

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	08/08/2018 18:20
Date Of Accident	07/08/2018 15:20
Exact Location Of Accident	LOR 6 TOA PAYOH TWRDS CTE BTWN LAMPOST 104 TO 102
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ188J
Insured/Policyholder	
Name Of Registered Owner	NG KOK WAH
NRIC No	S7835770C
Email Address	ERICNGFZ188J@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97931920
Alternative Phone No	OTHERS-97931920

Vehicle Particulars

Manufacturer	HONDA
Model	CB400SF4J-399CC
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	5070006955-03
Cover Note Number	

Driver

Name of Driver	NG KOK WAH
NRIC No	S7835770C
Date Of Birth	22/11/1978
Occupation	INDOOR
Date Of Driving Pass	18/04/2006
Driving Experience	12 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97931920
Fax Number	
Contact Number	OTHERS-97931920
Email Address	ERICNGFZ188J@GMAIL.COM

Address	BLK 138 JALAN BUKIT MERAH #05-1410
Postcode	160138
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	
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/20180808/2105

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT1156E
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SYLVESTER GROGORY GUNALAN
NRIC/Passport Number	S9435396C
Contact Number	81189587
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	NG KOK WAH
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FZ188J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN


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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.

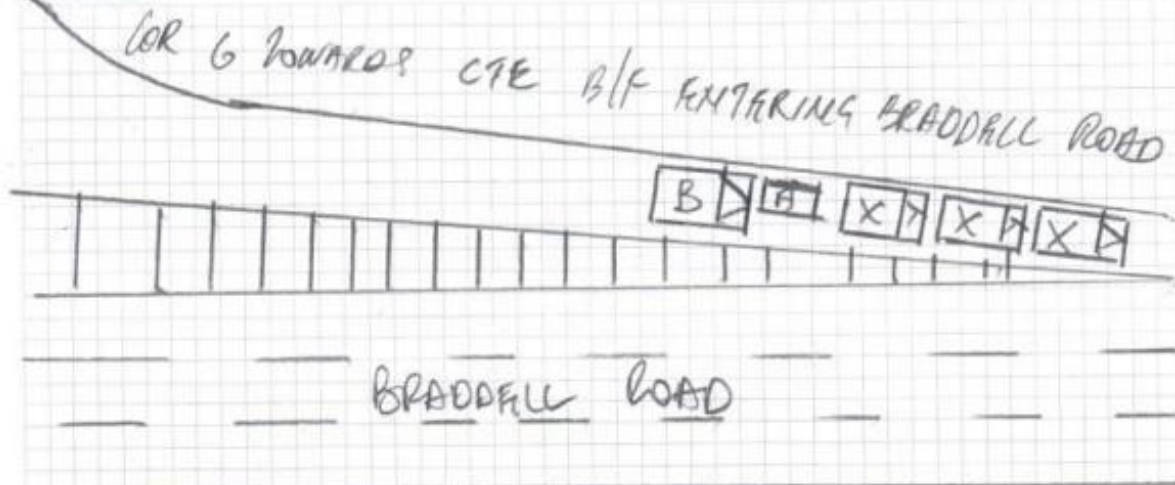

Policyholder's Signature
Date & Time:

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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A) FZ188J

B) SLT1156E

PLEASE REFER TO POLICE REPORT
T/20180808/205

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/20180808/2105

1 of 4

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

Report No. T/20180808/2105

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/08/2018 16:06	Vide Report No.:	Station Diary No.: 92
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Informant's Particulars

Name of Informant: NG KOK WAH			Address: APT BLK 138 JALAN BUKIT MERAH #05-1410 SINGAPORE 160138	
ID Type / ID No.: NRIC NO / S7835770C			Contact No.: Home/Office:	Mobile: 97931920
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 39	Date of Birth: 22/11/1978	Type of Informant: Rider	
Race: Chinese			Language:	Institution / School Name:
Occupation: SALES EXECUTIVE			Driving Licence Information: Class: 2B,2A	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 07/08/2018 15:20	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 LORONG 6 TOA PAYOH BRADDELL ROAD FROM LORONG 6 TOA PAYOH TOWARD CTE , BEFORE ENTERING BRADDELL ROAD BETWEEN LAMPOST 104 TO 102				
Weather: Clear		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
FZ188J	Motorcycle	HONDA	CB400SF4J M	Black	Totally Damaged	0
SLT1156E	Car				No Damage	1

Details of Vehicle Insurance

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



**SINGAPORE
POLICE FORCE**



T/20180808/2105

2 of 4

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

Report No. T/20180808/2105

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FZ188J	NTUC Income Insurance Co-Operative Limited	5070006955-03	29/03/2018	13/03/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	NG KOK WAH		ID No.	S7835770C
Related Vehicle	FZ188J (Motorcycle)		Contact No.	97931920
Hospital/Clinic	MAO MEDICAL CENTRE & SURGERY		Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		03	Degree of Injury	Slight
Driver				
Name	SYLVESTER GROGORY GUNALAN		ID No.	S9435396C
Related Vehicle	SLT1156E (Car)		Contact No.	81189587
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 7/8/2018 at about 1520hrs at the abovementioned location, while I was riding along the flyover and entering Braddell road, I saw that there was a queue and gradually went to a stop while waiting to move off. I suddenly feel a bang from behind me, I then realized the vehicle SLT1156E (V1) had bumped into the rear of my motorcycle FZ188J (V2) and I fell to the side due to the impact and landed sitting down. The Driver and passenger of V1 then exited his vehicle and asked if I am okay. There was another driver not related to the incident namely Edwin Wang, HP 63416789 behind who left his vehicle to ask if I am alright. I am unsure if he witnessed the whole event happening. Driver of V1 then suggested we move the vehicle aside so as to not obstruct traffic but I asked to take a picture first and both parties then took a picture before moving my vehicle aside. Driver of V1 then drove off after taking a picture and confirming that there was no injury. I rest for about two minutes to compose myself before checking my Vehicle and realized that it could not start. I then called Towing Service as my vehicle could not start. I then took a taxi before towing arrive.

