

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 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.

ACCIDENT STATEMENT

Date Of Report	15/10/2018 15:42
Date Of Accident	12/10/2018 18:25
Exact Location Of Accident	DORSET RD & TRURO RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ448R
Insured/Policyholder	
Name Of Registered Owner	ANG HUNG KOK
NRIC No	S1574634C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97853658
Alternative Phone No	OTHERS-97853658

Vehicle Particulars

Manufacturer	YAMAHA
Model	XA CVT-125CC
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	5096577020
Cover Note Number	

Driver

Name of Driver	ANG HUNG KOK
NRIC No	S1574634C
Date Of Birth	23/10/1963
Occupation	OUTDOOR
Date Of Driving Pass	06/03/2014
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97853658
Fax Number	
Contact Number	OTHERS-97853658
Email Address	NOEMAIL

Address	BLK 114 ANG MO KIO AVENUE 4 #08-365
Postcode	560114
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	RAINING
Road Surface	WET

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	KEBUN BARU NPP
Police Station Address	ROAD: 111 ANG MO KIO AVE 4 , POSTCODE: 560111 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO THE POLICE REPORT: T/20181013/2078

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITNESS HAND OVER THE VIDEO TO THE POLICE
Was there any audio recorded?	NO

Details of Witness 1

Name	UNKNOWN(POLICE OFFICER)
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5448Z
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)

DETAILS OF INJURED PERSON 1	
Name	ANG HUNG KOK
Approximate Age	
Injuries Sustain	RIGHT HAND AND BOTH LEGS
Injured person in which vehicle?	FBJ448R
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:

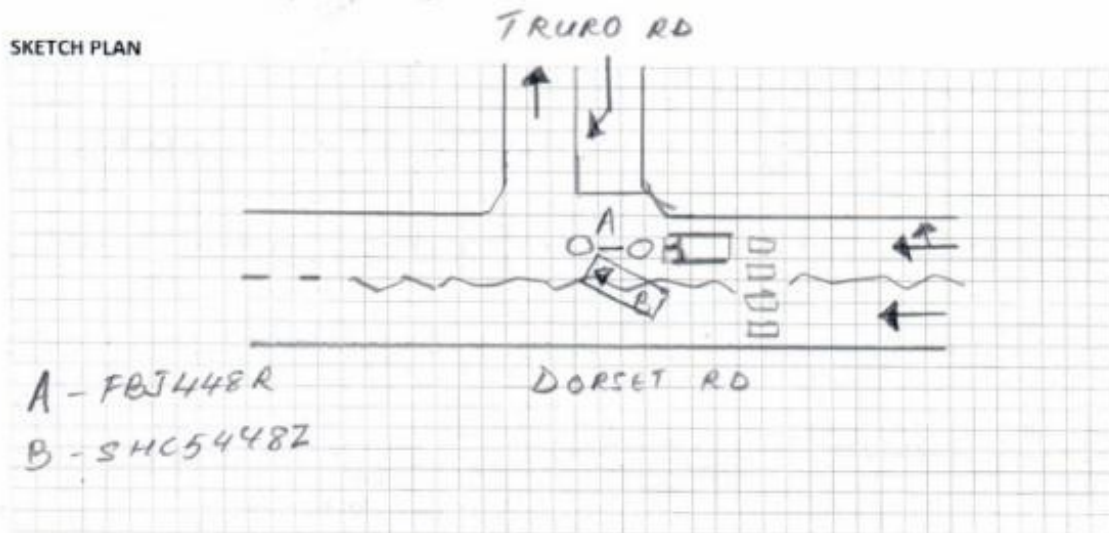
DIARM: SUNDIPB@com, S.S.

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

Pls refer to the police report: T/2018/013/2078

DECLARATION

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

Policyholder's Signature

Date & Time:

15/10/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20181013/2078

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

2 of 3

Report No. T/20181013/2078

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ANG HUNG KOK	ID No.	S1574634C
Related Vehicle	FBJ448R (Motorcycle)	Contact No.	97853658
Hospital/Clinic	JJ CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	12/10/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 12/10/2018 at about 1825hrs, while I was riding my motorcycle FBJ448R along Dorset Road towards Truro Road on the right most lane. Suddenly, a taxi which was travelling on my left signal to the right and immediately cut into my lane. I had no time to react and was knocked down by the taxi. Subsequently police arrived at scene and recorded down our particulars. I suffered some abrasion on my right hand and both legs area. I went to seek medical attention at JJ Clinic & Surgery and was given 3 days MC. My insurance number is 5096577020.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20181013/2078

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

1 of 3
Report No. T/20181013/2078

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/10/2018 13:24	Vide Report No.: E/20181012/0123	Station Diary No.: 15
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Informant's Particulars

Name of Informant: ANG HUNG KOK		Address: APT BLK 114 ANG MO KIO AVENUE 4 #08-365 SINGAPORE 560114	
ID Type / ID No.: NRIC NO / S1574634C		Contact No. Home/Office: Mobile: 97853658	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 54	Date of Birth: 23/10/1983	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: Motorcycle delivery man		Driving Licence Information: Class: 2B, 2A, 3, 4, 5 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/10/2018 18:25	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 DORSET ROAD TRURO ROAD				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ448R	Motorcycle	YAMAHA	XA 125 CVT	Black	Slightly Damaged	0
SHC5448Z	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBJ448R	NTUC Income Insurance Co-Operative Limited	5058577020	14/12/2017	13/12/2018

Police Report



**SINGAPORE
POLICE FORCE**



T/20181013/2078

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

2 of 3

Report No: T/20181013/2078

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ANG HUNG KOK	ID No.	S15748340
Related Vehicle	FBJ448R (Motorcycle)	Contact No.	97853658
Hospital/Clinic	JJ CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	12/10/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 12/10/2018 at about 1825hrs, while I was riding my motorcycle FBJ448R along Dorset Road towards Truro Road on the right most lane. Suddenly, a taxi which was travelling on my left signal to the right and immediately cut into my lane. I had no time to react and was knocked down by the taxi. Subsequently police arrived at scene and recorded down our particulars. I suffered some abrasion on my right hand and both legs area. I went to seek medical attention at JJ Clinic & Surgery and was given 3 days MC. My insurance number is 5098577020.

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589898



T/20181013/2078

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Report No: T/20181013/2078

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:
F /
Sgt 3 JAYZ TAN ZHANG JIE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 2 LIM HONG LEE
Contact No.: 65476438

Authentication Stamp
NP106

Signature Of Informant:

Date/Time:
13/10/2018 13:24

Classification Of Case: