

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 willful 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	29/10/2018 16:19
Date Of Accident	15/10/2018 20:30
Exact Location Of Accident	T-JUNCTION OF JALAN BOON LAY & CHIN BEE DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX2868C
Insured/Policyholder	
Name Of Registered Owner	CHIN WAI KUEN
NRIC No	S2577301B
Email Address	CHINWK000@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98343849
Alternative Phone No	OTHERS-98343849

Vehicle Particulars

Manufacturer	HONDA
Model	TA200
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	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5001972411-14
Cover Note Number	

Driver

Name of Driver	CHIN WAI KUEN
NRIC No	S2577301B
Date Of Birth	28/01/1967
Occupation	INDOOR
Date Of Driving Pass	23/12/1994
Driving Experience	23 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98343849
Fax Number	
Contact Number	OTHERS-98343849
EMail Address	CHINWK000@GMAIL.COM

Address	BLK 557 JURONG WEST STREET 42 #02-401
Postcode	640557
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 - HEAD TO REAR
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	TRAFFIC POLICE DIVISION HQ
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 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	YP4025Y
Vehicle Make/Model/Colour	UD TRUCKS / HINO
Details Of Properties	FRONT
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NA
NRIC/Passport Number	
Contact Number	NA
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHIN WAI KUEN

Approximate Age

Injuries Sustain REFER REPORT

Injured person in which vehicle? FX2868C

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

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:

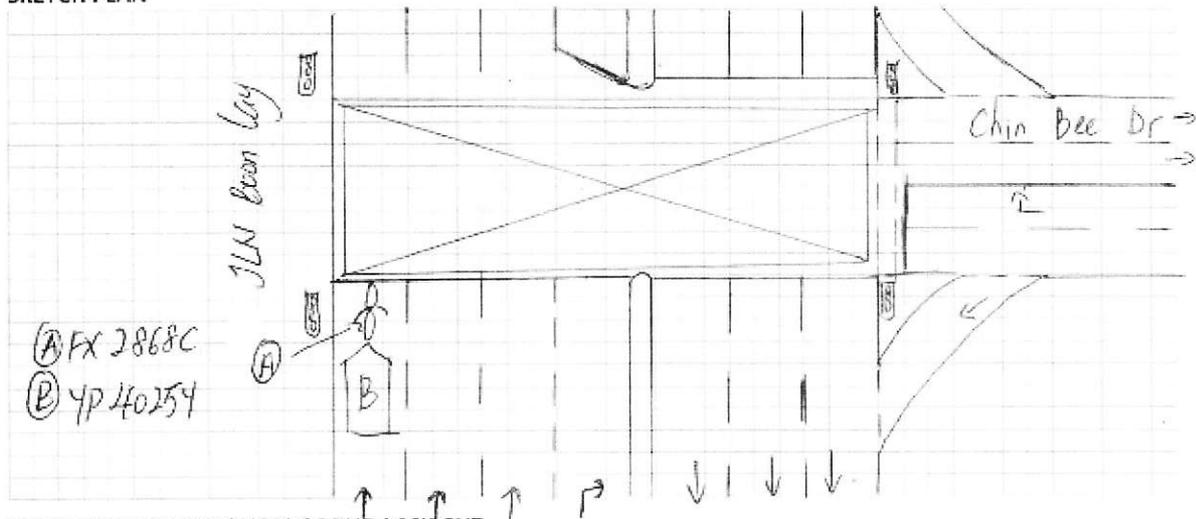
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer police report T/20191023/2058.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

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

[Signature]

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

Common Statement



**SINGAPORE
POLICE FORCE**



T/20181023/2058

1 of 3

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

Report No. T/20181023/2058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/10/2018 13:32	Video Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: CHIN WAI KUEN		Address: APT BLK 557 JURONG WEST STREET 42 #02-401 SINGAPORE 640557	
ID Type / ID No.: NRIC NO / S2577301B		Contact No.: Home/Office: Mobile: 98343849	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 51	Date of Birth: 28/01/1967	Type of Informant: Rider
Race: Chinese		Language: Chinese	Institution / School Name:
Occupation: Security Supervisor		Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/10/2018 20:30	Type of Location:
Location: Along Road 1 BOON LAY WAY ✓				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX2868C	Motorcycle	HONDA	TA200	Silver		0
YP4025Y	Lorry					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FX2868C	NTUC Income Insurance Co-Operative Limited	5001972411-14	14/10/2018	13/10/2019

