

## 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 17:12
Date Of Accident	12/10/2018 22:00
Exact Location Of Accident	ENTRANCE OF AUSTRALIAN EMBASSY ,NAPIER ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH9477H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHAN CHONG MING (CHEN ZHONGMING)
NRIC No	S8619452Z
Email Address	CHONGMING.CHAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84881000
Alternative Phone No	OFFICE-84881000

### Vehicle Particulars

Manufacturer	YAMAHA
Model	X-1R-135CC (M)
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY
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	5091609223-01
Cover Note Number	

### Driver

Name of Driver	CHAN CHONG MING (CHEN ZHONGMING)
NRIC No	S8619452Z
Date Of Birth	22/07/1986
Occupation	OUTDOOR
Date Of Driving Pass	31/10/2005
Driving Experience	12 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84881000
Fax Number	
Contact Number	OFFICE-84881000
Email Address	CHONGMING.CHAN@GMAIL.COM

Address	BLK 22 GHIM MOH LINK #36-208
Postcode	2710252
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	SLIGHT DRIZZLING
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	DOVER NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 3 DOVER ROAD , <b>POSTCODE:</b> 130003 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7788999 - <b>FAX NO:</b> 67762859
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181013/2065 (TYPE OF COLLISION IS HEAD TO SIDE)

#### 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	SH8126B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NG CHOON LAN
NRIC/Passport Number	S1621825A
Contact Number	93820601
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	CHAN CHONG MING (CHEN ZHONGMING)
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBH9477H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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. 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: 15/10/2018  
1430 hrs

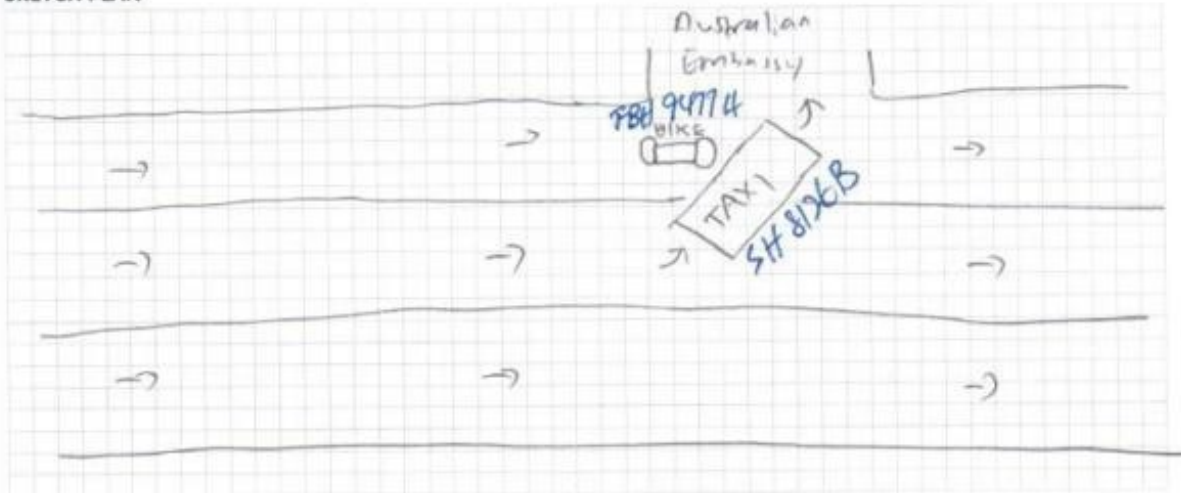
Driver's Signature  
(If driver is not the policyholder)

Date & Time:

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

## Accident Sketch Plan

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was riding along Napier Road at the foremost left lane, and as I was near the Australian Embassy, a blue Comfort taxi which was in the middle lane, suddenly made a left turn into the Embassy. I had no time to react as it happened too fast, and I subsequently crashed into the taxi's left rear, near the passenger window. I was thrown off my motorcycle and flying forwards. As a result, I had abrasions and bruises on my body. There were 2 or 3 Caucasian passengers inside the taxi, and they came down to assist me, and at that point, they had no visible injuries on them. An ambulance and 2 TP officers arrived at the scene.

