

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	26/09/2018 16:51
Date Of Accident	25/09/2018 17:15
Exact Location Of Accident	INTERNATIONAL BUSINESS PARK RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK2911B
Insured/Policyholder	
Name Of Registered Owner	WONG KAH PUN
NRIC No	S7502085F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97661308
Alternative Phone No	OFFICE-97661308

Vehicle Particulars

Manufacturer	HONDA
Model	VFR800X ABS M
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?	YES
If No, Please state action to be taken	
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MC/00465481
Cover Note Number	

Driver

Name of Driver	WONG KAH PUN (HUANG JIABIN)
NRIC No	S7502085F
Date Of Birth	21/01/1975
Occupation	INDOOR
Date Of Driving Pass	08/03/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97661308
Fax Number	
Contact Number	OFFICE-97661308
Email Address	NOEMAIL

Address	896 UPPER BUKIT TIMAH ROAD #05-30
Postcode	678189
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 - CHANGE/CROSS LANE
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?	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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180926/2061.

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	SH7345S
Vehicle Make/Model/Colour	
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)

1

DETAILS OF INJURED PERSON 1

Name	WONG KAH PUN (HUANG JIABIN)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBK2911B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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.

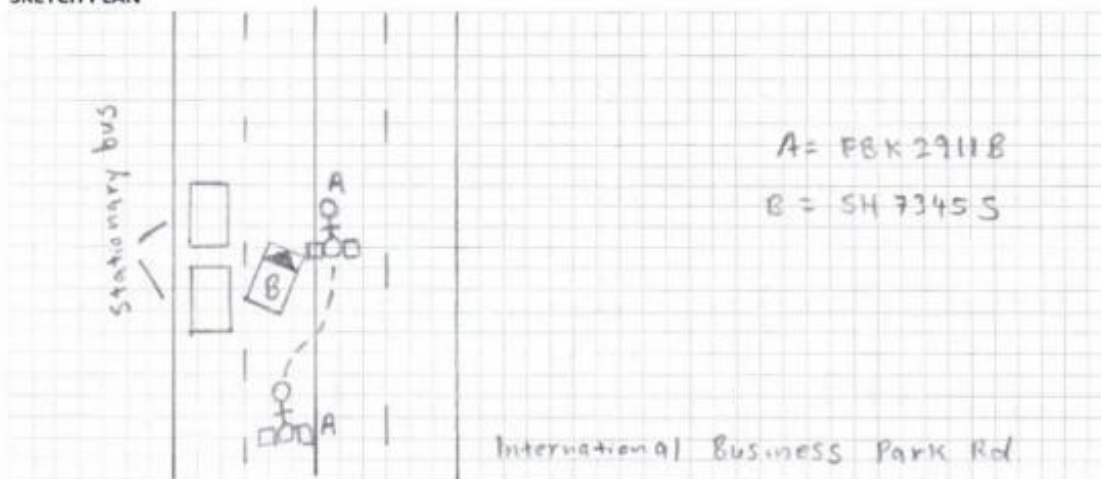
Policyholder's Signature
Date & Time:

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

Please Refer to Police Report &
Statement

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/20180926/2061

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20180926/2061

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/09/2018 12:34	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: WONG KAH PUN (HUANG JIABIN)			Address: 896 UPPER BUKIT TIMAH ROAD #05-30 THE LINEAR SINGAPORE 678189	
ID Type / ID No.: NRIC NO / S7502085F			Contact No.: Home/Office: Mobile: 97661308	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 43	Date of Birth: 21/01/1975	Type of Informant: Rider	
Race: Chinese			Language:	Institution / School Name:
Occupation: SALES			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 25/09/2018 17:15	Type of Location: Straight Road
Location: Along Road 1 INTERNATIONAL BUSINESS PARK				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK2911B	Motorcycle	HONDA	VFR800X ABS M	Black	Slightly Damaged	0
SH7345S	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Report



**SINGAPORE
POLICE FORCE**



T/20180926/2061

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20180926/2061

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK2911B	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/00465481	20/03/2018	19/06/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	WONG KAH PUN (HUANG JIABIN)		ID No. S7502085F
Related Vehicle	FBK2911B (Motorcycle)		Contact No. 97661308
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	25/09/2018		Date Discharge NIL
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION
I WAS TRAVELLING ALONG THE SAID LOCATION. THERE WERE 2 LANES, I WAS ON THE RIGHT LANE. IN FRONT OF ME, THE MENTIONED VEHICLE (A BLUE TAXI) DID AN ABRUPT STOP. IN ORDER FOR ME TO AVOID ANY COLLISION, I SWERVE TO THE RIGHT WITH THE INTENTION TO AVOID ANY COLLISION. HOWEVER, I DID NOT EXPECT HIM TO DID A SUDDEN TURN TO THE RIGHT AS THE SIGNAL CAME RIGHT BEFORE HE MAKE THE TURN. AS A RESULT, MY MOTORBIKE CAME INTO CONTACT WITH HIS VEHICLE. HE STOP AND HELPED ME UP. I THEN CALLED FOR AMBULANCE. I WAS ADMITTED TO NG TENG FONG HOSPITAL FOR FUTHER MEDICAL TREATMENT. I WAS ALSO GIVEN 5 DAYS MC.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180926/2061

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20180926/2061

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:
TP /
NG JIN SHENG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
26/09/2018 12:34

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MARIAH BINTE ZAKARIA
Contact No.: 65476433

Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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: S66550020G / 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 : MNA 118125062 Vehicle Registration No: FBK 2911B.
Name (as shown in NRIC) : Wong Kah Pun NRIC/FIN/Passport No : S7502085F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 97661308.
Email Address : _____
Date of Accident : 25/9/18 Time of Accident : 17:15
Place of Accident : International Business Park Rd
Insurance Company : Direct Asia Insurance.

(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:

I was travelling behind taxi^{no:} Sh7345s when I noticed that it braking gradually so I released my throttle and ~~braking~~ applying my foot brake. At the same, I moved to right of the lane to check traffic in case I need to overtake him. There were buses parked on the left lane. Suddenly, the taxi in front e-brake and swerve right to overtake to avoid collision. Then I noticed that he turn on his right signal and making a right turn immediately.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 27/9/18.

Addendum Sheet

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< **GIA-addendumform3(EDIT).pdf** RECORDS MANAGEMENT CENTRE

INSURANCE
Tel (65) 6224 0010 Fax (65) 6224 0010
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S66306209 / GST Reg. No.: S440617715

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No. MMA118125062 V ehicle Registration No. FBK27118
 Name as shown in NRIC Lim Kah Poo NRIC/FIN/Passport No. S7502085F
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address 896 Upper Bukit Timah Road #05-30 Singapore 178189
 Contact (Tel) : _____ M obile No. 97661308
 Email Address : _____
 Date of Accident : 25/9/18 T ime of Accident: 13:15
 Place of Accident : International Business Park Rd.
 Insurance Company: Direct Asia

(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:

1. Amend to OD claim.

Policyholder / Driver's Signature
Date: _____

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