SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number
Contact Number

EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	05/10/2018 12:34
Date Of Accident	22/09/2018 12:50
Exact Location Of Accident	JALAN BUKIT MERAH / SIDE RD / BUKIT MERAH VIEW
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FT299D
Insured/Policyholder	
Name Of Registered Owner	CHOW SIANG YONG
NRIC No	S9620585F
Email Address	SIANGYONG96@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93840678
Alternative Phone No	OTHERS-93840678
Vehicle Particulars	
Manufacturer	HONDA
Model	RVF400RT
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	REPORTING ONLY
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	5088202916-01
Cover Note Number	
Driver	
Name of Driver	CHOW SIANG YONG
NRIC No	S9620585F
Date Of Birth	10/06/1996
Occupation	INDOOR
Date Of Driving Pass	05/05/2015
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE

(LOCAL) +65-93840678

SIANGYONG96@GMAIL.COM

OTHERS-93840678

Address BLK 87 REDHILL CLOSE

#13-586

Postcode 150087

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

isulance company of briver'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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

r) 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

NO

Police Station Contact TEL NO: 1800-4719999 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20181003/2181

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 UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 19

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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.
- 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 liability.
- 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.
- 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.
- 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:
 - 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.:

Sketch Plan #2 10 OW A: Motorcuc Jalan Bukit Bukit bohid DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Idon Bukit Merch Road towards was cidina dong CHE/SLE 20 approx. 30-40km/h. at a speed dutina the first lance However, The sight livense only plate oppound two cor lengins DWOY rould to MENER Cor cuddenly aggeoud let lone on I the WERE " ud liahi look of the lost was hit. impact As -thours. were no damages and from Car B WAT day. However nin 0 05 Meri the Schrina Juhera car B on the higherpy after travelling for opprov. 30 seconds I/We declare the foregoing particulars are true in every respect. (8 speed of Driver's Signature Policyholder's Signature Reporting Centre Personnel's Signature Date & Time: 40c+ 50m (If driver is not the policyholder) Name: Date & Time: NRIC/FIN No.: 4 oct Spm

Sketch Plan #3





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

2 of 3 Report No. T/20181003/2181

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FT299D	NTUC Income Insurance Co-Operative Limited	5088202916-01	24/02/2018	23/02/2019

Brief Details.

On 22/09/2018 @1250 hrs, I was riding along Jalan Bukit Merah towards Bukit Purmei. Before I reached the junction of Bukit Merah View, suddenly I saw a white Unknown registration M/Car inching out from Bukit Merah View . By the time I saw the car, it was too late, I have no time to brake but only to evade it. The junction was a yellow box. I managed to evade there was no serious damaged to my bike at that point of time. I then carry on riding towards my school at SIM, Clementi Road. During the journey to my school. My bike fairing came off. On 03/10/2018 @1900 hrs, I then saw a letter from Traffic Police regarding the accident. I was informed to lodge a Traffic accident report of it.

Sketch Plan #4



Singapore Police Force 10, Ubi Avenue 3 Singapore 408865 Tel : 6547 0000 Fax: 6547 6259

Date: 29 Sep 2018

Your Ref :

Our Ref : TP/IP/55561/2018

CHOW SIANG YONG APT BLK 87 REDHILL CLOSE #13-586 SINGAPORE 150087

երկլյես-իշկերեփիկ

Dear Sir / Madam

CASE OF TRAFFIC ACCIDENT INVOLVING FT299D ALONG JALAN BUKIT MERAH ON 22 SEP 2018 @ 12.50 PM

000013

Please be informed that Traffic Police is investigating into the above matter and will update you the status in due course.

- IF you have not lodged a Police Report of a Traffic Accident (NP168) in respect of the said accident which is now required for police investigation, please do so as soon as possible at the nearest police station, Neighbourhood Police Centre (NPC), Neighbourhood Police Post (NPP) or online via Singapore Police Force Electronic Police Centre (http://www.police.gov.sg/epc).
- Please note that the information given by you in the Police Report of a Traffic Accident (NP168) will be carefully considered. You may not be called upon for an interview if the information in the Police Report is sufficient for our investigation. However, if you have any further information or other evidence (such as CCTV footages) which you have not stated in your report and which you think will assist in the investigation, you are advised to contact the Investigation Officer within 2 weeks of this letter to arrange for an appointment.
- You may contact the Investigation Officer ABD KAREEM B ABD HAGUE at his / her office number: 65476079 or the supervisor CHEW SOOK YENG at 65476425 if you have any further queries.
- 5 Thank you.

