

## 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	26/07/2018 14:54
Date Of Accident	16/07/2018 19:40
Exact Location Of Accident	JURONG EAST AVE 1 TOWARDS JURONG EAST ST 32
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ2322G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEONG WAI SENG
NRIC No	S8518242J
Email Address	WSLEONG85@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81270629
Alternative Phone No	OTHERS-81270629

### Vehicle Particulars

Manufacturer	SYM
Model	GTS 200-172CC
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	5069750844-03
Cover Note Number	

### Driver

Name of Driver	LEONG WAI SENG
NRIC No	S8518242J
Date Of Birth	19/06/1985
Occupation	INDOOR
Date Of Driving Pass	26/06/2006
Driving Experience	12 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81270629
Fax Number	
Contact Number	OTHERS-81270629
Email Address	WSLEONG85@HOTMAIL.COM

Address	BLK 172 BUKIT BATOK WEST AVENUE 8 #20-339
Postcode	650172
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	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> NO. 92 BOON LAY WAY , <b>POSTCODE:</b> 609962 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8999999 - <b>FAX NO:</b> 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180717/2079

#### 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	GBE3030T
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MANINDER PAUL
NRIC/Passport Number	G5277884R
Contact Number	88260332
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)	2
Passenger 1	NAME:       :
	GENDER:     :

#### DETAILS OF INJURED PERSON 1

Name	LEONG WAI SENG
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBJ2322G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

### SKETCH PLAN

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)**

(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.

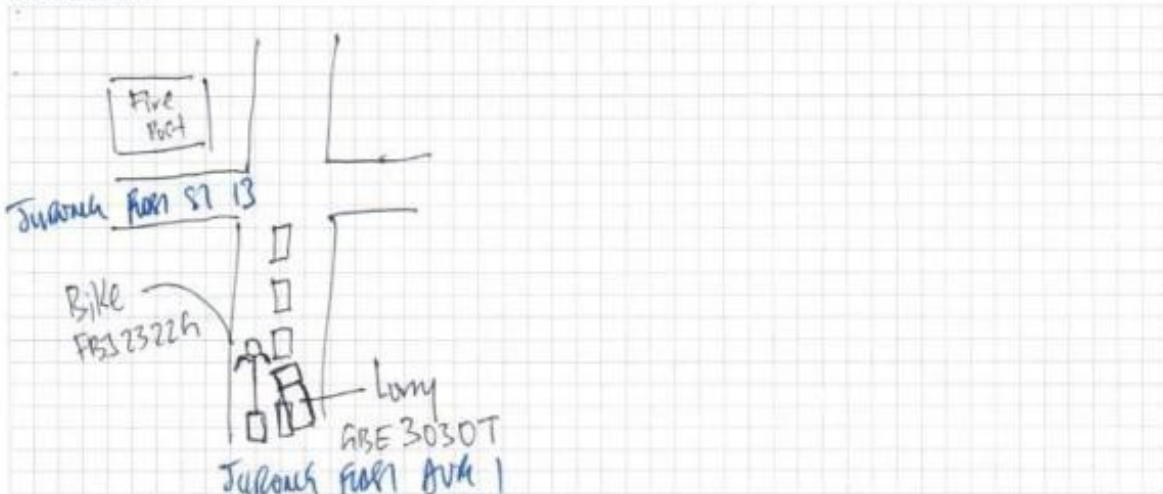
Policyholder's Signature \_\_\_\_\_  
Date & Time: \_\_\_\_\_

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

Reporting Centre Personnel's Signature  
Name: Rashid A. A. A.  
NRIC/FIN No.: 960101010101

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Q/S Referral to Police*  
*7/2018 7/7/2019*  
*REPORT*

## DECLARATION

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

*26/01/18*  
*12:01*  
 Policyholder's Signature  
 Date & Time:

*26/01/18*  
*12:01*  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

*26/07/2018*  
*Rishi Mathias*  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

4448711-0001PlanForm\_V3



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180717/2079

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

1 of 3  
Report No. T/20180717/2079

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/07/2018 13:31		Vide Report No.:		Station Diary No.: 62	
<b>Informant's Particulars</b>					
Name of Informant: LEONG WAI SENG			Address: APT BLK 172 BUKIT BATOK WEST AVENUE 8 #20-339 SINGAPORE 650172		
ID Type / ID No.: NRIC NO / S8518242J			Contact No.: Home/Office: Mobile: 81270629		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 33	Date of Birth: 19/06/1985	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: ASSISTANT CENTRE MANAGER			Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/07/2018 19:40	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 JURONG EAST AVENUE 1 JURONG EAST STREET 32 near to SCDF Fire post, Blk 318A Jurong East Avenue 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
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
FBJ2322G	Motorcycle	SYM	GTS200	Grey	Slightly Damaged	0
GBE3030T	Lorry					0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ2322G	NTUC Income Insurance Co-Operative Limited	5069750844-03	10/02/2018	09/02/2019

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**SINGAPORE  
POLICE FORCE**



T/20180717/2079

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

2 of 3

Report No. T/20180717/2079

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LEONG WAI SENG	ID No.	S8518242J
Related Vehicle	FBJ2322G (Motorcycle)	Contact No.	81270629
Hospital/Clinic	NATIONAL HEALTHCARE GROUP POLYCLINICS (BUKIT BATOK)	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	17/07/2018	Date Discharge	17/07/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

### Brief Details.

On the 16/07/2018 at about 7.41pm, I was riding my motorcycle alone on the leftmost lane at along Jurong East Ave 1 to go to Jurong West Street 42. There was a lorry on the rightmost lane beside me. Suddenly, the lorry went into my lane and hit on the front part of my motorcycle. I did not noticed any left signal on the lorry before it happen. The impact caused me to flung from my motorcycle and I landed on the concrete floor of the pavement.

The lorry driver stopped and we exchange particulars. During that point of time, I did not feel any pain at all. I only suffer abrasion on my right elbow and a minor cut on my lips but I did not call for the ambulance as my injuries were not serious. We then left the place.

Today (17/07/2018), I felt pain on my left legs hence I went to see the doctor. I was given 3 days of sick leave from the 17/07/2018 to the 19/07/2018.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180717/2079

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Tel No: 1800-8999999

3 of 3

Report No. T/20180717/2079

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 /

Staff Sgt ABU HAMID BIN ABU SHAMA

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Authentication Stamp

NP168

SN 34

SIGNATURE

Signature Of Informant:

Date/Time:

17/07/2018 13:31

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





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