### DECLARATION

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

Policyholder's Signature  
 Date & Time: 15/10/2018  
 1430hrs.

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

Reporting Centre Personnel's Signature  
 Name: 15/10/2018  
 NRIC/FIN No.: [Signature]



## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181013/2065

1 of 3

Police Station Of Origin:  
Dover NPP  
3 Dover Road #01-368 SINGAPORE 130003  
Tel No: 1800-7788999

Report No. T/20181013/2065

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/10/2018 12:39		Vide Report No.:		Station Diary No.: 9	
<b>Informant's Particulars</b>					
Name of Informant: CHAN CHONG MING			Address: APT BLK 22 GHIM MOH LINK #36-208 SINGAPORE 271022		
ID Type / ID No.: NRIC NO / S8619452Z			Contact No.: Home/Office: Mobile: 84881000		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 22/07/1986	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Insurance Agent			Driving Licence Information: Class: 2B,2A,2,3		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 22:00	Type of Location: Straight Road
Location: Along Road 1 NAPIER ROAD				
Along Napier Road just outside Australian Embassy				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH9477H	Motorcycle	YAMAHA	X-1R	Black	Seriously Damaged	0
SH8126B	Car				Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH9477H	NTUC Income Insurance Co-Operative Limited	5091609223-01	25/04/2018	24/04/2019

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181013/2065

2 of 3

Police Station Of Origin:  
Dover NPP  
3 Dover Road #01-368 SINGAPORE 130003  
Tel No: 1800-7788999

Report No. T/20181013/2065

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	CHAN CHONG MING	ID No.	S8619452Z
Related Vehicle	FBH9477H (Motorcycle)	Contact No.	84881000
Hospital/Clinic	Northeast Medical Group	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	13/10/2018	Date Discharge	13/10/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Other Person</b>			
Name	Unknown	ID No.	NIL
Related Vehicle	SH8126B (Car)	Contact No.	93820601
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 12/10/2018 in between 2200hrs and 2230hrs, I was riding along Napier road at the foremost left last lane. As I was near the Australian Embassy, a Blue colour Comfort Taxi which was in the middle lane, suddenly took a left turn, to turn into the Australian Embassy. I had no time to react as it happened too fast and I subsequently hit onto the Taxi's left side near to the passenger door. Due to the accident, I had abrasions and bruises on my body. My bike had damages amounting to about S\$2000/-. There were 2 to 3 Caucasian passengers inside the Taxi and at that point of time there were no visible injuries on them. Ambulance and Traffic Police were at scene. The Taxi driver informed me that she wants to have a private settlement however she had not answered my call till now.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20181013/2065

Police Station Of Origin:  
Dover NPP  
3 Dover Road #01-368 SINGAPORE 130003  
Tel No: 1800-7788999

3 of 3

Report No. T/20181013/2065

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:

D /

Sr Staff Sgt VIGNESWARAN MEENATCHI  
SUNDARAM SHANMUGANATHAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Insp MOHAMMED FADZLY BIN ABDUL AZIZ  
Contact No.: 65476355

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

13/10/2018 12:39

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



## 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 : MIAA18133988 Vehicle Registration No: FBH9477H  
Name (as shown in NRIC) : CHAN CHENG MING (CHAN CHENG MING) NRIC/FIN/Passport No : S86194522  
(\*Vehicle Driver / Vehicle Owner) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 84889000  
Email Address : \_\_\_\_\_  
Date of Accident : 12/10/2018 Time of Accident : 22:00  
Place of Accident : FRONT OF AUSTRALIAN EMBASSY, SUMNER ROAD  
Insurance Company : MUC

#### (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:

THIRD PARTY VEHICLE NUMBER SH8126B on SAS

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Rafael Lim  
NRIC/FIN No.:  
Date: 26/10/2018