I wish to state that I have back pain after the incident so I went to get a medical checkup and received 3

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180808/2105

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

3 of 4

Report No. T/20180808/2105

CONTINUATION OF REPORT

days MC from 8/8/2018 to 10/8/2018.

I am making this report for insurance purposes.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180808/2105

4 of 4

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

Report No. T/20180808/2105

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

 SINGAPORE POLICE FORCE	SN 47
	
SIGNATURE	

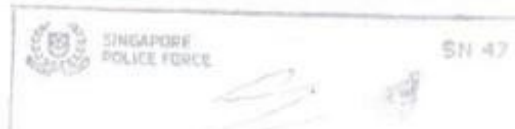
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
D /
Sgt 2 ANG KHENG HAOU, THAWAT

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168



Signature Of Informant:

Date/Time:
08/08/2018 16:06

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Driving License



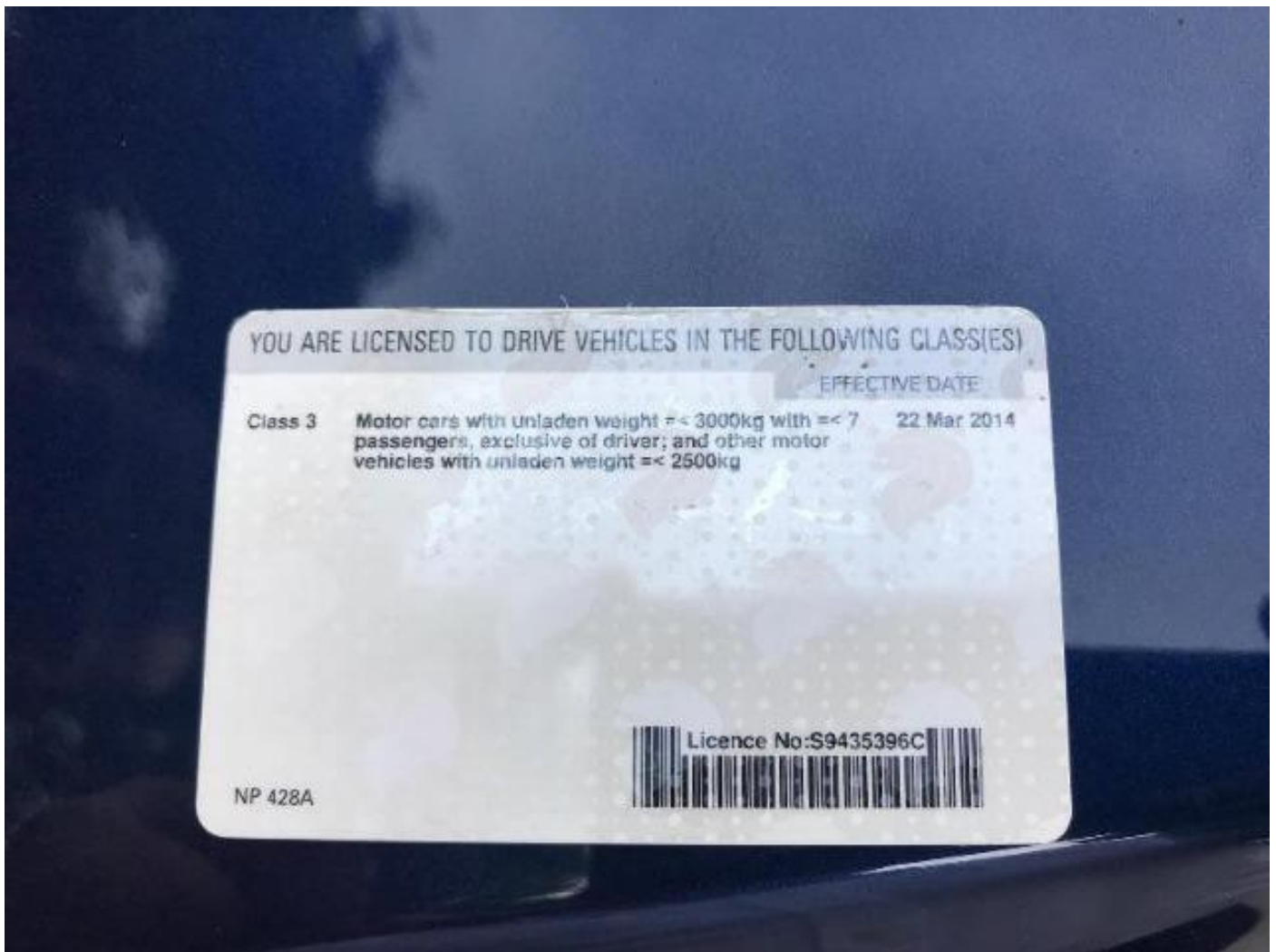
Accident Photo



Accident Photo



Identification Card



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S683500200 / GST Reg. No. M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MMA418102830 Vehicle Registration No: FZ188J
Name (as shown in NRIC) : NG Kok Wah NRIC/FIN/Passport No : S7835770C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No. : 97931920

Email Address : _____

Date of Accident : 07/08/2018 Time of Accident : 15:20

Place of Accident : Lot 6 Jln Payoh Teras CTE Btwn Lompoh 104 to 102

Insurance Company : MZUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Insured Telephone Number To 97931920

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rafiqi Yusoff
NRIC/FIN No: _____
Date: 08/08/2018