

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	07/08/2018 09:17
Date Of Accident	06/08/2018 08:30
Exact Location Of Accident	SLIP RD ON WOODLANDS AVE 6 TOWARDS WOODLANDS AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK7794P
Insured/Policyholder	
Name Of Registered Owner	KONG KIN FAI (JIANG JIANHUI)
NRIC No	S8932671J
Email Address	XZENONX@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91882151
Alternative Phone No	OTHERS-91882151

Vehicle Particulars

Manufacturer	SUZUKI
Model	GSX1300RLO-1.3
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5099807169
Cover Note Number	

Driver

Name of Driver	KONG KIN FAI (JIANG JIANHUI)
NRIC No	S8932671J
Date Of Birth	18/09/1989
Occupation	INDOOR
Date Of Driving Pass	04/04/2018
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91882151
Fax Number	
Contact Number	OTHERS-91882151
EEmail Address	XZENONX@GMAIL.COM

Address	BLK 683C WOODLANDS DRIVE 62 #06-145
Postcode	733683
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?	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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180806/2110

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	YL3605B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHAN CHOONG YIH
NRIC/Passport Number	S7979635B
Contact Number	94524666
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

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

DETAILS OF INJURED PERSON 1

Name KONG KIN FAI (JIANG JIANHUI)
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? FBK7794P
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident 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: 06/08/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

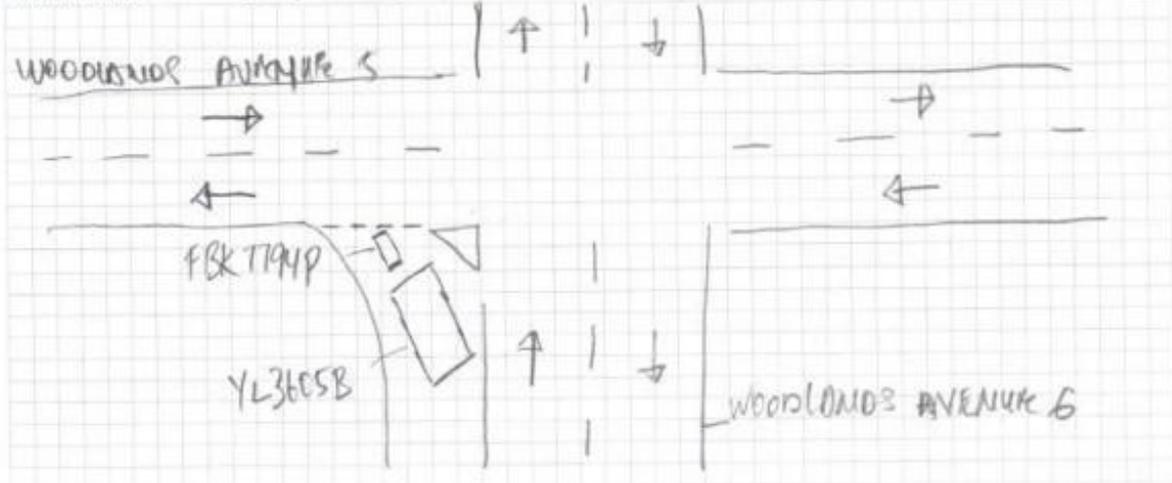
Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

SLIP ROAD FROM WOODLANDS AVENUE 6 TOWARDS AVENUE 5



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PLS REFER TO POLICE REPORT
7/2018/06/2110*

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time: 06/08/2018

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

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

GLAM: SignPadForm_V1

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180806/2110

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3

Report No. T/20180806/2110

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/08/2018 15:10	Vide Report No.:	Station Diary No.: 55
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Informant's Particulars

Name of Informant: KONG KIN FAI		Address: APT BLK 683C WOODLANDS DRIVE 62 #06-145 SINGAPORE 733683	
ID Type / ID No.: NRIC NO / S8932671J		Contact No.:	Mobile: 91882151
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 28	Date of Birth: 18/09/1989	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: PROCUREMENT OFFICER		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/08/2018 08:30	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 WOODLANDS AVENUE 6 WOODLANDS AVENUE 5 Slip road of Woodlands Avenue 6 towards Woodlands Avenue 5				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK7794P	Motorcycle	SUZUKI	GSX1300RA L6 (HAYABUSA ABS)	Red	Seriously Damaged	0
YL3605B	Lorry	NISSAN	YU41T4	White	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180806/2110

2 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No: T/20180806/2110

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK7794P	NTUC Income Insurance Co-Operative Limited	5099807169	11/04/2018	10/04/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	KONG KIN FAI		ID No.	S8932671J
Related Vehicle	FBK7794P (Motorcycle)		Contact No.	91882151
Hospital/Clinic	SHALOM CLINIC & SURGERY		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	06/08/2018		Date Discharge	NIL
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	Chan Choong Yih		ID No.	S7979635B
Related Vehicle	YL3605B (Lorry)		Contact No.	94524666
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 the 6th August 2018, at about 0830am, I was riding my motorcycle along Woodlands Avenue 6. I then made a left into the slip road, and stopped at the give way line to check for incoming vehicle along Woodlands Avenue 5. As I was checking a lorry from behind hit onto my motorcycle and I toppled to the ground. I then got up to check on my vehicle for damages. The exhaust of my motorcycle had been cracked, rear taillight broken, reflector broken, scratches on the front left fairing and handle bar misaligned. I then took pictures of my vehicle damages and exchanged particulars with the lorry driver. Towing was called as my vehicle handle bar was misaligned and unable to be driven. No ambulance was called as I was feeling normal. However after a few hours, I felt pain in my back hence proceeded for a medical checkup at Shalom Clinic.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180806/2110

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20180806/2110

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: D / Sgt 3 NG YONG XIN, ALESTER 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 06/08/2018 15:10
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168 	

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Shalom Clinic + Surgery

Shalom Clinic + Surgery

Alexandra Village
Blk 123 Bukit Merah Lane 1
#01-104 Singapore 150123
Tel: 6278 0270 Fax: 6278 4215

Alexandra Village
Blk 123, #01-104
Bukit Merah Lane 1
Singapore 150123
Tel: 6278 0270
Fax: 6278 4215

MEDICAL CERTIFICATE

Number: 0000069519

Date: 06-Aug-2018

This is to certify that the following patient:

Name: **KONG KIN FAI** NRIC: **S9932671J**

is UNFIT FOR DUTY for 3 days
from 06/08/2018 to 08/08/2018 Inclusive.

DR. LAWRENCE SOH
MA, MBBS, MSc(OM), FAMS
MCR: M02610G

Accident Photo



Accident Photo



Accident Photo



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