## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Mobile Number

**EMail Address** 

Fax Number
Contact Number

- 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

	ACCIDENT STATEMENT
Date Of Report	08/11/2018 11:35
Date Of Accident	27/08/2018 10:00
Exact Location Of Accident	ALEXANDRA RD TOWARDS LOWER DELTA NEAR S'PORE POST
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FS3741D
Insured/Policyholder	
Name Of Registered Owner	CHUA SIANG TENG
NRIC No	S0845361F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96226822
Alternative Phone No	OTHERS-96226822
Vehicle Particulars	
Manufacturer	PIAGGIO
Model	PX200E-198CC
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
Fleet Policy	NO
Policy Number	5042918557-08
Cover Note Number	
Driver	
Name of Driver	CHUA SIANG TENG
NRIC No	S0845361F
Date Of Birth	11/07/1948
Occupation	INDOOR
Date Of Driving Pass	14/05/1981
Driving Experience	37 YEARS AND 3 MONTHS
Gender	MALE

(LOCAL) +65-96226822

OTHERS-96226822

**NOEMAIL** 

Address BLK 1 DELTA AVENUE

#07-41 160001

M 1: 1 0 NO

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** 

Postcode

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 body injured in the Addident:

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

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 RIVER VALLEY NEIGHBOURHOOD POLICE POST

YES

NO

Police Station Address ROAD: BLK 4 DELTA AVENUE , POSTCODE: 161004 , COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-2789999 - **FAX NO**: 62786427

Was notice of intended Prosecution given? NO

If Yes, against whom?

## **Circumstances of Accident**

PLEASE REFER TO POLICE REPORT T/20180831/2091 (AFTER THE ACCIDENT THE BIKE WAS SCRAPE BY ONE OF THE WORKSHOP BUT NO LETTER)

Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera? YES Was there any audio recorded? NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SJS4084M
Vehicle Make/Model/Colour HONDA

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

# **DETAILS OF INJURED PERSON 1**

Name CHUA SIANG TENG

Approximate Age

Injuries Sustain SERIOUS INJURY

Injured person in which vehicle? FS3741D

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

#### **Accident 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 Régionnel's Signature

NRIC/FIN No.

# **Accident Sketch Plan**

SKETCH PLAN	Along	ALAXANDRA RD	TOWARDS	bound DECTA.
				A 2553741D
				B) SJS 4084 M
SECULOS CIDOLIN	ASTANCES OF	THE ACCIDENT		
ESCRIBE CIRCUI	VISTANCES OF	THE ACCIDENT		102
				1001
				The same of the sa
			/	
			Ch	
		0	y a	
			100	
		100	0//	/
		1	80	
	/	Chit 1/8"		
	101	M. 1300		
,	/	1		
	C			
	V'			
1				
10		/		
	-			
ECLARATION	-			
We declare the for	egoing particula	irs are true in every respect.		a 08/4/2018
olicyholder's Signatu Jate & Time:	re	Driver's Signature (If driver is not the policyholder) Date & Time:	Bei	porting Centre Personnel's Signature me: KOOL / MANON

## **POLICE REPORT**





Police Station Of Origin: River Valley NPP

4 Delta Avenue #01-02 SINGAPORE 161004

Tel No: 1800-2789999

T/20180831/2091

1 of 3 Report No. T/20180831/2091

## REPORT OF A TRAFFIC ACCIDENT

	ne Report N 018 16:01	Made:	Vide Report No.:	t the	Station Diary No.: 26	
Informa	nt's Partic	ulars	STANSICENT SHEET		20年1月2日日	
Name of Informant: CHUA SIANG TENG			Address: APT BLK 1 DELTA AVENUE #07-41 SINGAPORE 160001			
	/ ID No.: D / S08453	61F	Contact No.: Home/Office: Mobile: 96226822			
Nationality: SINGAPORE CITIZEN			Email:			
Sex: Male	Age: 70	Date of Birth: 11/07/1948	Type of Informant:			
Race: Chinese			Language: English	Institution	n / School Name:	
Occupation: UNEMPLOYED			Driving Licence Information: Class: Date of Expiry:			

Type of Accident:	Injury			Type of Location Straight Road	
Location: Along Road 1 ALEXANDRA	ROAD apore post office	E			
Weather: Sunny	apore post office	Road Surface:		Road Speed Limit:	
		Traffic Control:		Traffic Volume:	
Traffic Flow: One Way		Not Controlled	1000	Light	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FS3741D	Motorcycle	PIAGGIO	PX 200E	Green	Seriously Damaged	

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
FS3741D	NTUC Income Insurance Co-Operative Limited	5042918557-08	06/04/2018	05/04/2019		