Yours faithfully,

PUTEH BTE SHARIFF (DSP) CHIEF INVESTIGATION OFFICER INVESTIGATION BRANCH TRAFFIC POLICE

This is computer generated and does not require a signature.

A FORCE FOR THE NATION

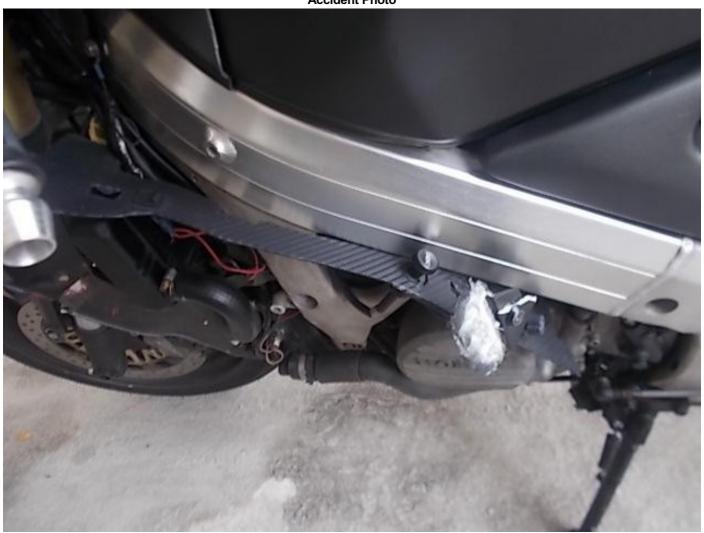


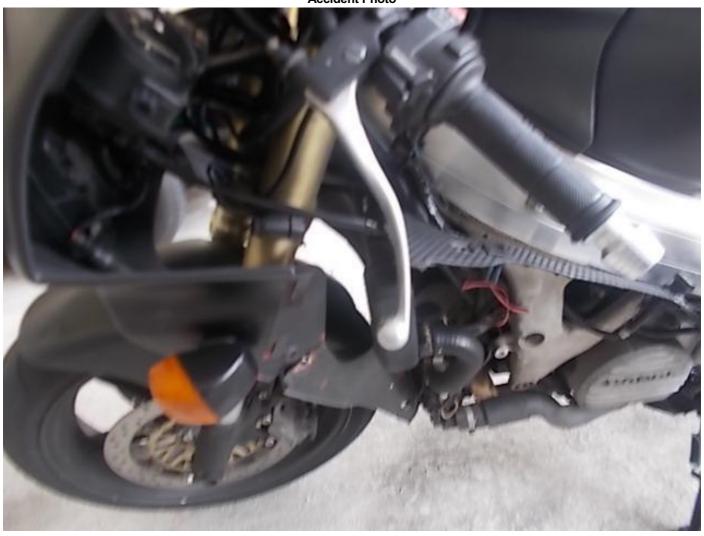
















Police Report





Police Station Of Origin: Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

1 of 3 Report No. T/20181003/2181

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/10/2018 21:12		Made:	Vide Report No.:	Station Diary No.: 104	
Informa	nt's Partic	ulars			
Name of Informant: CHOW SIANG YONG			Address: APT BLK 87 REDHILL CLOSE #13-586 SINGAPORE 150087		
ID Type / ID No.: NRIC NO / S9620585F		85F	Contact No.: Home/Office:	Mobile: 93840678	
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Male	Age:	Date of Birth: 10/06/1996	Type of Informant: Rider		
Race: Chinese			Language: English	Institution / School Name: Singapore Institute Management	
Occupation: Student			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:	

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 22/09/2018 12:50	Type of Location T-Junction	
JALAN BUKIT	Traveling Toward Ro				
		Road Surface:	11/2	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
FT299D	Motorcycle	HONDA	RVF400RT	Grey	Slightly Damaged	0
UNKNOWN CAR (Not Accurate)	Car				No Damage	0

icle Insurance			
nsurance Company	Insurance No	Effective	Expiry Date
۰			

Police Report





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

2 of 3 Report No. T/20181003/2181

CONTINUATION OF REPORT

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Police Report





Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073

3 of 3

Tel No: 1800-4719999

Report No. T/20181003/2181

CONTINUATION OF REPORT

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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 /	Signature Of Informant:
Sr Staff Sgt LIM KIM HUAT	Smy
Signature Of Interpreter:	Date/Time:
Not applicable	03/10/2018 21:12
Officer In Charge Of Case:	Classification Of Case:
TP / GIA / Staff Sgt WONG SIEU LUI	
Contact No.: 65476151	
Authentication Stamp	