Common Statement



**SINGAPORE
POLICE FORCE**

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



T/20181023/2058

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Report No. T/20181023/2058

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHIN WAI KUEN	ID No.	S2577301B
Related Vehicle	FX2868C (Motorcycle)	Contact No.	98343849
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	15/10/2018	Date Discharge	16/10/2018
No. of Days granted Medical Leave	06	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS RIDING MY MOTORCYCLE FX2868C, ALONG THE 1ST LANE FROM THE LEFT ON BOON LAY WAY. I WAS APPROACHING A TRAFFIC LIGHT AND THE TRAFFIC LIGHT HAD ALREADY TURNED AMBER, SO I STOPPED MY BIKE. AFTER I STOPPED MY BIKE, A LORRY BEARING THE PLATE NUMBER YP4025Y SUDDENLY COLLIDED ONTO THE REAR OF MY BIKE.

I WAS FLUNG OFF MY BIKE FROM THE COLLISION. THE AMBULANCE CAME SHORTLY AFTER AND I WAS CONVEYED TO NTFGH WHERE I WAS DISCHARGED ON THE 16/10/2018 AND WAS GIVEN 6 DAYS OF MEDICAL LEAVE.

Common Statement



SINGAPORE
POLICE FORCE



T/20181023/2058

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

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Report No. T/20181023/2058

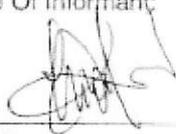
CONTINUATION OF REPORT

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 / ZENG ZI CONG 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Sgt 3 MARIAH BINTE ZAKARIA Contact No.: 65476433

Signature Of Informant: 

Date/Time: 23/10/2018 13:32

Classification Of Case:

Authentication Stamp
NP168

 SINGAPORE POLICE FORCE
Signature: 

Common Statement



**SINGAPORE
POLICE FORCE**



T/20181024/2072

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3
Report No. T/20181024/2072

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/10/2018 13:37	Vide Report No.: T/20181023/2058	Station Diary No.: 75
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Informant's Particulars

Name of Informant: CHIN WAI KUEN		Address: APT BLK 557 JURONG WEST STREET 42 #02-401 SINGAPORE 640557	
ID Type / ID No.: NRIC NO / S2577301B		Contact No.: Home/Office: Mobile: 98343849	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 51	Date of Birth: 28/01/1967	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: SECURITY SUPERVISOR		Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/10/2018 20:30	Type of Location:
Location: Along Road 1 JALAN BOON LAY				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:		JURONG WEST NPC 700 Corporation Road Singapore 649818 Tel : 6268 9999 FAX : 6267 2438 Anyone conveyed by ambulance? No <i>Yes</i>		

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX2868C	Motorcycle	HONDA	TA200	Silver		0
YP4025Y	Lorry					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FX2868C	NTUC Income Insurance Co-Operative Limited	5001972411-14	14/10/2018	13/10/2019

Common Statement



**SINGAPORE
POLICE FORCE**



T/20181024/2072

2 of 3

Report No. T/20181024/2072

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHIN WAI KUEN	ID No.	S2577301B
Related Vehicle	FX2868C (Motorcycle)	Contact No.	98343849
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	15/10/2018	Date Discharge	16/10/2018
No. of Days granted Medical Leave	06	Degree of Injury	NIL

Brief Details.

With reference to T/20181023/2058, I wish to state that the accident happen along Jalan Boon Lay and not along Boon Lay Way. That's all.

Common Statement



**SINGAPORE
POLICE FORCE**



T/20181024/2072

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No: T/20181024/2072

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 /

Sgt 1 CHEW WEI XIANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/10/2018 13:37

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MARIAH BINTE ZAKARIA

Contact No.: 65476433

Classification Of Case:

Authentication Stamp

NP168



Signature:

Singapore Police Force

SN 126