## POLICE REPORT





Police Station Of Origin: River Valley NPP

4 Delta Avenue #01-02 SINGAPORE 161004

Tel No: 1800-2789999

T/20180831/2091

2 of 3 Report No. T/20180831/2091

CONTINUATION OF REPORT

Details of Perso	n Involved	skettilaten.	10 h shares per	PERSONAL PROPERTY.	est Subject	West was work first property for	
Any Pedestrian I						THE RESERVE OF THE PARTY OF THE	
No. of Pedestrian	ns Injured: NIL		Use of	Pedestria	n Cross	sing: NA	
Rider	MARKET VEHICLES	Assertation:	CHARLINGS	DESCRIPTION OF	- Con Con	Grand Company of the	
Name	CHUA SIANG TENG			ID No	),	S0845361F	
Related Vehicle	FS3741D (Motorcycle)			Conta	act No.	96226822	
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class Drivin Licen Expire	g	Class: NIL Date of Expiry: NIL		
Date Treatment	27/08/2018 Date I			Discharge		/2018	
No. of Days gran	ted Medical Leave	NIL		e of Injury	Serio	The state of the s	

On 27/08/18 at 10am I was riding my Piaggio PX200E green motorcycle along Alexandra road at the extreme right lane at a 3 way road. While I was riding my motorcycle, I started hearing Non-Stop horning from a lorry behind me. I then started to change lane to the middle lane. After which when I was at the middle lane I then gestured to the lorry driver. The lorry driver suddenly cut into the middle lane and hit my motorcycle. I then fell onto the ground. I then realized that i am bleeding on my head, both hand and legs area. I was helped by some witness that saw the incident, however at that point of time I was in a daze and did not get any of their particulars. Ambulance then came to me and send me to Singapore General Hospital. Where i was admitted for 5 days from 27/08/18 - 31/08/18 due to injures on my head, both hand and legs area. The lorry driver hit my motorcycle and left the place without even coming down to check if i was ok.

## POLICE REPORT





Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999 CONTINUATION OF REPORT

3 of 3 Report No. T/20180831/2091

# 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 Records E / Sgt 2 TEE PENG SHENG	ng The Report:	Signature Of Informa	nt:	
Signature Of Interpreter: Not applicable	-	Date/Time: 31/08/2018 16:01		
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902	SINGAPORE POLICE FORCE	Classification Of Cas SN 069	e:	
Authentication Stamp	SIGN	NATURE		

#### **LETTER**



Singapore Police Force 10, Ubi Avenue 3 Singapore 408865

Tel : 6547 0000 Fax : 6547 6259

Date: 28 Aug 2018

Your Ref

Our Ref

: TP/IP/48443/2018

CHUA SIANG TENG APT BLK 1 DELTA AVENUE #07-41 SINGAPORE 160001

հգկեկի-||-||-||գկգկ|

Dear Sir / Madam.

CASE OF TRAFFIC ACCIDENT ALONG ALEXANDRA ROAD ON 27 AUG 2018 @ 9.33 AM

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.pclice.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 MD RIZWAN BIN KAMALUDIN at his / her office number: 65476185 or the supervisor ARMAN BIN MD ALI at 65476022 if you have any further queries.
- Thank you.

Yours faithfully,

TAN CHEE SING (ASP) CHIEF INVESTIGATION OFFICER INVESTIGATION BRANCH TRAFFIC POLICE

This is computer generated and does not require a signature.

A FORCE FOR THE NATION

#### **LETTER**



Traffic Police 10 Ubi Avenue 3 Singapore 408865 Tel +65 6547 6185 Fax +65 6547 6259 www.police.gov.sg

Your Ref Our Ref

: D/20180827/0049 : TP/IP/48443/2018

Date

: 04 OCTOBER 2018

CHUA SIANG TENG BLK 1 DELTA AVENUE #07-41 SINGAPORE 16001

Dear Sir/Madam.

TRAFFIC ROAD TRAFFIC ACCIDENT INVOLVING VEHICLE FS3741D AND SJS4084M ALONG ALEXANDRA ROAD TOWARDS LOWER DELTA ON 27 AUGUST 2018 AT ABOUT 0933 HRS

I refer to the above accident.

- We have completed our investigations and have not produced any substantive results. Traffic Police is unable to conclusively determine who the party responsible for the accident 2
- Hence, no further action will be taken against anyone in this case. You may wish to note that our decision does not preclude future prosecution should new evidence emerge at a later
- Please be informed that our decision does not preclude you from pursuing civil claims. 4

Yours faithfully,

MUHAMMAD RIZWAN for HEAD INVESTIGATION TRAFFIC POLICE SINGAPORE POLICE FORCE

NP 510

A FORCE FOR THE NATION

# **Accident Photo**

