH 7116 U at the opposite direction travelling straight when all of a sudden, the vehicle made a U-Turn at a single unbroken white line. I was unable to stop my vehicle on time thus I collided into the side of the vehicle. The incident happened out of a sudden that the next thing I knew was that I was on the ground. My colleague assisted to call for Police assistance and for Ambulance services. I was then conveyed to Ng Teng Fong Hospital condition conscious. I was given 4 days MC from the hospital from 18th June 2018 till 21th June 2018.

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/20180619/2012

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 3

Report No: T/20180619/2012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/06/2018 01:50		Vide Report No.: 7/RECEIPT/071		Station Diary No.: 29
Informant's Particulars				
Name of Informant: PECK ZI QIANG		Address: APT BLK 137 TECK WHYE LANE #03-317 SINGAPORE 680137		
ID Type / ID No.: NRIC NO / S8438001C		Contact No.: Home/Office: Mobile: 92335554		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 23	Date of Birth: 30/09/1994	Type of Informant: Rider	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: DELIVERY RIDER		Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/06/2018 17:30	Type of Location: Straight Road
Location: Along Road 1 CHOA CHU KANG NORTH 5				
Weather: Clear		Road Surface: Oily	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD1442G	Motorcycle	YAMAHA	T135	Black	Slightly Damaged	0
SLH7116U	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
FBD1442G	NTUC Income Insurance Co-Operative Limited	5101342817	10/06/2018	10/06/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/20180819/2012

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929899

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Report No. T/20180819/2012

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	PECK ZI QIANG	ID No.	S9436001C
Related Vehicle	FBD1442G (Motorcycle)	Contact No.	92335554
Hospital/Clinic	NG TENG FONG GENERAL HOSPITA	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	18/06/2018	Date Discharge	18/06/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 18th June 2018 at about 1730hrs, I was riding my bike along Choa Chu Kang North 5 towards Choa Chu Kang Way. While riding, there was a vehicle, SLH 7118 U at the opposite direction travelling straight when all of a sudden, the vehicle made a U-Turn at a single unbroken white line. I was unable to stop my vehicle on time thus I collided into the side of the vehicle. The incident happened out of a sudden that the next thing I knew was that I was on the ground. My colleague assisted to call for Police assistance and for Ambulance services. I was then conveyed to Ng Teng Fong Hospital condition conscious. I was given 4 days MC from the hospital from 18th June 2018 till 21th June 2018.

Police Report



SINGAPORE
POLICE FORCE



T/20180619/2012

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No: T/20180619/2012

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:
J /
Sgt 3 NUR SABRINA BINTE ABU HUSSAIN

Signature Of Informant

Signature Of Interpreter:
Not applicable

Date/Time:
19/06/2018 01:50

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt NOR FAIZAL BIN YAHYA
Contact No : 65478202

Classification Of Case:

Authentication Stamp
NP159



Signature:

Singapore Police Force

SN-117