

## 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	29/11/2018 13:04
Date Of Accident	25/11/2018 14:10
Exact Location Of Accident	TANJONG KATONG ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL1390E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KUA TECK HENG
NRIC No	S6845534J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90098417
Alternative Phone No	OFFICE-90098417

### Vehicle Particulars

Manufacturer	SUZUKI
Model	UH200AL6 BURGMAN 200 ABS
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5081567610-02 TPFT
Cover Note Number	

### Driver

Name of Driver	KUA TECK HENG
NRIC No	S6845534J
Date Of Birth	04/12/1968
Occupation	INDOOR
Date Of Driving Pass	11/12/1985
Driving Experience	32 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90098417
Fax Number	
Contact Number	OFFICE-90098417
EMail Address	NOEMAIL

Address	BLK 631 #03-988 BEDOK RESERVOIR ROAD
Postcode	470631
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	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	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT 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	SJE930X
Vehicle Make/Model/Colour	NISSAN QASHQAI 1.2 DIG-T CVT
Details Of Properties	
Vehicle Category	PRIVATE CAR
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 KUA TECK HENG

Approximate Age

Injuries Sustain

Injured person in which vehicle? FBL1390E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode



**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:

20 NOV 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

**IDAC KAKI BUKIT (VAC)**

23 Kaki Bukit Ave 4

Singapore 415933

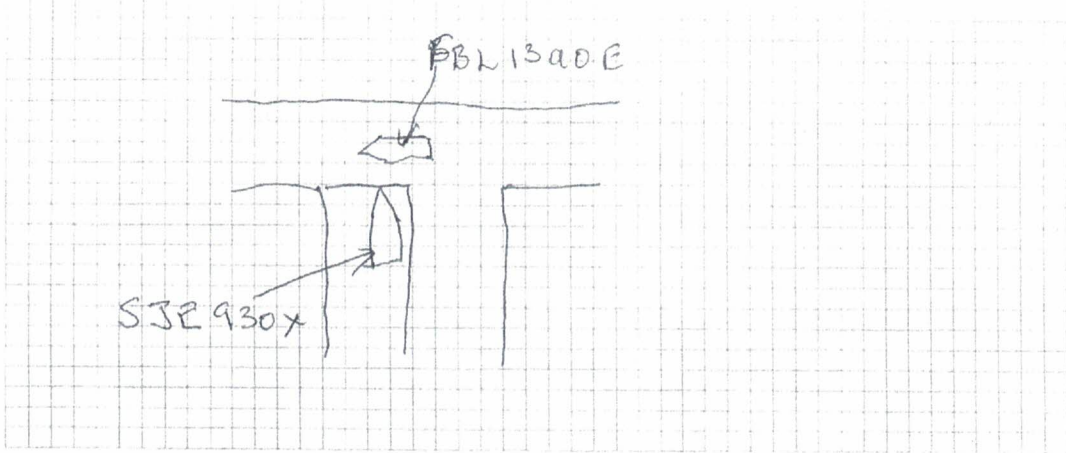
Tel: 67416697 Fax: 67492305

Email: [yackb@singnet.com.sg](mailto:yackb@singnet.com.sg)

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to

Police Report

*(A large curved arrow points from the text 'Police Report' towards the bottom left of the section.)*

DECLARATION

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

Policyholder's Signature

Date & Time: 29 NOV 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

**IDAC KAKI BUKIT (VAC)**

23 Kaki Bukit Ave 4

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: [vackb@singnet.com.sg](mailto:vackb@singnet.com.sg)

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## Individual Statement Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20181128/2092

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

1 of 3

Report No. T/20181128/2092

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/11/2018 16:12	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: KUA TECK HENG			Address: APT BLK 631 BEDOK RESERVOIR ROAD #03-988 EUNOS GROVE SINGAPORE 470631		
ID Type / ID No.: NRIC NO / S6845534J			Contact No.: Home/Office: Mobile: 90098417		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 04/12/1968	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Technician			Driving Licence Information: Class: 2B,2A,2 Date of Expiry:		

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 25/11/2018 14:10	Type of Location:
Location:  TANJONG KATONG ROAD				
Weather: Clear		Road Surface: Dry		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: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL1390E	Motorcycle	SUZUKI	UH200AL6 BURGMAN 200 ABS	Grey		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL1390E	NTUC Income Insurance Co-Operative Limited	5081567610-02	24/06/2018	23/06/2019





**SINGAPORE  
POLICE FORCE**



T/20181128/2092

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

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Report No. T/20181128/2092

**CONTINUATION OF REPORT**

**Brief Details.**

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS TRAVELLING ALONG TANJONG KATONG TWDS PARKWAY, BETWEEN THE CALTEX AND CORNER COFFEESHOP, THERE IS AN OPEN SPACE CARPARK AT THE BACK OF THE COFFEE SHOP. WHILE DRIVING PAST THE EXIT OF THE OPEN SPACE CARPARK A CAR SUDDENLY DASHED OUT, IGNORING THE WHITE STOP LINE OUTSIDE THE EXIT AND COLLIDED ONTO THE LEFT SIDE OF MY MOTORCYCLE. THIS COLLISION SENT MY BIKE INTO THE 1ST LANE AND MY FACE KNOCKED INTO THE BACK OF A VAN, WHICH CAUSED BLEEDING IN MY MOUTH AND LIPS.

THE GIRLFRIEND OF THE DRIVER CAME OUT AND ASKED IF I WAS OK BEFORE HANDING ME TISSUE AND WATER TO RINSE THE BLOOD. I THEN SAT BY THE ROAD AND CALLED 995. I WAITED FOR THE AMBULANCE AND TRAFFIC POLICE TO ARRIVE. I PROVIDED MY PARTICULARS TO THE TRAFFIC POLICE ON SCENE AND WAS CONVEYED BY THE AMBULANCE TO TAN TOCK SENG HOSPITAL AFTERWARDS. I WAS HOSPITALIZED FOR 3 DAYS FROM 25/11/2018 UNTIL 28/11/2018 AND GIVEN 17 DAYS OF HOSPITALIZATION LEAVE UNTIL 11/12/2018.



**SINGAPORE  
POLICE FORCE**



T/20181128/2092

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10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20181128/2092

**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 Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
28/11/2018 16:12

Officer In Charge Of Case:  
TP / GIT /  
Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN  
Contact No.: 65476185

Classification Of Case:

SINGAPORE  
POLICE FORCE

Authentication Stamp  
NP168

Signature Of Officer Recording The Report:





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

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ID Type / ID No.: NRIC NO / S6845534J			Contact No.: Home/Office: Mobile: 90098417		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 04/12/1968	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Technician			Driving Licence Information: Class: 2B,2A,2 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 25/11/2018 14:10	Type of Location:
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Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

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Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL1390E	Motorcycle	SUZUKI	UH200AL6 BURGMAN 200 ABS	Grey		0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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TP /

ZENG ZI CONG

Signature Of Interpreter:

Not applicable

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TP / GIT /

Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN

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