

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	29/08/2018 14:17
Date Of Accident	11/08/2018 13:30
Exact Location Of Accident	TIONG BAHRU ROAD / LOWER DELTA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD105L
Insured/Policyholder	
Name Of Registered Owner	CHONG KEE KEONG
NRIC No	S8185585D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98868286
Alternative Phone No	OTHERS-98868286

Vehicle Particulars

Manufacturer	YAMAHA
Model	T135

Exact Purpose for which vehicle was being used at time of accident

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	5050000877-07 TP
Cover Note Number	

Driver

Name of Driver	CHONG KEE KEONG
NRIC No	S8185585D
Date Of Birth	03/11/1981
Occupation	OUTDOOR
Date Of Driving Pass	06/06/2002
Driving Experience	16 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98868286
Fax Number	
Contact Number	OTHERS-98868286
Email Address	NOEMAIL

Address	BLK 927 #14-75 HOUGANG STREET 91
Postcode	530927
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?	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	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

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	SHB4766S
Vehicle Make/Model/Colour	HYUNDAI I40 1.7 CRDI
Details Of Properties	
Vehicle Category	TAXI
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	CHONG KEE KEONG
Approximate Age	36
Injuries Sustain	
Injured person in which vehicle?	FBD105L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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.

IDAC KAKI BUKIT (VAC)
 23 Kaki Bukit Ave 4
 Singapore 415933
 Tel: 67416697 Fax: 67492300
 Email: vackb@singnet.com.sg

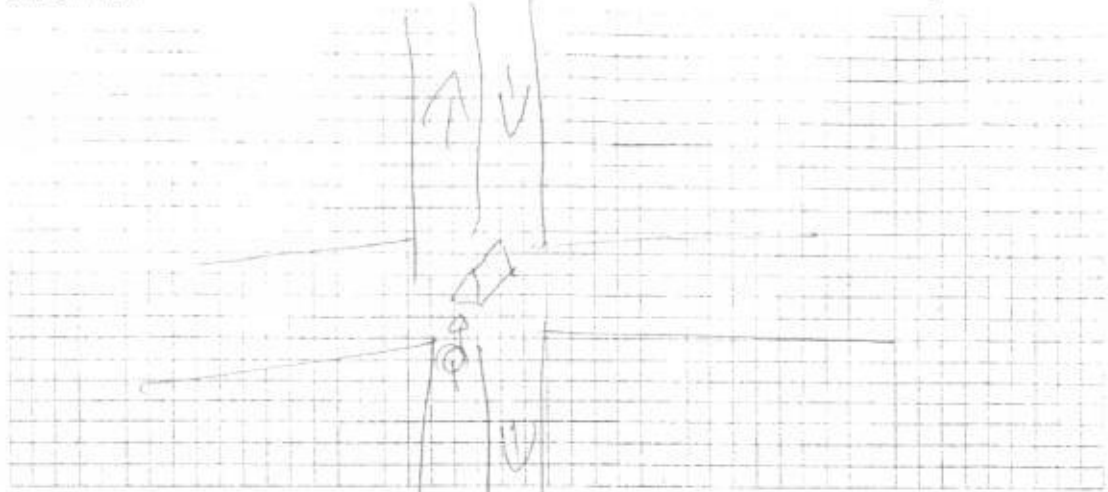
Policyholder's Signature
 Date & Time: 9 AUG 2018

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

Reporting Centre Personnel's Signature
 Name:
 NRIC/ID NO.:

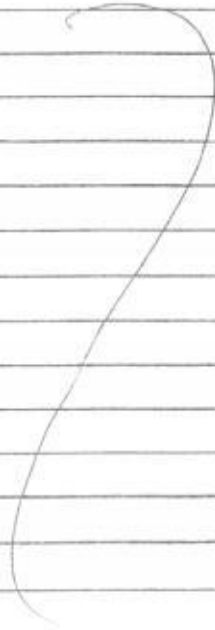
Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report no T/20180821/2137



IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: vackb@singnet.com.sg

DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 29 AUG 2018

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

Reporting Centre Person's Signature

NAME:
NRIC/FIN No:

Individual Statement Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180821/2137

1 of 3

Police Station Of Origin:
Woodlands East N P C
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No: T/20180821/2137

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 21/08/2018 17.05		Vide Report No.		Station Diary No 150	
Informant's Particulars					
Name of Informant CHONG KEE KEONG			Address: APT BLK 927 HOUGANG STREET 91 #14-75 SINGAPORE 530927		
ID Type / ID No NRIC NO / S8185585D			Contact No.: Home/Office: Mobile: 98868286		
Nationality: MALAYSIAN			Email:		
Sex Male	Age 36	Date of Birth: 03/11/1981	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: SERVICE TECHNICIAN			Driving Licence Information: Class: 2B.3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/08/2018 13:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 TIONG BAHRU ROAD LOWER DELTA ROAD JUNCTION OF TIONG BAHRU ROAD TOWARDS TIONG BAHRU PLAZA, AND LOWER DELTA ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD105L	Motorcycle	YAMAHA	T135	Black		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBD105L	NTUC Income Insurance Co-Operative Limited	5050000877-07	17/03/2018	16/03/2019

SHB47665



**SINGAPORE
POLICE FORCE**



T/20180821/2137

2 of 3

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20180821/2137

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHONG KEE KEONG	ID No.	S8185585D
Related Vehicle	FBD105L (Motorcycle)	Contact No.	98868286
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	11/08/2018	Date Discharge	21/08/2018
No. of Days granted Medical Leave	60	Degree of Injury	Serious

Brief Details.

On 11/08/2018 at about 1330hrs, I was riding my motorcycle (FBD105L) along Tiong Bahru road towards Tiong Bahru Plaza as I was heading to Jalan Membina.

As I was at the junction of Tiong Bahru road towards Tiong Bahru Plaza and Lower Delta road, the traffic light was green in favour of me. I also saw that at the pedestrian crossing of Lower Delta Road, there is still 7 seconds left for the green man. I then continued to drive on. Suddenly, a taxi came turning in from the opposite side of Tiong Bahru road to Lower Delta road towards Alexandra road.

Upon seeing the taxi suddenly turning in towards me, I tried to swerve to the right to avoid the taxi, however, it was too late and the left of my motorcycle collided onto the left of the taxi. My left arm and thigh hit onto the left side of the taxi.

I fell off my bike and rolled, however I was still conscious. I saw that my left leg was bent in a weird manner. A passer-by came forward to me and told me not to move and that I am safe. I also saw that there were many people gathered at the vicinity.

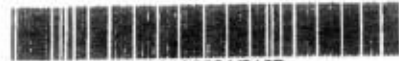
A while later, the ambulance came and brought me to Singapore General Hospital. I was treated there from 11/08/2018 to 21/08/2018 (10 days) before I was discharged. I was being treated for a fracture of shaft of my left femur and also for wounds at my left and right elbows and arms, and right leg.

I was also given 60 days MC from 11/08/2018 to 09/10/2018.

I wish to state that I do not have the particulars of the taxi nor the driver. I also do not have in-vehicle camera.



**SINGAPORE
POLICE FORCE**



T/20180821/2137

3 of 3

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Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20180821/2137

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 /

EISEN MAH SHI YAO

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/08/2018 17:05

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMMAD ZULKARNIAN BIN

SAMSUDIN

Contact No.: 65474885

SN 130

Authentication Stamp

NP168

Signature:

Singapore Police Force

Classification Of Case: