

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	25/07/2018 12:40
Date Of Accident	19/07/2018 22:05
Exact Location Of Accident	TRAFFIC JUNCTION OF UPPER JURONG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM3338P
Insured/Policyholder	
Name Of Registered Owner	WONG HENG CHEONG
NRIC No	S7968015Z
Email Address	NOBEERNODAD@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97991137
Alternative Phone No	OTHERS-97991137

Vehicle Particulars

Manufacturer	HONDA
Model	CBF190X
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094616597
Cover Note Number	

Driver

Name of Driver	WONG HENG CHEONG
NRIC No	S7968015Z
Date Of Birth	23/03/1979
Occupation	INDOOR
Date Of Driving Pass	06/12/2010
Driving Experience	7 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97991137
Fax Number	
Contact Number	OTHERS-97991137
Email Address	NOBEERNODAD@GMAIL.COM

Address	BLK 986C JURONG WEST STREET 93 #11-617
Postcode	643986
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 - MAJOR/MINOR RD
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	NANYANG N.P.C
Police Station Address	ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER 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	SKW5258P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG CHEE KEONG
NRIC/Passport Number	S7527649D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name WONG HENG CHEONG

Approximate Age

Injuries Sustain REFER REPORT

Injured person in which vehicle? FBM3338P

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Sketch Plan

SKETCH PLAN

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 liability.
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. 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: 21/7/18 13:00

Driver's Signature

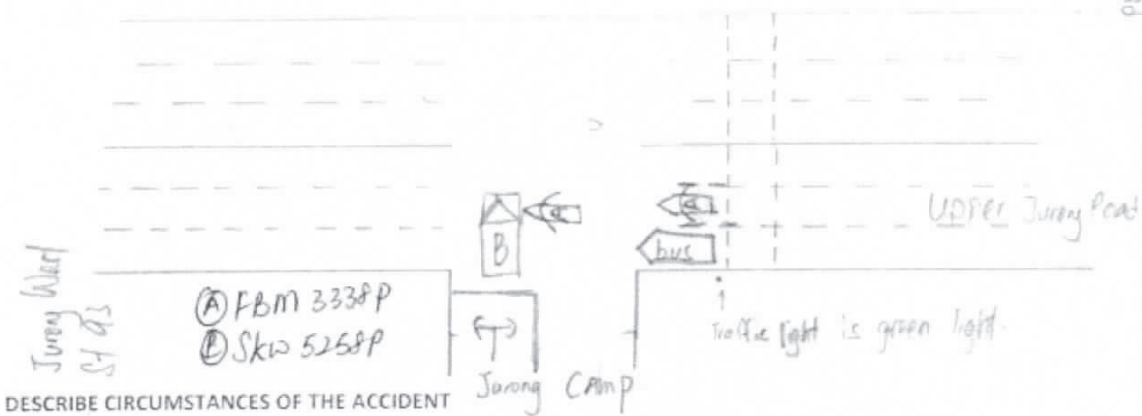
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer police report

DECLARATION

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

Wong
Policyholder's Signature
21/7/18 13:00

Driver's Signature

Reporting Centre Personnel's Signature



**SINGAPORE
POLICE FORCE**



T/20180720/2169

1 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20180720/2169

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/07/2018 18:22	Vide Report No.:	Station Diary No.: 184
--	------------------	---------------------------

Informant's Particulars

Name of Informant: WONG HENG CHEONG			Address: APT BLK 986C JURONG WEST STREET 93 #11-617 SINGAPORE 643986		
ID Type / ID No.: NRIC NO / S7968015Z			Contact No.: Home/Office:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 19/07/2018 20:05	Type of Location: Straight Road
Location: Along Road 1 UPPER JURONG ROAD				
Upper Jurong Road in the direction of Jurong West St. 93, at the junction outside Jurong military camp.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM3338P	Motorcycle	HONDA	CBF190X MANUAL	White	Slightly Damaged	0
SKW5258P	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM3338P	NTUC Income Insurance Co-Operative Limited	5094616597	27/09/2017	26/09/2018



**SINGAPORE
POLICE FORCE**



T/20180720/2169

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

2 of 3

Report No. T/20180720/2169

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	WONG HENG CHEONG	ID No.	S7968015Z
Related Vehicle	FBM3338P (Motorcycle)	Contact No.	97991137
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	19/07/2018	Date Discharge	20/07/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	NG CHEE KEONG	ID No.	S7527649D
Related Vehicle	SKW5258P (Car)	Contact No.	NIL
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 19/7/2018, at about 2205hrs, I was riding at Upper Jurong Road in the direction of Jurong West St. 93. When I reached the road just outside Jurong Military Camp, a car (License plate no.: SKW5258P) was turning out from the camp to go to the other side of Upper Jurong Road towards the direction of Benoi Road. There was a bus that was travelling on the left side of my motorcycle at that period of time. This might have resulted in blind spot for both of us. My motorcycle's head collided with the said car's side as a result. Ambulance was called down to scene and I was conveyed to Ng Teng Fong General Hospital soon after. on 20/7/2018, at about 0330hrs, I was discharged from Ng Teng Fong General Hospital. I have suffered bruises on my arm, back and thigh and I was given a 7 days MC. The police attended to the scene after I was conveyed to the hospital. My motorcycle was also towed away on 19/7/2018. I wish to state that I am lodging this report for insurance purposes.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999



T/20180720/2169

3 of 3

Report No. T/20180720/2169

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/
Insp TAN YU TING

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 3 RASHIDAH BINTE AZMAN
Contact No.: 65476216

Signature Of Informant:

Date/Time:
20/07/2018 18:22

Classification Of Case:

Authentication Stamp
NP168



SN 127

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	8015Z
Vehicle Details	
Vehicle No.:	FBM3338P
Vehicle to be Exported:	Yes
Intended De-registration Date:	23 Jul 2018
Vehicle Make:	HONDA
Vehicle Model:	CBF190X MANUAL
Primary Colour:	White
Manufacturing Year:	2017
Engine No.:	SDH161FMKH3204059
Chassis No.:	LALPJL700H3136385
Maximum Power Output:	-
Open Market Value:	\$3,327.00
Original Registration Date:	27 Sep 2017
First Registration Date:	27 Sep 2017
Transfer Count:	1
Actual ARF Paid:	\$500.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	26 Sep 2027
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$5,501.00
COE Rebate Amount:	\$4,400.00
Total Rebate Amount:	\$4,400.00

The information contained herein is correct as at 23 Jul 2018

OK